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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

COCAINE INEBRIETY.*

BY T. D. CROTHERS, M. D.,

Superintendent Walnut Lodge, Hartford, Conn.

My experience in cocaine inebriety is limited to seven cases. Two were under my care for treatment, three came personally for advice, and two consulted me by letter.

In the cases under my care a correct history was obtained; in the five cases who sought advice by person and letter, their own personal statements were the chief sources of information. In two cases their statements were confirmed by other parties, and where such statements corresponded with the facts in other cases, they were accepted as probably true. The following are some of the facts which appeared from the history of these cases:

Alcohol, opium, chloral, bromides, and other narcotics, had been used more or less to excess in all these cases before cocaine was taken. In four of these cases coca had been used for months before cocaine was tried. Hence, they were all literally drug maniacs, or inebriates, whose special symptom of disease is a morbid impulse for narcotic drugs, which will bring rest and relief to the organism. Some details of the history of these cases will indicate the leading facts.

Case 1. Had been under my care twice before for alcoholism and opium excesses, at intervals of two or three years; he had taken cocaine for six months, but latterly had suffered a delirious mania after using this drug, and becoming alarmed, came to me for treatment. He was a "repeater," who alternately went from one drug to another for relief.

Case 2. Under my care; had been treated for morphine excess two years before. He had used cocaine for one year, and had been a moderate and occasionally excessive user of spirits. He belonged to that class of drug-takers who try everything that promises relief for real or imaginary ills.

Case 3. Not under my care; was a landlord who had used alcohol for a long time; finally he resorted to chloral and bromides to break up the alcoholic impulse. He suffered from rheumatism, and took coca and then cocaine. He had used the latter for six months, and was alarmed at the extreme debility and nausea it produced.

Case 4. Not under my care; had used the bromides for insomnia, then changed to alcohol, and finally used cocaine; he had taken cocaine eight months, and was greatly debilitated, had night-sweats, and thought he had consumption.

Case 5. Had used alcohol for years, then tried chloroform, finally used coca, then cocaine; the latter he had used for over a year; he was anæmic, and had deranged nutrition, and his mind was greatly enfeebled.

Case 6. Facts by letter. Had used patent bitters for years, then wine, and finally coca and cocaine. He was delirious from the latter at times, and unable to do business.

Case 7. Facts by letter. Had always used wine and cider; took bromides for sleep, then tinct. coca, then cocaine.

In these cases the use of cocaine was merely another stage of the drug mania. The use of alcohol and other narcotics to excess had developed a state of the nervous system which called for relief, and they turned to any drug that would answer this purpose. Such persons often develop a credulity and a morbid impulse to try everything that promises relief, hence they are pioneers among experimenters.

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*Read at the annual meeting of the American Association for Cure of Inebriates in Brooklyn, November 15, 1886.

Another fact of general interest from these cases was an inherited neurotic taint or tendency. Thus, four cases inherited a marked nerve defect from their ancestors; two had acquired a brain and nerve debility, and no history on this point was obtained from one case.

To particularize, Case 1 had an inebriate father and consumptive mother, and was an unstable, impulsive man.

Case 2 had an insane father and an epileptic brother, and two inebriate uncles on his mother's side.

Case 3. Had a pauper ancestry, paralysis, hysteria, and great eccentricity of conduct in parents and near relatives. He was a very nervous, excitable man.

Case 4. Had two uncles in insane asylums, mother died of consumption, one brother an imbecile, and his father was a wine-drinker.

Case 5. Had a severe army experience, was a neurotic dating from wounds in the army, attacks of malaria and typhoid fever.

Case 6. Had a head injury in childhood, a sunstroke later, followed by a most persistent dyspepsia for years.

I think that further study and experience will sustain these two facts:

First. That nearly all the cocaine, bromide, chloral, ether, chloroform, and coca inebriates, are complex cases or those who have used other drugs, including alcohol and opium, and have finally turned to some one of these drugs. That all of these cases have had a period of drug preparation, and may be called drug neurotics, who are always using some similar compound. Probably a large proportion of the alcohol and opium cases begin without this drug taking, but it may be said that the cocaine, bromide, ether, chloroform and chloral takers follow as a rule from states of previous excess in drug taking.

The second fact is that nearly all these drug maniacs are neurotics from inheritance and acquired states of degeneration. The morbid impulse for this or that drug is only another symptom of brain defect.

It is evident that a study of the symptoms and effects of any new narcotic must include the heredity and history of other drug excess.

Where these clinical facts are not considered, such cases will present many confusing histories.

While cocaine has come into prominence as a local anæsthetic, the statements of its action in large and long-continued doses are of necessity vague and contradictory. Exhaustive histories and studies of many cases are needed before accurate conclusions can be reached.

The following are some of the facts which seem to be peculiar to cocaine cases. The first effect seems to have been that of a transient stimulant; a most agreeable exhilaration ending in sleep, with no unpleasant after effects. Later, when large doses were taken, the general stimulation at first became a marked exaltation, and in many cases a mania. The mind seemed to be in a whirl from one thought and subject to another, without ability to concentrate on any one object.

This stage would of course vary largely with the case and conditions, and resembles alcoholic delirium, only it is more diffuse and transient. The second stage, that of sleep and stupor, comes on quickly, and the desire for sleep seems overpowering and intense. The stupor is more like that from opium, only less pronounced and more easily broken up. On awakening, the least exertion is followed by extreme and most wretched debility; nausea and vomiting came on in some cases, also a pronounced melancholy which seeks relief from this drug again. The three stages of stimulation, narcotism, and depression, seem very intense, and may be called literally mania, coma, and melancholy.

In three of the cases I have noted, the first stage of exhilaration was protracted for a long time by taking small doses. The state produced was one of great satisfaction, with freedom from care and contentment with everything. After a time, the sleep impulse became annoying for the reason that it was not gratified. A short sleep would be followed by a waking period, filled with similar ungratified impulses. Large doses had to be taken to break up this impulse. In two cases large doses were taken for its rapid narcotic action. The first stage was to the patient a short confused exaltation, with a pleasing rush of thought and events. To others, this stage was a wild confused mania. The sleep which followed was deep and profound. Profuse perspiration and general failure of nutrition followed.

In one case under my care a relapse took place and I observed the heart's action. In the first stage of mania it was increased to

108, and as stupor came on, ran down to 70, but at all times was regular. The temperature did not vary over one degree, and was generally higher than natural. The pupils were at first dilated, then contracted. A profound anæsthesia of the mucous membrane of both eyes, nose, and mouth was noticed. The narcotism resembled that from opium. On awakening a general prostration was apparent; the pulse and temperature were lowered. The stomach would not retain anything. Intense hyperæsthesia pervaded all parts of the body; insomnia and the deepest melancholy was present, and yielded slowly to treatment.

Another case, of an intelligent man, who described the first effects of cocaine as a sudden expulsion of all aches and pains, followed by a quiet satisfaction and a most pleasing natural sleep. Later, when taking large doses, his wretchedness would lift like a cloud, and great activity of both mind and body that was pleasurable followed. After the narcotic stage ended, he seemed to be worn out, without any hope or faith in the present or future. Every sensation was most miserable. Taste, sight, hearing, and feeling were all perverted, and, as he expressed it, seemed in league to drive him to madness.

In one case the mania of the first stage was noted by loss of memory and inability to recall any event of the past. The duration of the different stages varies greatly. Sometimes the mania of the first stage is longer than the period of narcotism, and vice versa. In some cases the last stage of melancholia is of great length.

So far, I believe the common sequelæ of alcohol and opium inebriety, particularly the neuralgias and congestions, are much less frequent in these cases. But in their place appears a general mental and muscular degeneration with extreme depression, particularly of the nervous respiratory, circulatory, and vaso-motor systems. I think it very probable that the continued use of coca is often followed by excess in cocaine. One of the reasons is that the various preparations of coca on the market are compounded often from dangerous alcohols. In this case the action of coca is destroyed and replaced by the degeneration which comes from the alcohol. Thus, when tinctures of coca are given, made from wood spirits, the effect of this remedy is to produce degeneration of both brain and nerves, which will seek relief from narcotics of any kind. I am also persuaded to believe that cocaine inebriety, or coca mania, will never become prominent, and will be confined to a class of neurotics who, by the use of other drugs, have prepared the soil for this new drug-mania. It will never take the place of alcohol or opium in common use. Its action is too uncertain and transient. The present novelty and glamour about its effects will die away when its real value is ascertained. The element of contagion in these cases presents a curious psychological phase; thus some extravagant newspaper statement of the terrible effects of this drug will rouse curiosity to test it. Or the printed history of a case appearing as daily news draws the attention of neurotics, and it is safe to say that a large per cent. not only purchase, but test this drug on themselves. Cocaine should not be used as a substitute in breaking away from the use of other narcotics. It should not be used in large or long-continued doses. In melancholia it is likely to provoke the disorder it is supposed to break up. It cannot be used indiscriminately. However valuable it may be, there is a certain limit to its power and practical use.

The treatment of cocaine inebriety is the same as that of alcohol or opium cases. Forced abstinence from the drug, rest, and building up the system, are the general methods pursued. More profound degeneration and debility exist than in other forms of inebriety requiring a longer time for successful treatment.

States of mania and melancholy often continue for some time after the use of the drug is given up, and disappear very slowly. It is for these states that special surroundings and care are essential. The prognosis is always uncertain. The craving for drugs for their effects may be broken up and restoration follow, but such cases generally are unable to bear much exposure, and not unfrequently relapse on the slightest temptation. In the cases under my care, both recovered, but will probably relapse, using the same or some other drug in future.

The following conclusions are sustained by the best evidence which has been presented so far.

The use of cocaine to excess in persons who have never used alcohol or other narcotic drugs before, is very rare.

Among inebriates and drug maniacs, cocaine inebriety is no doubt increasing.

Its peculiar dangerous effects on the body will prevent its general use as an intoxicant to any great extent.

It acts more rapidly than opium, but its effects pass off more quickly.

Its first effect is more exhilarant than alcohol, but it is uncertain and variable.

This stimulant action develops mania, followed by narcotism and melancholia.

When given in cases of melancholia in large doses, it changes the case to mania, then finally relapses bring back the case to melancholia again.

As an intoxicant, it is more dangerous than alcohol or opium.

As a form of inebriety it is more difficult to treat, requiring a longer time to break up, because of the physical and psychical complications.

It cannot be used as a substitute for any other narcotic, or as an antidote or remedy.

THREE CASES OF CARCINOMA OF THE BREAST.

BY E. CHENERY, M. D.,

Of Boston.

The following cases of cancer of the breast are of some interest by way of practical suggestions:

Case 1. This was in a widow lady of sixty and mother of several children. She was a stout, active woman. One or two sisters had died of the disease. The disease in her case had been quietly progressing when she called to her aid a professional "cancer curé" doctor, who had the care of her case for a long time. Nothing he did amounted, apparently, to anything. I am surprised at the firm hold these men get on their patients, and how long they are permitted to try their efforts when even the common observer sees they are valueless. It almost seems that to be "loud-mouthed" is, in some places, quite as profitable as to dollars and cents as to be "loud" in intelligence and skill. But the fellow had at this time fallen upon a real cancer, and not something out of which he could extract professional capital. Notwithstanding this fellow's large pretensions, the patient grew gradually worse, and at length he was discharged. At my first visit I found the disease, which had begun in the left breast, and spread to the right and to all the skin between and above them. The skin was red, thick, and hard like a coat of mail. Over the left gland there were several ulcers, but one beneath and to the left of the nipple was by far the largest, and had well undermined that appendage. It was plain that little could be done but to smooth her course downward, hoping that the end might soon come. Various deodorants and antiseptics were resorted to; but that which seemed the most useful was diluted hydrochloric acid. It made the part feel better, and was very effectual in lessening the odor. She had good flesh, and was not emaciated, and there was but slight showing of the peculiar cancerous cachexy. We expected her to live some time, when septicæmia set in, and, inside of a week, carried her off, thereby showing itself to be the most beneficent case of septicæmia I ever saw. I had never blessed the Lord for septic infection before, and haven't much since. Though dreaded as this poisoning is, we may yet come to see it as an angel of mercy, working higher ends than we ever supposed it capable of. Here it was certainly a blessing.

Since that time I have seen another similar case, in consultation, where the disease had eaten away well-nigh the whole front of the chest, and spread down upon the abdomen, yet septicæmia never came to her relief. Why not?

Case 2. Woman, 45, married, mother of two children, in easy circumstances. Father died of epithelioma of the lower lip. Her disease, like the other, was in the left breast. The skin was not involved. A degree of condensation had, however, taken place in the connective tissue between the breast and the muscles. I advised its immediate removal. The patient, however, waited a little to make up her mind, when she saw the newspaper advertisement of Chian turpentine, then just getting popular, and took that. At her request, I obtained it for her from a reliable party. At first it relieved some of her symptoms so that she thought it was doing her good. The disease deceived her by going deeper instead of outward to the skin, so she was not aware of its progress till it reached the pleura and produced a fatal pleuritis. I have always regretted that the operation was not performed. The operation first, and the turpentine afterwards, would have been the rational order. As it was, the turpentine, like the German doctor, "cured her till she died," and probably never stayed the disease at all.

Case 3 occurred in a widow of 63, and was in the right breast. It did not involve the skin, but had reached the pectoral muscle. I advised its removal by the knife, to which she consented. Of course it was necessary to sacrifice considerable of the muscle. I used carbolized catgut for ligatures and sutures, and mopped out the wound with 95 per cent. alcohol, then with solution of boro-glyceride, then with alcohol again. Comp. tincture benzoin was painted over the incision, and absorbent cotton stuck on to it and bound. All the instruments, sponges, etc., were made clean by carbolic acid, and the water used had been thoroughly boiled. So far from being a painful operation, the patient, coming out of the ether and finding herself in bed, inquired if the doctors had given it and gone. No pain or tenderness over the wound was experienced afterwards, and every part healed by first intention. Between two and three years of immunity from the cancer passed, when she suddenly succumbed to a stroke of apoplexy.

Now, not inferring from this case alone, but from a wider range, I ask, What sense is there in letting this loathsome disease have its own way to work its own end? It may and probably will in time recur. If it does, and ultimately defies all our efforts, will not a timely removal of cancer, when and where it can be done, materially diminish the sum total of suffering? In some cases it will not return. Many years ago I removed one from the upper lip of an aged lady, from which she has remained free to this time.

Of course the soft cancer is attended by rapid cell development and diffusion, and gives no show for its entire extirpation. The nature of certain localities and the too long neglect of the operation in cases which at first might have been removed, bars this procedure, and dooms the patient. When, however, the disease is local, and can be entirely extirpated, it ought to be done. And if, as is taught, the disease is a local disease to begin with, it ought not return if the whole of the infected locality can be taken away. But I fear the operation does not frequently realize as much as it promises, because it is not properly done. A thistle in the garden may be taken up by the roots, and removed, but if by a careless shaking of its ripe heads the seeds are scattered on the ground, there will be a return of thistles in that garden. So I suspect many an operation for the removal of cancer is a failure, not because the whole disease was not removed, but because the cells of the cancer were sown in the wound by cutting or pricking the morbid mass. Then what have we gained? Let us think.

SOME RECENT STUDIES AND OBSERVATIONS ON TINNITUS AURIUM.

BY LAURENCE TURNBULL, M. D., PH. G.,

Aural Surgeon Jefferson to Medical College Hospital, Phila.

For many years our knowledge of this subject was very obscure, and all noises in the head or ears were classed as *nervous*. No one, that we are aware of, has given the subject as much study and careful observation. As early as 1874, we published our first essay on the subject, and the third in 1885[*]—views we then expressed have been confirmed. To these, our most recent studies, there have been added with many new facts as to the causes producing these noises, and their prevention and treatment.

We are now, almost in every instance, able to determine the cause of any form of noise in the head, and ears, and by the aid of various instruments of precision, refer them first to the part of the head or ear that they properly belong.

Again, we can reduce the noises to three classes, and almost as soon as the patient gives us a history of the form which he suffers, at once class it as belonging to—

1st. The constant rushing and knocking or pulsating noises. This is the most rare form, and depending almost always upon hyperemia, venous or arterial effusion of blood, serum or pus in the labyrinth, semicircular canal, ecchymosis in the vestibule or hyperemia of the cochlea; extra aural causes, as aneurism, anæmia, chlorosis, lithæmia, temporary or permanent organic changes in blood-vessels in and around the ear.

The second class (2) are what we term moist sounds, and are of great variety, depending upon the patient's occupation and intelligence, but are chiefly described as "gurgling, bubbling, boiling, singing, whistling, shell-like roaring, etc." These forms of moist sounds indicate the presence of fluid on the tympanic membrane or in the cavity, catarrh of the eustachian tube, irritation of external auditory canal or mastoid cells or post-nasal spaces and pharynx.

Third (3), dry roaring and ringing noises, comprising a large number of diseases of the auditory nerve of a direct and reflex origin. First the direct, as chronic non suppurative middle ear catarrh, diseases of the muscular apparatus of the ear and nervous supply, cerebro-spinal meningitis, pressure of tumors in and about the ear and auditory nerve, Meniere's class of symptoms, and syphilitic disease of the nervous apparatus of the ear.

HABITS OF THE BODY THAT INDUCE THE NOISES.

There are certain individual habits which congest the parts either temporarily or permanently, which produce tinnitus; as the free use of stimulants and tobacco, a full meal, great bodily or mental fatigue, unusual effort—as public speaking, too much sleep after a full meal, study, or reading with a gas-burner or oil lamp near the head, etc.

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[*] Imperfect Hearing, and the Hygiene of the Apparatus of Hearing, with the Prevention of Deafness, by Laurence Turnbull, M. D., Ph. G. Third edition: large 8vo.; cloth. J. B. Lippincott & Co., 1885.

There are also certain vocations that increase the intensity of the noises, as in telegraph operatives, locomotive engineers, boiler-makers, machine-workers in cotton, or wool factories.

MENTAL INFLUENCES.

There are certain influences, both internal and external, which produce increase or diminution of these sounds. A happy frame of mind and pleasant dry weather will diminish these sounds. Worry or ill temper, meeting strangers, or wet damp cold weather, or its opposite, intensely hot, as also a close room, will increase these sounds. Pleasant occupation or active work, riding in a carriage or railroad, the patient will not notice the sounds. These sounds are not so intense during the day-time, but they become much louder because everything is quiet as at night. This is especially the case if the individual suffers from dyspepsia or indigestion. The subjective noises are produced or increased in woman by sickness of the stomach, or during pregnancy and the puerperal state, and before, during, and after menstruation.

There are various forms of reflected symptoms of tinnitus when there is internal disease. Painful noises are produced in the ear from diseased conditions of the kidneys, more especially diabetes, also in Bright's disease, which latter often causes effusion of blood and serum in the middle ear, so also a peculiar form of tinnitus which I have fully described in the *Journal of Am. Med. Assoc.*, 1885.

There is a change in the subjective noises in diseases of the middle ear, when pressure is made, with the finger, upon the mastoid process or on the first cervical vertebra. Noises which are often weak and feeble are apparently increased in intensity by closing the external meatus by the finger.

(*To be continued.*)

BINIODIDE OF MERCURY AS A GERMICIDE.

BY B. F. ACKLEY, M. D.,

Of Du Bois, Pa.

Having noticed in your excellent journal of November 27 an extract from the *British Medical Journal*, referring to a former article by Dr. C. R. Illingworth, on the efficacy of the biniodide of mercury as a specific in scarlatina and diphtheria, I feel it a duty to give you my experience in the use of that particular preparation. Having tested its germicide qualities in a number of cases within the past five years, I am convinced that it is the specific and germicide "par excellence," at least in diphtheria, and possibly in allied affections.

My conversion to the use of it as a germicide dates back to my reading an article on mercury and the efficiency of its different preparations to destroy parasitic life (see vol. i. "Trousseau's Therapeutics," Woods' Library for 1880).

I had known of its use in an empirical way, and used it myself, but having not yet accepted the germ theory, and loth to part with my old friend and "vade mecum" for twenty-five years, Greenhow on Diphtheria, my treatment was mixed and less successful. Convinced that I had found the poison for the "bug," I have since used the biniodide to the exclusion of all other remedies, and administer it in the form of powder combined with "saccharated pepsin," placed dry on the tongue, and do not allow liquids in any form until ten minutes later, becoming mixed with the saliva and diffused over the mouth and fauces; the local germicidal effect is thus prolonged, and it has the same systemic effect as if swallowed at once. I do not use or consider necessary local treatment by pencil or insufflation to the fauces, or externally to the throat by liniment, except as a "placebo." I believe many children have been lost through officious and forcible attempts to apply irritant local remedies to the fauces, resulting in the child's positive refusal to take even necessary nourishment and stimulants. I give small doses every one or two hours—age, frequency of repetition, and urgency of symptoms considered. I disallow solid food, and disregarding fever, usually give wine whey, from the first substituting brandy and egg punch if exhaustion becomes marked. Convalescence sets in usually within four or five days from the commencement of treatment, as I have noticed in six typical cases, all children of miners who had moved to this locality from Tioga county, Pa., where a severe epidemic was prevailing at the time, a child having died out of one of the families before their departure.

One of these cases, the last one treated, a young man twenty years of age, in whom the symptoms were well marked, will serve to show progress.

When called, I found the tonsils and contiguous parts much congested and of a dark-red color, the posterior wall of the pharynx having a glazed appearance, the left tonsil half covered with dark-colored patches, and concomitant symptoms all fully developed.

℞. Hyd. biniodid., gr. 1-16.
Pepsin sacch . gr. 6.

Every two hours, to be taken dry on tongue and slowly swallowed. Wine whey between doses. As a liniment I use

℞. Kerosene,
Ol. olivæ. Equal parts externally to throat.

On second visit, twelve hours after, I found the patches coalesced on left side and covering two-thirds of the tonsil, and appearing on the right side, but of a lighter shade. Swelling and redness unchanged; bowels had moved twice. Continued treatment.

Third visit, twenty-four hours after, I found an improvement in all symptoms, the deposit thinning and lighter in color as if melting away; bowels had moved three times since last visit, attributed to the pepsin. Continued powders every four hours.

Twenty-four hours after, a thin film only remained on left side, with slight swelling and tenderness of sub-maxillary glands on left side. Continued powders every six hours. In two days after, he reported well. As a solvent, in this case only did I combine the biniodide with pepsin (Houghton's); the other cases were children under twelve years, and were all treated with it in fine powder, with sugar of milk.

INTRA-OCULAR CANCER IN A CHILD.*

BY J. J. CHISOLM, M. D.,

Of Baltimore, Md.

Dr. J. J. Chisolm had occasion to operate to-day on a case that was calculated to appeal to one's sympathies. The patient, a little girl of about two years of age, was brought to him by her mother in order that he might rectify, if possible, a peculiar expression that she had noticed in one of her child's eyes.

At a glance he noticed the yellowish appearance that is so characteristic of intraocular cancer. The mother stoutly refused to permit ophthalmoscopic examination until she was made aware of the serious nature of the trouble.

Upon examination, he found nearly the whole of the eye filled with a gliomatous tumor formation, not, however, invading the optic nerve, but apparently confined to the retina and sub-retinal coats.

After consideration, the mother consented to permit enucleation to be performed.

In the opinion of Dr. Chisolm there will, in the view of the fact that the growth does not involve the optic nerve nor any of the socket tissues, not having broken through the outer coats of the ball, be no return; but should it have infiltrated the nerve or socket tissues, the prognosis would have indeed been very grave.

The common history of these cases is that when they are present there is a characteristic yellowish reflex that shows plainly through the pupil even without ophthalmoscopic aid. The growth continues to develop, the optic nerve becomes infiltrated, likewise the outer coats of the ball, until perforation and extension to socket tissues occurs. They are accompanied by great pain, increasing as the trouble progresses, and they not infrequently prove fatal in about one year, unless aid is given sufficiently early. Recurrence is the rule after operation if the nerve or socket tissues are involved. In this case the doctor does not anticipate any return of the growth, as it was an unusually favorable case for operation. He has also seen a child in which both eyes were affected by a similar pathological process. No operation was done, and when the child died its eyes were nearly the size of its head.

FRACTURE OF CERVICAL VERTEBRÆ.*

BY W. CHEW VAN BIBBER, M. D.,

Of Baltimore, Md.

Dr. W. Chew Van Bibber said he had recently been invited by Dr. Robert Johnson to attend a post-mortem examination upon one of his patients who had died under rather peculiar circumstances.

The subject was a well-built man, a carpenter by occupation, who while pursuing his calling had a fall from which he recovered only partially when he attempted to return to his work, but found it impossible to continue. He came to Baltimore for treatment, and was under the care of Dr. Robert Johnson for four or five weeks previous to his death. There was a swelling on the back of his neck about the fourth cervical vertebra, and besides this no other lesion could be found. He made no improvement under treatment, and finally died.

At the autopsy, made by Dr. Wm. T.

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*Abstract of a paper read before the Baltimore Academy of Medicine, November 16, 1886.

* Abstract of paper read before the Baltimore Academy of Medicine, November 16.

Councilman, nothing was found to account for death until section of this swelling in the cervical region was made. Here there was found a complete solution of continuity of the bony column, the true nature of which was not then made out, as a histological examination of the tissues was necessary.

Dr. Van Bibber referred to several cases of fracture of cervical vertebræ that have occurred in his practice, but none of them behaved as this case did. They were all seriously affected from the first.

He referred to the case of Sir Charles Bell, in which the patient who had received an injury in the cervical region, in bowing himself from the surgeon's presence, completed the partly severed bony segments and dropped dead upon the floor.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. J. M. DA COSTA.

Diabetes Mellitus—Rapid Course.

The patient was a man of forty years, admitted to the hospital November 23, 1886. Family history throws no light upon the case. Mother still living; father died of phthisis.

When a child, the patient had a fall, striking his head, but followed by no immediate result; however, the next morning at breakfast he fainted, and ever since that time he has been subject to severe headaches. He had no sickness until four years ago, when after exposure, he had a *chancre.*

The present illness began only nine weeks ago with great thirst, vertigo, loss of flesh and strength, and he passed a large quantity of urine, having to rise several times during the night. All these symptoms had been growing rapidly worse, till a few days since he was seized with a slight cough.

On admission, he was greatly emaciated and weak. Temperature 99°, pulse 92, respiration 28; tongue rather dry and coated. At the central portion of the right lung there was some consolidation. The urine, which was 1042 specific gravity, contained sugar in great quantity, was acid in reaction, and showed no albumen. He was ordered five-grain doses of potassium iodide four times daily.

November 24. His temperature was 102⅖°, pulse 100, respiration 28, and he complained of great weakness.

November 25. His temperature rose to 105°; was much weaker. Heart sounds seemed weak, but no murmur could be distinguished.

November 26. He complained of severe abdominal pains, seemed still weaker, otherwise his condition not much changed. Urine at this date contained a trace of albumen; *no casts*; a large amount of glucose, and specific gravity down to 1030.

November 27. He was delirious through the night, and passed only two pints of urine. The urine gave off a strong odor of acetone. He seemed gradually passing into a comatose condition, and died on the 28th.

Autopsy four hours after death finds body much emaciated, and rigor mortis well marked. On removing the skull cap a large amount of serous fluid escaped from beneath the dura mater.

Upon the convexity of the cerebrum there is considerable opacity of the pia mater, and some of the convolutions are shrunken.

In the anterior part of the longitudinal fissure there are quite firm old adhesions between the two hemispheres. The lateral ventricles contain a small amount of serous effusion.

Substance of the cerebrum is very firm in most parts. On section of the basal ganglia they are found to be softened in some of their layers. The cerebellum is softened throughout, except the corpus dentatum and the central white surface.

Upon section of the right crus cerebri, a dark-colored elliptical spot is found, which looks like an old spot of hemorrhage, or the remains of a gummatous growth. Below this point the right crus is softened.

The pons is softened throughout, but especially upon the right side, which is shrunken. The substance of the medulla (involving the tissues which form the floor of the fourth ventricle) is softened as far down as the beginning of the cord. The softening is here also most marked on the right side, but the difference in the two sides is less marked than in the pons.

Heart weighs eight ounces. The left ventricle is slightly hypertrophied, compared with the right, and contains a very firm fibrinous clot.

Valves are normal, except slight atheroma of all those on the left side.

Aorta.—Marked atheroma, with slight dilatation.

Lungs.—The upper part of the left lung is pretty well solidified, and many nodules can be felt in other parts, as well as numerous fine shot-like bodies. Right lung presents similar conditions. The extreme apex of left lung contains a cavity with thick walls, and at numerous other parts of the lungs are areas of softening, filled with fluid, which was examined for tubercle bacilli, but with negative results.

Liver is small, weighs two pounds and ten ounces. Upon section of this organ a strong odor of acetone is emitted (or an odor like the smell of the breath in acetonæmia).

Gall-bladder is much shrunken and contains a little pale-yellow bile.

Kidneys.—Not markedly enlarged; moderately firm; slightly swollen. Cortical substance is pale, striated, and opaque. Capsule is easily removed, leaving a smooth surface. In the right kidney there is one small nodule, which looks like a miliary tubercle.

Spleen is very small, and weighs two ounces.

Pancreas is very small.

Tissue is very pale. It appears shrunken and atrophied.

This case was possessed of considerable medical interest. The diagnosis, *i. e.*, diabetes, was easily made. Diabetes suddenly developed, and running a rapid course to a fatal termination is by no means common. Can we explain the cause? The disease was hardly produced by the fall some thirty or thirty-five years previous. Patients with acute diabetes are subject particularly to tubercle in lung. This may be latent or acute. They commonly develop either acute phthisis or catarrhal pneumonia.

The cause for the development of diabetes in this case is remote, but I believe it to be of cerebral origin; probably induced by syphilis.

Salicylate of sodium in the treatment of diabetes gives better results than any other remedy; far better than opium, and has not its disadvantages. Indicated in gouty and diabetic patients in sufficient quantities, it decreases the diabetes and keeps off the gout. Salicylic acid and the other sodium salts have been tried, but do not give as good results.

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MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Thursday, December 2, 1886, E. E. Montgomery, M. D., vice-president, in the chair.

Fibroid Tumor of the Broad Ligament.

Dr. W. Constantine Goodell exhibited for Dr. W. Goodell the right broad ligament containing an enlarged ovary, and close by its side, but distinct from it, a fibroid tumor of the shape and size of the non-gravid womb. The left ovary was also greatly enlarged. It contained a cyst, which burst into the cavity of the abdomen while the woman was being examined four days before the operation, which took place in Dr. W. Goodell's private hospital on June 22d, and she recovered promptly. Her symptoms were painful, and feeble locomotion, constant ovarian pains, menorrhagia, followed by prolonged dribblings of blood, and a retroversion which could not be rectified on account of the tender and dislocated ovaries. She had been under treatment for several years, and without benefit; but since the operation she had greatly improved.

He also exhibited for Dr. W. Goodell an

Intra-Ligamentous Ovarian Cyst,

With the following history: The girl, aged eighteen, had been growing large for two years, and her health also began to fail, but a tumor was not suspected until six months ago, when she was examined by Dr. George H. Woods, of Pine Grove Mills, Pa. Discovering a cyst, he sent her to Dr. W. Goodell. The operation was performed on September 25th, at his private hospital, and was a difficult one, because most of the cyst lay between the folds of the right broad ligament, and the rest of it was adherent at every point to intestines and abdominal wall. It was enucleated so completely that no pedicle was left to tie. He exhibited it mainly to show the greatly hypertrophied and dilated oviduct, the walls of which are very thick, and were filled with pus. The left ovary being of the size of a goose's egg, was also removed. It contained pus, and also was enveloped in the broad ligament, and had to be shelled out. In spite of the complications, this case recovered promptly. Dr. W. Goodell had had during the past year another case of intra-ligamentous cyst of the most formidable character. The cyst was attached to nearly the whole of the colon, to the small intestines, to the bladder, and to the whole surface of the womb, measuring five inches in length. The lower portion lay between two layers of the broad ligament, from which it was shelled out without a pedicle. The parts were so disorganized that the second ovary could not be found, nor was it possible to determine positively which ovary was removed. But the presumption is that it was the right, because nearly the whole of the right ureter, fully ten inches of it, had to be carefully dissected off from the cyst wall, and from between the layers of the broad ligament. Many ligatures were used, and very little blood was lost, but the patient died on the table from shock, while the wound was being closed. Before this death, Dr. W. Goodell had had twenty-two successive ovariotomies, all of which recovered, and he had had eight successful cases since, making in all thirty cases, with but a single death.

Dr. John M. Taylor, upon invitation from the chair, remarked that the first case reported by Dr. Goodell had been originally under his care. He had attended her in labor, and nothing abnormal occurred in the puerperal period. He had examined her six weeks later, as is his custom, and found nothing wrong. Some months afterwards she had a miscarriage; there was some placental retention, and it was followed by ovarian tenderness and signs of inflammation, which gradually increased; the ovaries became enlarged. Nine months after the miscarriage, the operation was performed. An interesting question is, When did the tumor begin?

Dr. Montgomery remarked that there was a resemblance between the tumor and one horn of a uterus bicornus. Was there a distinct separation between the uterus and the tumor, or could it have been such a horn?

Dr. W. C. Goodell stated that the tumor was separated from the uterus by an inch. The tumor has greatly diminished in size since it was placed in alcohol.

Dr. Howard A. Kelly exhibited a

Parovarian Cyst

weighing thirty-seven pounds. The patient, a young woman, nulliparous, had noticed the tumor one year before. The character of the percussion wave and the evenness of the belly wall decided a correct diagnosis. A point of interest was the flatness of the anterior abdominal wall, with more fullness in the flanks than the speaker had ever before observed in a cystic tumor. The tumor was removed through a two and a half inch incision. The fluid was viscid and yellowish. There were no adhesions. The broad pedicle was transfixed and tied, and over this a tie made embracing the whole. The wound was closed by silkworm-gut sutures—five to the inch—and the whole operation completed in thirty-six minutes.

It is two weeks, to-day, since the operation. The patient is sitting up in a rocking-chair. She had no fever at all, a pulse daily growing slower, and felt well. The cyst was one large cavity, containing several cauliflower vegetations on its inner wall. The ovary lay intact on its outer wall, and the tube, about ten inches in length, was drawn out over it.

Removal of Ovaries and Tubes for Subinvolution and Chronic Metritis.

Dr. Kelly considers the indications in this case so well defined and new that he designs making it the subject of a more detailed critical communication. The patient, about thirty-five years of age, had raised five children, but for several years had suffered from constant soreness of the whole hypogastrium, a spot of intense burning pain to the left of the uterus, and a constant dark leucorrhœa. The menstrual congestions greatly increased her symptoms, which were again aggravated by several early abortions. She had been under excellent treatment before coming to Dr. Kelly, and had been carefully treated by him, but with only moderate, temporary improvement. Dr. Kelly then decided to stop the menstrual function with a view to checking the periodical determination of blood to the uterus, and finally bringing about complete involution of the organ. The operation was performed on the same day as that before described. The ovaries and tubes were removed through an incision two inches long. The ovaries were full of pea sized follicles, and were covered with a dense capsule, and were, probably (not, however, in consequence of these appearances) diseased. The speaker insisted that the operation here had no reference, whatever, to any disease which might be found in the appendages, but the sole indication lay in the state of the uterus; the ovaries, whether diseased or not, were removed to correct that trouble. The recovery was as perfect and free from disturbance as any slight injury, and the patient was up in the next room on the fourteenth day, when the uterus was free from tenderness, and already rapidly undergoing involution.

Dr. Harris considered the parovarian cyst interesting on account of the character of the fluid, which was opaque and quite as thick as is usually found in ovarian cysts.

Dr. Chas. Meigs Wilson considered oöphorectomy a resort of doubtful propriety as a remedy for metritis; for, as the menopause occurring physiologically would not stop such an inflammation, we would scarcely expect it to be of greater benefit when the result of an operation. He doubts the moral right of exposing the patient to the risks of abdominal section for such a condition.

Dr. Kelly remarked that one reason for the operation for the relief of metritis was the exacerbation of all the symptoms at the menstrual period. Maternity could not again be accomplished in consequence of abortion; complete rest in bed had failed to stop them. He thinks these ovaries are diseased; ovaralgia has undoubtedly some anatomical basis, but he is not able to say how it is to be discovered; more microscopical research is needed. The history of this case excluded syphilis.

Dr. Joseph Price read

A Report of Thirty-one Cases of Intra-abdominal Operation Done without any Selection in Private Hospital, by Dr. R. Stansbury Sutton, of Pittsburgh, Pa.

October 27, 1883, Mrs. B., ovariotomy; large cyst; recovered.

November 18, 1883. Mrs. O., ovariotomy; large cyst; recovered.

December 28, 1883. Mrs. C., ovariotomy; large cysts; extensive adhesions; tapped frequently; recovered.

February 2, 1884. Miss T., supra-vaginal amputation of uterus with both ovaries and tubes; recovered.

February 20, 1884. Miss P., supra-vaginal amputation of uterus with both ovaries and tubes; large fibroid of uterus; recovered.

March 20, 1884. Mrs. K., ovariotomy; left ovary large and cystic, developed under the broad ligament and roofed over by it. The ligament was opened up to get at it. On right side a fibro-cyst of the uterus with adhesions existed. Performed supra-vaginal amputation of the uterus with the remaining ovary and tube, and split the broad ligament of the left side. Recovered.

April 22, 1884. Mrs. S., ovariotomy; large cysts; extensive adhesions, especially to the liver; had been often tapped. Liver was burned with cautery iron over strip one inch broad by four or five inches long to stop bleeding. Incision in abdominal wall seventeen inches long. Recovered.

May 12, 1884. Mrs. D., large sarcoma of left ovary; general chronic peritonitis with ascites; tumor fed by enormous vessels, Pedicle tied and dropped, as in ovariotomy. Pulmonary clot occurred on fourth day suddenly, with temperature 99°. Died.

May 29, 1884. Mrs. G., ovariotomy; large cyst; adhesions. Recovered.

June 24, 1884. Mrs. S., pelvic abscess. Tait's operation. The pus was stinking. Recovered.

July 12, 1884. Miss M., removal of subperitoneal fibroid; anterior wall; pedicle short. Recovered.

July 12, 1884. Miss L., supra-vaginal amputation of uterus with sixteenth fibroid; extensive enucleation; adhesions numerous. Died.

September 16, 1884. Mrs. R. (insane), removed both ovaries and tubes. Cured; recovered.

September 22, 1884. Miss J., both ovaries and tubes removed. Died of septicæmia on fifteenth day. (Consultants pronounced it typhoid fever.)

September 24, 1884. Mrs. W., supra-vaginal amputation of uterus and both ovaries, with fifteen pound fibroid; extensive enucleation; vast adhesions; tetanus. Died.

December 4, 1884. Mrs. C., supra-vaginal amputation of uterus for large fibroids; extensive intestinal and mesenteric adhesions, and in the presence of peritonitis; very bloody operation: shock was too great. Died.

December 17, 1884. Resection of small intestines at two points for cure of artificial anus and extensive adhesions of gut; fatal on seventh day from renal hemorrhage. Five stones, one an inch long, were found in the kidneys post-mortem. The points of resection were found with difficulty; the sutures were all covered. (My first and only other resection of intestine recovered, and is living 3½ years since operation.)

March 7, 1885. Mrs. J., ovariotomy; large cysts; extensive adhesions; had often been tapped. Recovered.

April 7, 1885. Miss S., exploratory incision. Recovered.

June 10, 1885. Mrs. L., double ovariotomy. Dermoid on right side. Recovered.

June 27, 1885. Miss H., both ovaries and tubes removed. Recovered.

July 30, 1885. Miss D., ovariotomy; large cysts; extensive adhesions; came in a dying condition; had been tapped very often. Died.

November 18, 1885. Mrs. B., ovariotomy; incomplete small cyst; size of cocoanut. As it was impossible to remove the cyst on account of adhesions, it was emptied, dried out, and lining well mopped with a 5 per cent. carbolic. Recovered, and cyst has not refilled.

November 19, 1885. Mrs. M., oöphorectomy, right ovary and tube, recovered.

November 24, 1885. Mrs. W., double ovariotomy, large cysts, bad adhesions, patient very anæmic and feeble, had been tapped often. Recovered from operation, but died of peri-nephritic abscess three months afterwards.

January 9, 1886. Miss N. G., oöphorectomy, pyosalpinx. Recovered.

March 23, 1886. Mrs. R., oöphorectomy, right ovary and tube. Recovered.

April 3, 1886. Mrs. N., oöphorectomy,

both ovaries and tubes, kidneys contracted. Uræmic poisoning a week after operation, coma. Death.

October 1, 1886. Miss S., oöphorectomy, right ovary and tube, chronic ovaratis and salpingitis, Had to dig the ovary and tube out of a mass of adhesions; bad case. Recovered.

November 20, 1886. Mrs. N., double ovariotomy, removed large parovarian cyst and cystic ovary on left side, and cystic ovary on right side. Recovered.

This list of thirty-one abdominal sections are all I have made in my private hospital during the three years of its existence. I have never used spray over a wound, and only occasionally in my earlier cases, I used 2½ per cent. carbolic solution over the instruments. Long ago I quit this, and have used no chemical during the operations. After closing the wound, I am in the habit of dressing it with iodoform gauze. Our wounds all heal by first intention. A great many of these patients had neither health, strength, or money when they came to us. Rich or poor, all have had the same chance for life. All the provisions of cleanliness known to science and art are practiced in my institution. With our present good condition, I believe we can save 98 per cent. of ovariotomies sent within a year or eighteen months from the time the disease begins, and without having been tapped. We never lose a case if in fair condition and if no trocar has been previously introduced into the cyst.

In this list there were thirteen ovariotomies for large cysts, and in one case a supra-vaginal hysterectomy was also done. Of these thirteen cases two died, one of the two three months after operation, and the other was in the last stages of exhaustion, when she was brought in on a stretcher.

Of the cases of supra-vaginal amputation of the uterus and both ovaries there were six. In one an ovariotomy was also done for large cysts. Of these cases, three recovered and three died.

The Tait operation for large pelvic abscesses recovered.

The intestinal resection was not lost through the operation. The removal of the uterine appendages shows a mortality of two cases; one was due to operation, I think, the other was not.

I am sure that, as we gain experience in further operative work and exercise more care in rejecting cases with bad kidneys, our results here will compare favorably with others. Thus far we have refused no patient willing to enter the list for operation, and I am sure that no operator, east or west, is likely to meet with worse cases than are contained in this list.

Summary.—Ovariotomies, McDowell's operations, 13.

Oöphorectomies, Hegar-Tait operation, 8.

Laparotomy for pelvic abscess, Tait operation, 1.

Resection of intestine, 1.

Removal of large solid sarcoma of ovary, 1.

Supra-vaginal amputation of uterus and both ovaries, 6.

Exploratory incision, 1.

Removal of sub-peritoneal fibroid of uterus, 1.

(One case is counted twice: first as an ovariotomy for large cysts complicated with supra-vaginal amputation for fibro-cyst of uterus; second, as a supra-vaginal amputation of uterus complicated by ovariotomy.)

In looking over my ovariotomy cases who have recovered during the last ten years, I find that eight children have been born to them. My last laparotomy (46th), for all diseases yet attacked by operation by me, was a large parovarian cyst, with both ovaries cystic. The cyst and both ovaries were removed through a two-inch incision, the dressing completed, and the woman in bed in thirty minutes, without any haste. She has taken no drugs—not a drop of anything. Temperature on the fourth day was normal, and pulse 76. Wound completely healed. Experience with honest precautions coupled to a possibility of earlier operations and a discontinuance of tapping, will result in as good statistics in this country as abroad.

Dr. H. H. Kelly remarked that Dr. Sutton's account of his cases is very interesting, and in many particulars instructive, and better results for general work, handling all classes of cases without selection, certainly cannot be found in this country. He, Dr. Kelly, called especial attention to the note by Dr. Sutton that his ovariotomy patients have borne eight babies within the past ten years. This fact is significant as deciding a question which has been discussed in terms of vague generalization and sentimentality, "The other ovary."

About a year ago, when writing a paper upon ovarian cysts of large size, Dr. Kelly found facts in Sir Spencer Wells's table which determined this question for him upon a solid scientific basis. Of Sir Spencer Wells's 1,000 cases, 768 recovered, and deducting from these 343 over 40 years of age as beyond the child-bearing period, we have left 371; again deducting 20 more, which was about the number of double ovariotomies under 40 years recovered, we have left about 351 women survivors with one ovary and in a child-bearing condition. As an actual fact, 117, or about one-third, did bear children to number 228, or a fertility of about 65 per cent. to the total number of survivors. This is then clearly the advantage of leaving one ovary in 351 women, to wit, 228 children. Now what are the disadvantages? Obviously a return of the tumor in the other ovary, and death from the second operation.

In seven of these 351 women a second operation was necessary, and one of the seven died of a tumor, doubtfully uterine.

Here, then, is the status of "the one ovary" case. *One doubtful death* of a woman seven years after her first operation, against *two hundred and twenty-eight children born!*

Dr. Kelly could not accept the diagnosis of death from typhoid fever in a surgical case within three weeks of operation, in the absence of careful post-mortem examination. The typhoid condition is so common in all cases of peritonitis tending to a lethal end, and true typhoid fever so extraordinarily rare, that he rejected the diagnosis not subsequently confirmed. It savors too much of the many cases of women coming to my office, week after week, who tell me they "have never been well since their last confinement, when they had typhoid fever." Dr. Sutton, however, does not himself make this assertion.

Dr. Coffee, of Pittsburg, drew attention to a case under his own observation, in which typhoid fever of distinct character followed close upon a surgical operation.

Dr. M. Price spoke of a case in which typhoid fever followed immediately after an attack of small-pox.

Dr. Joseph Price reported a case of

Hysterectomy for Myoma.

The patient had applied to Dr. J. R. Haynes on account of menorrhagia with hypogastric discomfort. Uterus about the size of a three months' gravid uterus. She became very much prostrated, and suffered from sciatica in the right leg. The tumor grew rapidly, and seven months after first seeing her the tumor was found to extend from the umbilicus to the perineum, resembling in shape and position the gravid uterus at seven months. Two inches below the umbilicus, and to the left, a bruit was distinctly heard. Fœtal heart sounds could apparently be distinctly heard beating 125 per minute, but they were synchronous with the patient's pulse. The lower position of the tumor extended into the vagina almost to the perineum, and resembled very much a fœtal head surrounded by a small quantity of fluid. The os uteri could be felt only with the utmost difficulty behind the center of the os pubis.

November 19th. Dr. J. Price performed abdominal section; before operation her pulse was 150, and temperature 100°. Six syringefuls of brandy were given hypodermically. The operation lasted about an hour. The patient slept well that night, and improved in condition for a few hours, after which vomiting occurred, followed by great restlessness, pain, and increased frequency of pulse. Peritonitis developed, and the patient died at 7 a. m., about thirty-one hours after the operation. Post-mortem examination showed nearly a pint of bloody serum in the peritoneal cavity.

Dr. Price remarked that in reviewing the operation he felt that, with one exception, he had nothing to regret; but he did regret that he had not introduced a drainage-tube; his reason for not using it was the complete absence of bloody stain in the last abdominal washings; but it is his rule to use a drain whenever there have been adhesions to separate; he had three tubes in use in other patients at that very time; he feels assured that if he had used a drainage-tube in this case the woman would have recovered.

Dr. H. A. Kelly considered the important error in this case was the neglect to insert a drainage-tube, and gladly made this subject the text of a few remarks. Operators at large should by this time have reached a common understanding as to just how and when the drainage-tube should be used. In the *first* place: Whenever there is any denuded area as large as the palm of the hand, or smaller, if there be a tendency to weep, a tube should be introduced, and sometimes when least expected several ounces of serum will well up through the tube daily, and the absorptive powers be saved a severe tax. *Second: Whenever in doubt, use the tube*; no harm ever comes from it when guarded with the antiseptic precautions now in common use.

His own plan is as follows: Pass all the silkworm sutures as if the whole length of the incision were about to be closed, slip in the drainage-tube (he prefers a straight glass one under ordinary circumstances), and run down the shot and close the wound to the tube; but the two sutures passing through the track of the tube are left long, to be used after removal of the tube. He then once or twice a day draws out all serum accumulated in the pelvis by means of a long-nozzle uterine syringe; when all discharge has ceased, provided it has been but sweet, clean serum, he withdraws the tube, and running the shot down on the two unused sutures, closes the wound perfectly, leaving only a linear cicatrix instead of a deep pit at the lower angle to be filled up by granulation, and a large plug of scar-tissue; this is also safe after suppuration, provided all suppuration has entirely ceased.

He does not like Kœberle's clamp, which had been used by Dr. Price in this case, and considers it far more dangerous in every way than the elastic ligature. Särgen's device, just announced, combining an extra and intra peritoneal treatment, promises much, and is certainly destined to repeated trial.

Dr. Montgomery thought the case one of extreme interest in point of diagnosis and treatment. The pressure of the tumor on the uterus causes changes in them, and also sacculation of the kidney. He had operated in a similar case some years ago, and subsequent examination revealed sacculated kidneys and pus in one; even if no knife had been used, the patient would have died from the ether. He thinks with Dr. Price that the drainage-tube should have been used in his case.

Dr. Joseph Price remarked that he had no fear whatever of the drainage-tube, and thought it might be used in every case. Tait's rule, "when in doubt use the tube," was a good one. Dr. Price made some remarks upon his method of using drainage-tubes of glass, using cotton wick in some cases to remove accumulations of serum and to clear the openings of the tubes, using a sucking bulb with gum tubing to draw out fluid accumulations, and introducing a smaller gum tube through the glass one before withdrawing the latter.

Dr. M. Price exhibited specimens from a case of

Pyo-salpinx

of gonorrhœal origin. Is pyo-salpinx not generally or always the result of gonorrhœa? His cases have, without exception, followed attacks of gonorrhœa. Can such a sequel be anticipated and prevented?

Dr. Montgomery remarked that Dr. Noeggerath initiated the idea of latent gonorrhœa as the cause of salpingitis and pelvic peritonitis.

Dr. M. Price remarked that his patients had been in robust health; they were generally women who had born but one child, and the labor had been followed by repeated attacks of peritonitis.

Dr. Longaker read a report of a case of

Laparotomy for Pyo-salpingitis.

Maggie T., aged 33, was admitted to Lying-in Charity Hospital, November 13, 1886. She had one child 18 years before, after a difficult and prolonged labor. Unmarried, and has a history of specific disease. During the last four years her periods have been accompanied by intense suffering, and in the intervals she was never free from distressing aches in the pelvis. Lately she had used opium to some extent. In addition to the evident enlargement of the appendages on both sides the patient has a perineo-recto-vaginal fistula and a stricture of the lower end of the rectum. A diagnosis of pelvic cellulitis was made by him in this case two years ago.

Operation, November 18. The left tube, a sausage-shaped tumor, and the ovary, a fluctuating mass the size of a walnut, were easily removed; a small amount of pus escaped from the end after ligation, and this was arrested by pressure forceps. The ligature was necessarily passed near the uterus, but owing to friability of tissues, troublesome oozing continued, and delayed the closure of the abdomen. On the right side the ovary and tube formed a huge abscess, the size of a goose-egg. It was impossible to separate and remove this without rupture. It was filled with pus and altered blood. Adhesions were dense and firm. There was also some oozing on this side, but it gave rise to comparatively little trouble. The peritoneal cavity was irrigated with hot water; 1 to 5,000 bichloride solution on sponges. Abdominal walls sutured with silk, over which was placed an impervious coat of iodoform collodion. Convalescence uneventful. She is now free from pain.

Dr. M. Price inquired about the source of hemorrhage. He had seen serious hemorrhages due to the fact that the tube was cut by the ligature. He thought it important to tie straight across the tube and not obliquely. He ligates by double ligature and ties back. He considers it right to open up at once if hemorrhage is at all free; he does not think it right to trust to sponges and hot water.

Dr. Joseph Price had seen very free hemorrhage from adhesions to the bowels, large sinuses being laid open and pouring out blood. In several cases he had used iron as a styptic.

Dr. Longaker explained that the hemorrhage came from the opening up of the broad ligaments.

Dr. H. A. Kelly read a paper embracing

Notes on Palpation of the Female Uterus,

which will be published in full with diagnosis.

Dr. Joseph Price read an interesting letter from Dr. Joseph Eastman, summarizing the features of McDowell's early operations, showing how perfectly antiseptic his work was.

Dr. Coffee spoke of Dr. Sutton's work as being pioneer work. He gave up good practice and went to Europe to work up this field. W. H. H. GITHENS, M. D.,
Secretary.

EDITORIAL DEPARTMENT.

PERISCOPE.

General Neuroses having an Ophthalmic Origin.

Dr. H. Bendelack Hewetson thus writes in the *Lancet:*

It is now some years since I first observed symptoms, many and varied, occurring in neurotic persons who were also the subjects of uncorrected optically defective sight. In investigating more particularly the relationship between the various optical errors and sick headache, or simple headache, I was occasionally startled by the apparent direct relationship between the long uncorrected disorder (with all its immediate train of nervous disorders) and general conditions of ill-health which seemed to be the direct outcome of a thus already demoralized nervous system. It is now well established that many cases of migraine or sick headache are directly attributable to the reflected irritation of the brain (and thence the gastric functions and heart's action) from some uncorrected optical state, chiefly on the side of hypermetropia, and always in a neurotic subject. It is also well proven that many of these cases are entirely relieved from their periodic attacks by the use of properly-selected glasses; or, having passed an age when the activity of the accommodation ceases more or less, and the eye becomes presbyopic, the severity of the headache or migraine becomes greatly modified. It is further well known that a patient the subject of hypermetropia is liable, according to varying circumstances, such as extent of defect and use of the eyes, to more or less constant "head pains," not necessarily associated with very obviously defective vision or aching eyes, but always peculiar in their position and character, and aggravated by close application of the sight. Although I have very fully published my observations some time ago on the relations between sick headache and optical defects, and utilized what was previously discovered as to the relation between headache (broadly defined as such) and hypermetropia, I had not felt my footing sufficiently to enable me to bring forward that which it is now my desire to show—viz., that the neuroses growing and arising from congenital optical error are more subtle in their nature, more varied in their distribution, and more demoralizing to the right evolution of the nervous system, than I was at first led to suppose.

The most common forms of headache associated with that optical error known as hypermetropia are—either simply a heaviness or pain over the brows (this may or may not be combined with general headache), or very frequently a tender place on the top of the head, making it particularly painful to dress the hair—such a pain as occurs after a lock of hair has been "slept on the wrong way," in common parlance; there is also frequently pain at the back of the head. All these pains may be present together, or they may exist singly, but they all occasionally occur in conjunction with severe neuralgia at the back of the neck. This I have frequently noticed, and where it occurred, whether associated with the other head pains or not, it, as well as they, soon disappeared with the systematic use of accurately adapted correcting glasses. This symptom of pain at the back of the head and neck is not one which has long been associated with optical defect, but I have now seen a sufficient number of cases to show without doubt that such may be safely regarded as one of the symptoms of (frequently latent) optical error, perfectly remediable by the use of glasses, and, when such, by glasses only.

Dr. Lauder Brunton writes me that he has seen several cases of neuralgia of the back of the neck cured by glasses. It would not appear to need demonstration that with symptoms so severe and depressing to the general nervous system as are the various forms of headache—vertigo, which is associated with astigmatism, vomiting, possibly, as I have noted, palpitation, or neurotic dyspepsia between the attacks of migraine—other conditions should arise as a sequel in many constitutions. One which I particularly wish to draw attention to is insomnia. This particular symptom I observed in one or two cases, the subjects of astigmatism. In one instance in particular, where the eyes had given much trouble during the examination period of an Oxford man's life, it was particularly remarked to me that after the astigmatic trouble was corrected by suitable glasses, *with an equal amount of work*, the insomnia disappeared and the whole physical and nervous state of the gentleman improved greatly. One object of my paper will be to show what an important factor these optical errors are in, as it were, moulding during childhood and early life the nervous and constitutional state of the individual. As a proof of this I will quote two cases, both in ladies of education and refinement, which seem to give us some sort of clue to the possible effects on the constitution of persons who conscientiously struggle through a severe scholastic career with important optical errors entirely uncorrected.

The first case was that of a lady aged twenty-two, whom some few years ago I found to be the subject of confirmed hypermetropic astigmatism. Her health was not good, but she particularly complained of headache and general feelings of malaise. I corrected the astigmatism after very patient testing, since her great nervousness made it a very trying process for myself as well as the patient. There were other symptoms such as would be ordinarily covered by the convenient but too easily accessible term hysteria, which showed itself in subjective pains at the back of the neck, tenderness of the spine, and frequently of the skin generally. There was no apparent lesion in any important organ, and she appeared to be the possessor of a greatly-demoralized nervous system, which was easily overwrought, no matter what amount of moral pluck appeared to be put forth to resist an attack. After wearing the glasses for three years constantly her whole being seemed to change, so great was the relief. All headaches and difficulty in obtaining sleep disappeared, the appetite improved, and she became more companionable at home. But there was evidently, with all this improvement, a disordered state of the nervous system not yet removed, the tenderness of the spine remained more or less, and the health was still subject to variable and unaccountable fluctuations. I made up my mind that though the head pains had been so far recovered by the use of glasses, yet the long struggle in pain and toil of educational work had so far damaged the peripheral nerves that some other means of cure must be attempted. I may say that drugs had long since been given up as useless. It occurred to me that a course of medical rubbing would probably be productive of some good in the form usually called "massage." I accordingly sought and obtained a consultation with Dr. Fletcher Little at Ben Rhydding, in the early part of last winter, and, although the weather was so severe, we decided that the patient should undergo this treatment under Dr. Little's supervision at Ben Rhydding, and I have greatly to thank that gentleman for assisting me to obtain the excellent result, for in two months she went home perfectly well, and I may also add she remains so.

I have in the second case received great encouragement from the treatment above adopted, but its expense necessitated an early abandonment of the massage, yet I have heard that the patient is much improved in general health.

I could multiply instances in which varying degrees of this kind of nervous demoralization occurred; but generally there is either nerve-resisting power or neurotic recuperation sufficient to enable the individual to recover, if the sight be fully corrected, without having to resort to the massage treatment for the rest. I am perfectly convinced that until the sight had been corrected all such treatment as I have indicated would be useless. If carefully looked into, this appears to me to suggest some very important conclusions in relation to the community at large. I see children driven to do their work although suffering from defective sight, constant headache, and restless nights, which result in great exhaustion of the nervous system, disturbance of the various functions of the body, and a disinclination to innocent and beneficial child-play, all of which is with perfect ease set to rights by a correction of the optical defect which causes it. But supposing that a naturally nervous subject grows up under these conditions, the right evolution of some of the nervous system is undoubtedly endowed with morbid action, as well as the formation of the character disturbed. The causes are evident; the consequences, I believe, will be found in some of the neuroses which I have endeavored thus imperfectly to describe. As the practical outcome of these observations, I trust it may not be considered a superfluous precaution to suggest that all children's sight should be tested by the ophthalmoscope before they commence their educational career.

A Case of Angina Pectoris.

Dr. Louis Asta-Buruaga thus writes in the *N. Y. Med. Jour.*:

In looking over the history-books of the Roosevelt Hospital, I was struck with the fact that since the opening of the institution (1871) only two cases of angina pectoris had been registered therein, in both of which the patients had been discharged improved, and in at least one of which no mention was made of an attack occurring while the patient was under observation; neither was the sense of insecurity of life, so essential a symptom in angina, noted. This lack of cases of angina pectoris in the records of the hospital seems to accord with the statement generally made as to the extreme rarity of such cases in hospital practice. Dr. Walsh says that "a solitary well-defined example of true angina" had come under his notice in his wards.

The fact that this cardiac neurosis seems to be a disease of the well-to-do classes, who, as a rule, strongly object to post-mortem dissections, may be a reason why so few necropsies of the malady are contributed to medical literature. Having read the pages of the *New York Medical Journal* for the last two years, I do not remember having met in them with more than one account of an autopsy held upon a patient dead from angina pectoris. This only case was reported by Dr. G. R. Butler before the Brooklyn Pathological Society, and published in the *Journal* of July 10, 1886. The lesions there found were very similar to those of a case observed by me at the Roosevelt Hospital, a report of the symptoms and pathological changes of which I here give in detail:

The patient, a man aged forty-six, and a native of France, was admitted to hospital on the evening of May 28, 1886. He gave on admission the following account of himself: For the past five weeks he had been suffering paroxysmal attacks of pain, which originated in the right half of the mid-sternum, from there shooting backward to the dorsal region, upward to both shoulders, and occasionally, together with a feeling of numbness, down both arms. The pain is of a sharp, stabbing character, and "takes the breath away" from him. While it lasts he has a feeling of oppression about the chest, his breathing becomes labored, and he is seized with a fear of impending death. During the attack he perspires freely. Occasionally the paroxysm is attended with eructations of gas from the stomach and vomiting, or one or the other of these symptoms singly. At no time did he lose consciousness, nor did he fall to the ground. At the onset of his illness the cardiac crises took place from two to three times a day, and individually lasted from fifteen to twenty minutes. Of late the bouts have been increased to five or six a day.

The patient's mother had been subject to anginoid attacks. The patient himself had never had rheumatism, nor had he evidences of previous cardiac, pulmonary, or nephritic disease. He gave a history of syphilis, having contracted the initial sore twenty-five years previously; and he confessed to the alcohol and tobacco habits.

The man was well-nourished, and, though his countenance was rather pale, his mucous membranes were ruddy, and his tongue was red, moist, and clean. His appetite, he said, was small, his bowels were torpid, but he passed his water well and in good quantity. His pupils appeared normal. The heart action was feeble, the cardiac sounds were muffled, and no murmur was audible upon auscultation. The pulse was small and somewhat rapid—96 to the minute; respirations hurried—40 to the minute; temperature, 98° F.

Shortly after admission, 8:30 p. m., the patient was seized with a severe attack of pain and great distress about the chest. He sat up in bed, and leaning forward upon his unbent knees, clasped his bosom firmly with both hands. He seemed afraid to breathe, and held his breath, this cessation of the respiratory act being followed by labored and deep respiration. His face was deathly pale, he looked anxiously about him, yet dared not cry out for relief. His whole frame was moist with clammy sweat, and his extremities were cold to the touch. The radial arteries felt hard and cord-like, and the blood-tension was apparently heightened. The heart action was tumultuous and rapid, beating 112 to the minute. At the end of this attack the patient vomited profusely, and complaining of faintness, he fell back on the pillow, almost on the verge of syncope.

Hardly had he emerged from this paroxysm, which was of a few minutes' duration, when he was attacked by another similar one. Nitrite of amyl was pushed to its full physiological effect—flushing of the face and softening of the pulse—without giving ease. Six minims of Magendie's solution abated the pain, but at the end of an hour, 10 p. m.. the patient was taken with cramp in the belly, without any thoracic distress, which called for another hypodermic of morphine for its relief. At about 1:30 a. m. of the following day, he arose and walked across the room to the bath-room. At a few minutes of 3 a. m. he was found in his bed dead and cold.

At the autopsy, made by Professor Delafield ten hours later, the following appearances were found :

Rigor mortis unusually well marked, most of the voluntary muscles strongly contracted.

Brain not examined.

Lungs fully inflated, lower lobes somewhat congested and œdematous. Heart-walls relaxed, cavities distended with red and yellow clots. Left ventricle somewhat dilated, and its walls thinned. Aortic valves thickened and insufficient. Mitral valves a little thickened.

The aorta showed patches of chronic endarteritis along its entire length. Just above the aortic valves there was a large, deep patch, partly calcified. This patch involved the openings of both coronary arteries, narrowing them very decidedly, but beyond this point the walls of these arteries were normal, and they contained no thrombi.

The liver, spleen, and kidneys were congested.

A Practical Hint on the Performance of Tracheotomy.

Dr. W. Leonard Braddon thus writes in the *Lancet:*

Upon looking through various text-books and articles upon this operation I can find nowhere any insistance upon the following detail—one important, as I believe, at any rate to operators of not large experience, and valuable, as increasing greatly the facility, and therefore the success, of the operation. The operator is usually recommended, standing preferably on the right side of his patient, after first determining the exact relation of the parts, to fix the trachea with the left hand, the fingers on one side and the thumb upon the other, at the same time stretching the skin at the site of the incision. The direction is at least distinct, but the manipulation is in effect usually very different. In all of many cases which I call to mind there has been a little (the only) trouble in the operation, and in some, considerable danger, delay, or anxiety, consequent upon the way in which the attempt is made to keep the windpipe steady, as customarily taught and performed ; four fingers on the left side and the thumb upon the right side of the larynx press with more or less force immediately backwards to hold the organ in place, with the effect of considerably aggravating the dyspnœa (especially if an anæsthetic is not being employed), of flattening the pipe against the vertebral column to some extent, of in all cases increasing the depth at which the part to be incised can be reached, and frequently of failing to secure fixity of the larynx, which, likely to move with the slightest change of pressure, is pushed still more out of reach by the increased pressure made to secure it. Any or all of this inconvenience is the result of pressing backwards with the fingers placed upon the skin immediately on either side of the windpipe.

The suggestion I have to make, and which, I have no doubt, many surgeons have long ago thought of or adopted, although hitherto I have never seen it noticed, is so simple as to provoke a doubt as to its value ; but any one who tries it will, I think, find it so effectual in practice as to have no more doubt than I have as to its advantages. Let the surgeon place his left hand, as widely expanded as possible, over the neck of a child in the position for tracheotomy, then resting the fingers upon one and the thumb upon the other side firmly upon the skin, as far to the side of the neck as they will reach, gradually draw in the thumb and fingers, and the skin (and loose tissue underneath) with them, towards the median line ; as the sides of the windpipe are approached, a little more pressure, made in a backward direction, will place the ends of thumb and fingers in a position in which they almost meet behind the larynx, which is thus firmly held by the encircling hand in a position in which all the great blood-vessels, etc. (which *have* been wounded), and the vertebral bodies (which, it is recorded, have *blunted a knife-point*) are far out of harm's way, the windpipe itself starting forward and standing out prominently under the skin, which is yet fairly stretched (and can be stretched more tightly) over the site of incision, and lying both as superficially as could be desired, and as perfectly under control as possible. Lastly, and this I think is not altogether unimportant, this procedure may be adopted without producing more than the very slightest degree of discomfort in any ordinary child—the younger the more easily ; and one is still able to make the skin as tight as possible; now, however, the necessary pressure is distributed all round, instead of acting directly backwards upon the tube so as to flatten or displace it. I have even been able, without much trouble, to make the thumb and fingers feel each other behind it by this means; while by the older methed I have seen the production of undoubtedly a dangerous increase of dyspnœa. I may have overrated the danger or underrated the utility of the usual method of fixation, but it has always seemed to me to be the only difficulty in an operation which of course has none for experienced surgeons, but to others presents often some trouble, chiefly in consequence of the fact that the means adopted for fixing the part to be incised, being ill-devised though time-honored, are not only not to be relied on to secure that end, but, as I have tried to show, they directly tend to increase the depth of the wonnd of the trachea from the surface and the distress of the patient; and in all the accidents I have read of, and some that I have witnessed, this method has shown itself marked sometimes by danger, often by inutility. As to the barbarity of he *hook*, is it not an insult to the fingers of the *χειρουργός*?

Small versus Large Doses of Medicine.

Dr. J. K. France thus writes in the *Pacific Med. and Surg. Jour.*:

The advancement of medical science during the last half of the present century has been marked, particularly in the departments of materia medica and therapeutics. The improvement is striking as regards new articles introduced, and in the quantities and modes of administering those long known to the profession. The ponderous doses so commonly prescribed thirty or forty ago, are superseded by much lighter ones in more agreeable forms and by hypodermic medication. The heroic treatment practiced at the beginning or middle of the century has scarcely anywhere an advocate.

The *vis medicatrix naturæ* and the certain, controlling powers of medicine are becoming better understood. The disastrous effects of large doses, especially of heart sedatives, in depressing the vital forces and causing death in many cases, are justly looked upon as *murder* perpetrated by licentiates of our profession. Doses comparatively *very small* when frequently administered at short intervals are safer and more successful, and are being much used by intelligent practitioners. Even our systems of mental philosophy and the powers of the mind in their application to the treatment of nervous and all forms of disease are becoming more recognized by every worthy disciple of Hippocrates.

As typical cases that distinguish the present time, we cite the example of Ringer, of New York, who prescribes as anti-bilious purge, calomel, one-half grain; extract of hyoscyamus, three grains; to be mixed, and the dose repeated for three nights in succession, assisted by a few drops of the tincture of nux vomica. For a similar case the physicians of thirty or forty years ago would have prescribed calomel, twenty grains; jalap, twenty; to be mixed and given as a single dose, assisted or preceded by the abstraction of a pint or two of blood. In all inflammations it was customary practice to *bleed*, in many cases to the extent of syncope; also to apply blistering cerates covering many inches or a foot of surface.

But as science progresses the ideas and practice of a former age have changed, and many prescriptions are now made, consisting of a single drop or grain, or part of a drop or fraction of a grain, for a single dose. Morphia, usually given in the one-sixth of a grain, is now prescribed by many in much smaller quantities. It acts better in a vast number of cases when administered in the fifteenth part of a grain, repeated at intervals of half an hour or hour, operating without nausea or wakefulness, often the result of large doses. Calomel given in the tenth part of a grain, or even smaller quantity, repeated hourly for several hours in succession, produces better results than in the larger doses, causing little or no nausea, but all the good effects that belong to this invaluable medicine. The tincture of aconite has a greater effect in controlling arterial excitement and fever, given in one-fourth drop doses every hour, than two-drop doses every two hours. By its use in these small doses we can secure all the sedative effects we wish, and, what is greatly to be considered, without causing depression of the vital powers, a fact of great importance in making prescriptions of so potent a remedy.

But it is not morphine, calomel, or aconite alone that are more curative in *very small* than in the usual, comparatively large, doses. The doses of our whole catalogue of medicines, as given in our standard authorities, need to be reduced in quantity. A radical change in this respect should be made to keep pace with a more benign and enlightened therapeutics.

It is curious that comparatively very small doses act better than large doses, but experience confirms the fact. The more frequent reception into the stomach may cause a more constant medicinal effect upon the vascular and nervous functions. The absorbents may receive more kindly the small, almost homœopathic doses, while the large ones excite, and thus prevent the assimilation of the medicine into the blood. Our materia medica needs revision, and our therapeutics will undoubtedly be improved and changed in the future. We need in medicine more of the certainty and exactness that should belong to so grand a science. The field in this respect is large and the need is great.

Two Severe Cases of Chronic Dysentery.

Dr. W. H. Lang thus writes in the *Edinburgh Med. Jour.*:

The following notes on two severe cases of chronic dysentery may be of interest and value to some who may be driven to their wits' end, as I was, in giving relief to intractable chronic dysentery.

Case 1. Mr. J. S., aged 28, had been suffering for five years. The disease was contracted in Fiji, and he had been under a large number of doctors since then. Each one had promised him a rapid cure, and he had obtained benefit for a time from half-drachm doses of ipecacuanha. The last medical attendant (a homœopath) had told him that he was suffering from internal piles. On examining him, I found all the organs healthy, and could see or feel no trace of piles. There had been phthisis in his family. The motions were composed of a bad smelling jelly-like substance, mixed with a considerable quantity of blood. They numbered from eight to ten per diem.

I determined to persevere with sulphate of quinine, alternating it with liquor ferri pernitratis, as the disease had been contracted in a malarious climate, and he is very anæmic. He also used injections into the bowels of hazeline, thrown as far up as possible, and wore a water belt for several hours a day. From this treatment he obtained no relief, and as everything else seemed to have been tried, I felt somewhat despairing. My attention, however, was called to an article in an old number of "Braithwaite's Retrospect," recommending potas. nitratis for a case of this kind, and I at once tried it, giving the following three times a day before food:

℞.	Potas. nitr.,	grs. xxv.
	Sp. chloroformi,	♏xx.
	Liq. opii sedat.,	♏viij.
	Sp. æther. nitrosi,	♏xx.
	Aq.,	℥j.

On the second day the motions were reduced to six, the third day to three, and since then, for over a month, there has only been one, or at most two, good healthy natural motions. In fact, at one time I had to order him cascara sagrada, as the bowels became too confined, although the opium had been removed from the medicine. All this time he was on a plain, bland diet of milk, milk-puddings, eggs, and fish. He has gained greatly in weight and strength, and is as ruddy as David was.

Case 2. Miss L. K., aged 25. Two and a half years ago caught a bad cold, and dysentery hod commenced and never left her. Her doctors had given her up, saying no medicine could do her any good.

All her organs were apparently healthy; family history good. Menstruation had ceased from the first. She was very anæmic. Motions typically dysenteric, and very bad smelling; twelve or thirteen during the twennty-four hours. I put her on liquor ferri pernitratis, and persevered for three months with it, during which time the motions became reduced to four or five per twenty-four hours. Menstruation commenced, ond she gained splendidly in weight. I now tried the potass. nitrat., having met with such success in the previous case. But here disappointment awaited me. The motions became more frequent and bloody, menstruation ceased, and all the previous advantage was lost. Why this should have occurred, I am at a loss to understand. I am now, by one-drachm doses of ipecacuanha, endeavoring to allay the exacerbation, and shall then return to our old friend, the liquor ferri pernitratis; but it is somewhat puzzling why the one medicine should have acted in the one case and failed so entirely in the other.

Natural History of Tuberculosis and the Bacilli Theory.

Dr. R. B. Davy, of Cincinati, has lately read two papers before the medical societies of that city, in which he thinks he has shown the infectious theory of tuberculosis to be supported in every respect by the natural history of the disease. He does not lay particular stress on the "bacillus tuberculosis," and speaks of the poison more as the "tubercular virus," but insists that, like all other organisms, it is a creature of heat and moisture. From the fact that its appearance and extension are only noticed to occur in confined spaces, and its disappearance most favored in unconfined spaces, he concludes that the danger of infection depends more upon quantity than quality of poison. After extensively discussing the natural history and climatic treatment of the disease, he comes to the following conclusions:

I. That tubercular phthisis occurs most frequently and most fatally in warm or hot regions characterized by a non-porous soil and the ordinary accompaniment of excessive humidity of atmosphere.

II. That it depends upon a specific organism, which can be made to produce the disease by inoculation.

III. That the key to the introduction and development of this organism in the system is ordinarily some form of irritation.

IV. That the disease is plainly curable in all its forms except the acute, and even this may not always be fatal.

V. That to the predisposed it is communicable by infection through the medium of a polluted atmosphere.

VI. That the infection depends upon quantity rather than quality of virus.

VII. That on the open sea, where every condition favoring the development of tuberculosis is present, except the presence of tubercular spores, the disease speedily disappears.

VIII. That the nearest approach to perfect immunity from tuberculosis is to be found on high mountains, where, on account of extreme rarefaction and accompanying dryness of the air, the tubercular organism cannot exist.

Mobility of the Heart.

Dr. M. M. Shershevski publishes in the *Vrach* a paper on the mobility or displaceability of the heart. The fact that the heart's position is liable to slight changes according to the position of the body, has been recognized by Bamberger, Gerhardt, Luschka, and other observers, but they have none of them formulated the conditions under which it takes place. Dr. Shershevski gives details of the examination of forty persons, all of them free from cardiac and pulmonary affections, in whom he noted accurately the position of the heart's boundaries in the upright dorsal, left lateral, and right lateral positions. The chief mobility was towards the left side, but the heart was often quite perceptibly displaced to the right, as well as downwards and even backwards. The chief conditions under which this occurred were youth, nervous states, and freedom of the vessels from signs of sclerosis. Displacement backwards was found in nearly half the cases, and this shows that the heart ought to be examined in the upright posture. The writer especially remarks on this when the examination is made as a prelude to the administration of chloroform, whereas, as a rule, the stethoscope is applied when the patient is lying down and in a very agitated frame of mind, which latter condition always renders the organ more easily displaced; and the diminished diameter due to this may lead to erroneous conclusions if the measurements be not previously taken in an upright position. This has reference chiefly to young persons. In the case of subjects over sixty years of age, and of much younger persons whose arterial system had already begun to show signs of degeneration, there was little or no displacement produced in any position.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

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Cinchona Febrifuge in India.

An attempt was made last year by the Indian Government to promote the use of cinchona in the Central Provinces of British India, by offering it for sale in small quantities at cost price. This attempt has proved a failure; for in the report of the charitable dispensaries in the Central Provinces for the last year, the Civil Surgeon of Chanda complains that cinchona febrifuge "is a nauseous and very uncertain drug, and dear at its price when compared with quinine. The people are willing enough to use cinchona, if they obtain it gratis; but they will not buy it, even at cost price, except in insignificant quantity. For quinine, on the other hand, there is always an eager demand; and in future the febrifuge will be offered for sale in much smaller quantities than has hitherto been the practice."

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MIGHT BE IMITATED HERE.

On November 1 the Public Institute of Disinfection, erected by the city of Berlin, was opened in Reichenberger street 66. In this place there may be disinfected clothing, linen, beds, mattresses, straw bolsters, coverlets, carpets, curtains, upholstered furniture, etc. The disinfection is performed by the aid of hot watery vapor, except in the case of such articles as furs, leather, etc., which would be ruined by the steam, and here chemical preparations are made use of. All the articles to be disinfected are brought by men specially employed by the city for this purpose, from the respective residences to the institute; and a number of wagons and horses are kept for this purpose. The same men carry the articles back, and they are instructed to use the utmost care to prevent non-disinfected articles from coming in contact with such as are already disinfected.

To insure still greater safety in this respect, the Institute has two entrances, leading to different parts of the building. These parts are kept separate, and a special officer has to pay attention to the carrying out of this rule. The articles to be disinfected enter by one door, and are brought to the first part of the building. From here a door, kept locked by the officer in question, leads directly to the hall in which disinfection is carried on, and as soon as the articles have been subjected to the hot vapor they are removed to the other part of the building, and from there carried away, passing out of the other door.

As regards the fees to be charged, the following, including disinfection and transportation of goods from the owners and back again, until further notice will be demanded for the work:

The lowest charge will be about 75 cents, then for every cubic meter of space again 75 cents. The calculation is based upon the tenth part of a cubic meter, while for articles which have to be disinfected by chemicals about 20 cents is charged per hour, the chemicals used being extra. Here the calculation is based on 15 minutes.

When so many cases of typhoid fever, scarlatina, diphtheria, and other epidemic diseases occur as in our large cities, the example of Berlin might well be imitated here. These institutions would soon pay for themselves.

NEURITIS CAUSING NEUROSIS.

In the section of neurology and psychiatry of the German Congress of Scientists, held September 24, Dr. Moritz Meyer, of

Berlin, took up the subject of inflammation of nerves often being the cause of neurosis. Not only was the inflammation produced by injuries and other traumatic accidents, but it often passed from neighboring organs on to the nerves, and was also characteristic of certain other diseases, as tabes, diabetes, etc. M. found the lesion in cases of co-ordination disturbances due to occupation, then in such of peripheral neuralgias, and in some motor and vaso-motor spasms, as migraine, tic douloureux, and even in epileptic conditions. In all these cases a neuritic exudation could often be demonstrated.

The observation is of importance as indicating an antiphlogistic form of treatment, while as soon as the acute stage has passed, and when not recognized in time, the galvanic, constant current, gave him the best results, though stretching of the nerve also proves of value at times.

Meyer's remarks gave rise to a discussion, which became specially of interest on account of the authorities participating in it: Professors Erb, Benedikt, and Bernhardt being amongst them. Erb cautioned against the the too frequent assumption of neuritis, as the conditions found after death did not verify such such statements as made by Meyer, while Benedikt, though leaning more to Erb's views, expressed himself in favor of the antiphlogistic treatment, which, in many cases, if early resorted to, would prevent chronic neuralgias. He also greatly recommended the points de feu, and ascribed to galvanism far more effect that to massage.

Bernhardt was of Erb's opinion, and remarked that his investigations had demonstrated more frequently the existence of a peri-neuritis, and of peri-neuritic exudations, than of inflammation of the nerve itself. If Bernhardt's view is correct, and it can scarcely be doubted, the good results which are obtained in many cases of neuralgia by blisters would be explained.

OSSIFICATION OF THE SOFT MEMBRANES OF THE BRAIN.

Dr. Meschede has reported two cases of insanity where the pia mater and the arachnoid membranes were both found to be ossified. The first case concerned a young insane girl æt. 19, who had remained for years in melancholic conditions, interrupted frequently by epileptical attacks, in consequence of which she finally died. The existence of insanity in her mother was proved; in her tenth year, after preceding headache, all the hair had fallen out (defluvium capillorum), and in her sixteenth year an acute attack of melancholia developed. The autopsy revealed on the upper surface of the right frontal lobe a bony plate, 1½ inch long by 1 inch wide, which could easily be removed from the cortex, and which, under the microscope, presented the structure of the pia and arachnoid completely changed into bony tissue. At various other places over the same hemisphere smaller bony plates were found distributed, and the soft membranes wanting at their places.

The second case concerned an insane woman, who had occasionally suffered from acute attacks of mania. Here the ossification was far more extensive, and closely adhering on one part to the falx. M. is of the opinion that the pressure produced by the bony plates caused such an alteration in the intra-cranial circulation that it gave rise to some of the symptoms mentioned.

CHOLERA IN GERMANY.

From the *Deutsche Med. Zeitung*, November 14, we obtain the following information concerning an outbreak of cholera in Germany:

Since the end of September rumors appeared all over the continent of Europe that several cases of Asiatic cholera had been observed in the villages of Gorsenheim and Firthen, near Mainz. After these vague rumors had been circulating through all the newspapers in the State, the authorities published a statement denying the presence of the dreaded epidemic. An examination was made, however, November 2, by the Director of the Public Office for Investigations of Epidemics, etc., at Wiesbaden, and he found the unmistakable evidences of the presence of comma bacilli in the intestines of two persons who had died of the disease. As soon as notice of this discovery reached the authorities in Berlin, Koch and his assistant, Gaffky, at once left for the infected district.

This occurred November 13. As the cable has not brought us any news of the further spreading of the disease within the boundaries of Germany, we may presume, until our exchanges shall give us more light on the subject, that the most energetic measures were at once instituted, with the happy result of extirpating the malady, or of at least limiting it to its original locality.

GONORRHŒAL RHEUMATISM.

Dr. A. Frankel (*Charité Annal*, 1886, p. 182,) reports the case of a man, where immediately after the sudden cessation of the discharge in a case of gonorrhœa, acute articular rheumatism developed. The case is specially interesting on account of the many points involved—shoulder, hip, knee, ankle, elbow, and maxillary—also because of the long duration of the high temperature and of the complication with sciatica and the inflammation of sinews present in the case. Antipyrin, iodide of potash, and salicylic acid, had almost no influence on the joint affection, only the last-mentioned remedy somewhat ameliorated the patient's condition by diminishing the pain and bringing the temperature down to the normal.

It is peculiar that of late so little progress has been made in this complication of blennorrhœa. The rheumatic affection should always be studied at its start, so that by the aid of a great number of observations certain data might be elucidated. It should be determined whether there always is a cessation of all discharge the moment the rheumatism first appears, for if that question can be correctly answered, we would at least know whether to ascribe this rheumatism to metastasis of the specific poison or not. The theory of pyæmia alone is surely not tenable.

NOTES AND COMMENTS.

Annual Subscriptions Due.

Our readers will please remember that on January 1st many of their subscriptions fall due for the ensuing year. We trust that they will forward the amount promptly, as this action on their part will increase the efficiency of the management, and save the disagreeable necessity of "dunning" at a later period. We therefore particularly request that *all* whose subscription expires December 31st, will remit as early in January as possible. If bills are wanted, send us a postal card with the request.

The Nomeclature of New Drugs.

A tendency has recently become evident to name new drugs, especially those of chemical orgin, rather in accordance with their supposed therapeutic effect than with their chemical constitution. The names antipyrin, antifebrin, and hypnone, are examples of a practice which cannot but lead to much confusion. If a drug which lowers the temperature in fever is to be called antifever, then we shall have others known as pain-killers, or diarrhœa-producers. Further, a drug, originally introduced as a local anæsthetic—aconite, for example—may subsequently be applied to totally different uses. Such a practice, moreover, by stamping a drug with the mark of one description of physiological action, would tend to divert the attention from other and possibly not less important attributes. It would be going back to the *mistura tussis* or the *bolus purgans* of our ancestors. The only rational plan to follow in such cases is to give the newly-discovered compound a name in conformity with, or bearing some relation to, its chemical constitution, as was done in the case of chloroform and chloral. The trifling discrepancies which may now and again arise in consequence of some change in our views as to a particular rational formula would not then be attended with a corresponding inconvenience from a therapeutical point of view.

Pruritus from Carbolic Acid.

Dr. C. Leonard Whitmire records an interesting case in the *Peoria Medical Monthly.* It appears that a young married man, of 25, accidentally spilled some carbolic acid over his shoulders and back. He did not wash it off, and in consequence his shirt became thoroughly saturated with it and an extensive sore was produced. He rubbed goose-grease over the part and thought no more of it. Eight or ten days after the accident, he began to experience strange pricking sensations in the neighborhood of the wound. The severity of the symptoms increased and spread rapidly over the whole surface. This pain became so intense that he kept continually scratching, and finally he could not rest and kept running up and down his fields for eighty-six consecutive hours. He was wild with pain and mental distress. All remedies, both internal and external, seemed to have no effect whatever. Bleeding seemed to allay the itching, but as soon as the blood ceased flowing all the pain and itching returned. He was finally quieted by hypodermics of morphine every twelve hours until six doses had been given. After this the itching returned, in a moderate degree, and was alleviated considerably by local agents. This continued about four months, and finally subsided.

Iodoform Ointment in Tubercular Meningitis.

Dr. Martel, in the *Revue des Sciences Médicales,* calls attention to some cases of tubercular meningitis which were all cured by Dr. Warfwinge, a Swedish physician, by means of an ointment composed of iodoform and vaseline (1 to 5). This was rubbed into the shaven scalp, twice a day, five grammes of the ointment being used each time, and a cap of some impermeable material worn constantly. The time required for cure varied, in the five cases in which this treatment was tried, from nine to thirty-two days. Dr. Martel remarks that the fact of five patients having been all cured is quite sufficient to recommend this method. "The future will tell us what it is really worth, and instead of remaining passive in presence of this disease, hitherto considered incurable, which has claimed such a multitude of victims, especially in Paris, it is the physician's imperative duty to make trial of every method of treatment which experiment, observation, and clinical experience places within his power." Though Dr. Martel speaks of this treatment as quite new, it was first proposed and employed by another Swedish physician, Dr. Emil Nilsson, who used an iodoform ointment of the strength of 1 to 10.

A Novel Treatment of Phthisis.

Dr. Bergeon, of Lyons, recommends a method of treating phthisis which has, at any rate, the merit of novelty. His plan is to utilize the effects of sulphuretted hydrogen, and this he proposes to do by injecting carbonic acid gas, saturated with sulphuretted hydrogen, into the intestines. If care be taken to secure the absence of atmospheric air, no inconvenience, it is said, results from the injection even of large quantities of the mixture; absorption into the venous system and elimination by the lungs taking place very rapidly. It is claimed for this procedure that, by its means, the use of sulphuretted hydrogen is unattended with any toxic effects, and exerts its influence directly on the lungs themselves. It has been employed in a number of cases at the hospitals of Lyons, Bordeaux, and Paris, with great benefit to the patients, even in very advanced cases, and, latterly, similar observations have been made in the consumption hospitals of London, the results of which have not yet been made known. The method has been very much simplified by the introduction of an ingenious but simple apparatus whereby the carbonic acid gas is generated, and saturated with sulphuretted hydrogen, ready for use.

Chronic Zona.

M. Leudet, of Rouen, read a communication at the Medical Congress at Nancy on chronic zona. He had met with it under three forms—(1) local chronic zona, (2) zona propagated from one nervous branch to another, (3) remote and successive zona. Zona was often secondary to peripheral, cerebral, or medullary lesion in the track of the nerves. The first case in which zona was observed was that of a child attacked by pulmonary tuberculosis, chiefly affecting the same side as that of the nerve-lesion. MM. Chandeleit, Lesser, and Cadet-de-Gassicourt had collected notes of cases which demonstrated the influence exercised by chronic lesions of the pleura on the development of zona. A chronic form of zona had been remarked by M. Leudet in the case of two patients, the subjects of pulmonary tuberculosis, simultaneously with recrudescence of tuberculous growth. The cutaneous lesion provoked new ulcerations of the scars, sometimes accompanied by pseudo-phlegmon. This state might continue for three or even six months, at the same time inducing keloid. Recurrent zona in the same patient might occur in the same or other parts of the body.

Cocaine in the Treatment of Gonorrhœal Ophthalmia.

Mr. A. Leahy reports (in the *Indian Med. Gazette*, July, 1886,) two cases of gonorrhœal ophthalmia, in both of which the greatest benefit was derived from application of cocaine. As it is well known, in gonorrhœal ophthalmia, it is of primary importance to lessen the inflammation rapidly, to relieve the intense congestion of the conjunctival vessels and reduce chemosis, and by so doing prevent ulceration and sloughing of the cornea. Last, but not least, is the relief of the ocular and circum-orbital pain, which, by its persistence, greatly depresses the patient and prevents sleep. Mr. Leahy employed a mixture composed of one-half grain of sulphate of atropine and four grains of sulphate of cocaine incorporated with 100 grains of vaseline. This mixture was introduced beneath the upper eyelids: and after three days' treatment the chemosis rapidly became less, the discharge diminished in quantity, the pain completely disappeared, and the cornea, which had been hidden by the chemosis, became visible.

"Taking the Temperature."

Professor Filatow recommends a very convenient method of taking temperature observations, which consists in first warming the thermometer (for example, by rubbing it with a pocket-handkerchief or a corner of the bed-clothes) to about 110° Fahr., and then quickly inserting it under the patient's axilla. The mercury falls rapidly to the body-temperature of the patient, and after one minute, or a little more, remains stationary, at a point only a little below the real temperature of the body. Between 100° and 104° Fahr., the difference, according to Filatow, is only 0.18° Fahr.; for temperatures nearer normal, a little more, 0.36° to 0.54° Fahr. Much time is saved by this method. Dr. Biedert, of Hagenau, has carefully examined this procedure, and finds that six minutes' time should be given, as otherwise quite misleading results may be obtained (*Berliner Klin. Wochenschr.*, No. 43). With this proviso, which goes far to neutralize the chief advantage alleged in its favor, the method is stated to be reliable.

Gastric Syphilis and Simple Ulcer of the Stomach.

The *St. Louis M. and S. Jour.* says that L. Galliard some time ago published a paper in the *Archives de Médecine*, whose conclusions are worthy of reproduction. He says that gastric syphilis does exist. In proof of this, we have a number of important clinical facts, anatomical facts that might be called into question, and also unquestionable anatomical facts, such as two ulcerated gummata of the stomach. Syphilis of the stomach is perhaps less rare than has been generally believed up to the present, leaving aside amyloid degeneration. By a close study of certain so-called simple ulcers in syphilitics either during their ulcerative process or after cicatrization, Dr. Galliard believes that we may be able to establish the pathogenetic rôle of syphilis in their production, or be able to describe more precisely the characteristics of the ulcerative syphilides of the stomach. The practical results of such observations would be the useful application of specific treatment in this variety of gastric disorders.

Eczema of the Eyelids.

Allen states (*Journal of Cutaneous and Venereal Diseases*) that eczema may attack the lids when other regions of the face, and possibly of the body, are at the time quite free. The treatment consists in applying to the closed lids a 3 per cent. solution of nitrate of silver, and drying immediately with a linen cloth, repeating the process several times at each sitting, all vesicles and pustules having been previously opened. The applications are made at first each day, and as improvement goes on every second day, after a few brushings there is scarcely any pain. An ointment composed of ol. cadini ʒj, pulv. zinci oxidi ʒiss, and vaseline ℥j, should be constantly applied in the intervals. If this ointment should prove irritating to the eyes, a mild white precipitate ointment may be substituted. Such constitutional remedies as are indicated may be employed in addition.

Stretching Sphincter Ani.

Before a recent meeting of an English medical society, Mr. J. W. Teale read notes of a case of a lady, aged 64, who, after prolonged and obstinate constipation, with albuminuria, was seized with left hemiplegia, accompanied by much convulsive movement of the affected side. In the prolonged unconsciousness which ensued, her sphincter ani was stretched, which was followed by copious action of the bowels. The patient made a fair recovery, and the albumen was reduced to a trace only.

Mr. T. P. Teale described cases of rigid sphincter ani without spasm, giving the sensation of a cartilaginous ring to the touch, and relieved by stretching.

Mr. Fletcher Little remarked on the less frequent occurrence of obstinate constipation among elderly women in France, where enemata were more largely used.

Reflex Epilepsy Caused by Larvæ of Insects.

A tanner, forty years old, was taken suddenly ill on June 14th, with anorexia, griping and mental oppression, and toward evening had a veritable epileptic seizure. A saline purgative administered to the patient caused the passage of several thousand larvæ, which Leuckart recognized as being those of the *musca vomitoria* and *anthomya canicularis*. Upon this discharge the attack was cut short. The case is an interesting one, says the *Deutsche Medezinische Wochenschrift*, from a double point of view, since it not only places beyond a doubt the possibility of symptomatic epilepsy due to entozoa, which was hitherto disputed, but it also demonstrates the danger of ingestion of cold meats, left where they can be reached by the flies in question. The ova are deposited on the meat, and, unlike the latter, are not affected by the destructive action of the gastric juices.

Pneumotomy.

M. Reclus recently described, to the Paris Surgical Society, a case which showed that the diagnosis of pulmonary hydatids was sometimes excessively difficult. A hydatid cyst of the chest was diagnosed in a young girl; an exploratory puncture was made. The contents of the cyst were vomited by the patient, and it was believed that she had a pulmonary cyst. In order to open the sac more completely, M. Reclus performed resection of the twelfth rib. This operation showed that the patient was suffering from hepatic cyst. She was ultimately cured. M. Bouilly stated that M. Moutard Martin had performed thoracentesis on a patient who, it was believed, suffered from empyema, and he discovered that a hepatic hydatid tumor had opened into the bronchi; the sac was lined with pulmonary tissue.

Treatment of Housemaid's Knee.

With regard to the treatment of housemaid's knee, in the first two stages of the disease surgical writers usually advise, after tapping by means of a small trocar or aspirator, the employment of pressure by means of strapping. It has been the practice of Dr. Geo. Saunders (*Brit. Med. Jour.*) not to use strapping, but a piece of lead about the size and thickness of a crown piece, wrapped in lint, and placed over the patella, and then firmly and equally to bandage the knee, which should be continued for about a month. Previous to tapping, the part should be painted with iodine, and also occasionally afterwards. He does not consider it necessary to confine the patient to bed longer than two days. He has treated bursæ on the back of the wrist on the same plan with satisfactory results.

Gangrene Caused by Iodine Collodion.

The application of iodine collodion to a frost-bitten finger in Vienna last year, it will be remembered, led to a loss of the finger, and the suicide of the physician from mortification on account of the unfortunate notoriety given to the case. Dr. Vogelsang, of Biel, now reports (Memorabilia, *Med. Chir. Rundschau,*) a case in which iodine collodion painted over a large surface was followed by gangrene of the skin and sloughing. In one case collodion was applied over a gland which had been painted with iodine. The result was a slough and an ugly ulcer.

Hœmophilia.

In the *Brit. Med. Jour.*, November 27, Dr. Low relates a case of this disease. The patient was a young man, aged twenty-seven, who had had occasional epistaxis all his life. Within the last two years, the bleeding had occurred about once a fortnight, and had been very considerable. Nine relatives, seven males and two females, had suffered more or less from the same complaint. His grandfather died of apoplexy after the nose had been plugged for epistaxis, and his mother died of epistaxis.

Giving Quinine to Children.

In the *Miss. Valley Med. Mo.*, Dr. L. H. Davis says that in administering quinine to children much annoyance may be saved to both attendant and patient if the quinine be dissolved in good brandy and rubbed in as indicated. This is very reliable, and will produce cinchonism in almost as short a time as if administered per orem.

NEWS AND MISCELLANY.

The Means of Preventing the Deterioration of Rubber Apparatus.

An inquiry has been carried out under the direction of the French Minister of War with the object of ascertaining the cause and the remedy for the peculiar changes which articles made of India rubber undergo when kept in stock, the annual loss to the government from the deterioration of this class of goods being very considerable. Experience shows that India-rubber, after a time, loses the very qualities which make it useful, for it becomes dry and brittle. Articles kept in boxes, such as Higginson's syringes, Esmarch's bandages and drainage tubes, are particularly liable to deterioriate, as are also the insufflation bulbs so largely used in connection with spray-producing apparatus and thermo-cauteries. Unfortunately, the results of a long and patient investigation are not by any means satisfactory, so far as the discovery of a means of prevention is concerned. Nevertheless, certain precautions are advised, both in the quality and storage of India-rubber goods, which, it is hoped, will do something to minimize the loss. The commissioners advise, for instance, that Esmarch's bandages should be taken out of the boxes at least once a month, unrolled, and manipulated. Drainage tubes should be hung up in a cool place, or soaked in a non-putrescible fluid. Finally, all objects made of rubber should be kept in a cool, damp place, at a constant temperature, and sheltered from light, heat, and frost. Seeing that, in many cases, these conditions cannot be complied with, it is recommended that the bandages should be made of pure leaf rubber, in lieu of the elastic tissue usually employed. The purer the rubber the less readily does it undergo these structural alterations, and the lighter it weighs: its weight is therefore a sure guide to its quality. In consequence of these inquiries, the minister has ordered that in future all rubber articles are to be made with pure rubber of the best quality, preferably with the leaf rubber. The quality of the articles will be gauged by their specific gravity, in order to insure the purity of the material employed.

How a Citizen of Centre County Paid His Doctor's Bill.

The *Centre Hall* (Pa.) *Reporter* says:

"Many of the old readers of the *Reporter* will remember Dr. Bigelow, a noted physician who practiced in the lower end of this valley some sixty years ago, when cheating had not been thought of or introduced as a Yankee invention. Dr. Bigelow's practice extended over half the valley, for he was a physician who understood his business and always minded his own business, which rendered him immensely popular. Among the families attended by him was the well known Heckman family, grandfather of the present Heckmans in our valley, and in whose noble breast there lurked no motive of dishonesty. Dr. Bigelow having made up his mind to leave Pennsylvania and locate elsewhere, he began to call upon those who owed him for settlement, as he had a habit of letting the honest old farmers have their own time about it. Coming to Father Heckman he told him he intended moving away, at which the old gentleman expressed his regret, adding that he hoped the doctor would make out his bill before moving so he could pay him. The doctor replied that his bill was seventy-five dollars. At this the old patriarch rose from the chair, seized his cane and went, not for the doctor, but upstairs, presently returned with a sack which contained about a peck of silver coin, and emptied the jinglers on the table with the remark: 'Now, doctor, whatever your bill is just take it out of that pile.' 'Oh, no,' said the doctor; 'I want you to count it out.' 'No, no,' said Heckman, 'you count it, doctor; you know best when you have enough.' The physician counted out his $75, when the farmer again insisted he should be sure he had enough. After a minute's change of conversation Grandfather Heckman again went at Bigelow with: 'Now, doctor, if you haven't got enough, go to the pile there and help yourself.'"

Humboldt and the Lunatic.

A story, says the *Boston Medical and Surgical Journal*, is told by a French paper of Baron von Humboldt, who, during one of his visits to Paris, expressed to his friend, Dr. Blanche, the distinguished authority on matters concerning insanity, a desire to meet one of his patients.

"Nothing easier," said Dr. Blanche. "Come and take dinner with me to-morrow."

Next day Humboldt found himself at the dinner-table of the famous alienist, in company with two unknown guests. One of them, who was dressed in black, with white cravat, gold-bowed spectacles, and who had a smooth face and very bald head, sat with great gravity through the entire dinner. He was evidently a gentleman of undoubted manners, but very taciturn. He bowed, ate, and said not a word.

The other guest, on the contrary, wore a great shock of hair brushed wildly into the air; his shabby blue coat was buttoned askew, his collar was rumpled, and the ends of his crazy necktie floated over his shoulders. He helped himself, ate, and chattered at the same time.

Story upon story did this incoherent person pile up. He mixed the past with the present, flew from Swedenborg to Fourier, from Cleopatra to Jenny Lind, from Archimedes to Lamartine, and talked politics and literature in the same breath.

At the dessert Humboldt leaned over and whispered in his host's ear, glancing at the same time at the fantastic personage, whose discourse was still running on.

"I am very much obliged to you. Your maniac has greatly amused me."

"My maniac!" said the doctor, starting back. "Why, that isn't the lunatic! It's the other one."

"What! The one who hasn't said a word?"

"Certainly."

"But who in the world can the man be who has talked in this fashion all the while?"

"That is Balzac, the famous novelist."

Jewish Burial.

Mr. Frederick W. Lowndes communicates to the *Lancet* a letter he has received from Mr. Barnard Levy, President of the Burial Board of the Liverpool New Hebrew Congregation, giving the following very interesting account of the simple and inexpensive manner in which the funerals of members of the Jewish persuasion are carried out:

"About two hours after death the body is removed from the bed and carefully placed on the ground, with clean straw or shavings under it, and covered over with a clean sheet. It is then left for about thirty-six hours. On the expiration of that time the body (if its state permits) is washed by persons appointed for that purpose, who bring the necessary appliances. The shrouds, which cost for an adult about 17*s*., are then placed on the body, which is then consigned to a common deal coffin (cost 16*s*.). At the time fixed for the funeral, the family and friends assemble. We have no scarves, plumes, or anything of the kind, and anything in the way of refreshments is unheard of. The cost of a hearse varies from 12*s*. 6*d*. to £1 1*s*., and, as a rule, we employ very few black coaches. Personally, I do not approve of them, and I usually recommend the employment of cabs, at a cost of 5*s*. 6*d*. each. On arrival at the burial-ground, the coffin is carried on a hand-bier to the chapel, where the usual religious service is held, and thence to the grave, which is never bricked, and in which we never inter more than one body. The expenses, of course, vary with the number of coaches employed. In conclusion, I think I may say that the last services to the dead as conducted by my co-religionists are carried out in a reverential spirit, and will bear favorable comparison with those of any other sect."

Medicine in Zanzibar.

The *Deutsche Koloniazeitung* publishes a long communication from "Emily Ruets, Princess of Oman and Zanzibar," begging female European physicians to go out to Zanzibar. What the state of medicine is in the Arab houses may be imagined from an account which the lady gives of a favorite prescription in severe cases of illness. In moderate sickness, she says, decoctions of herbs are much used; but when a patient's case is serious, the believing Moslem prefers to resort to "swallowing texts from the Koran. A person noted for piety is called to indite the text with a solution of saffron on a white plate; the writing is then covered with rose-water, and given to the invalid to drink. This medicine must be swallowed thrice a day, and care must be taken that not a single drop of the sacred fluid is spilt upon the ground." The lady asks for physicians of her own sex because it is quite impossible for male doctors to exercise their art in the Arab harem. "No male physician," she writes, "would be permitted to feel the pulse, or even to inspect the tongue, of a female patient." Female physicians, on the contrary, would be readily welcomed, for the hearts of the Arab women are easily won to confidence. The ladies would not only do a good work, but they would find their offices well paid, and even profitable, from a business point of view. It would be necessary for them to learn a little of the Arabic and Suahelic languages in order to communicate freely with natives. "If a small society of duly qualified ladies will but venture out," she concludes, "I will engage only too gladly to give all the help I can towards their instruction in these tongues, in the consciousness that I should thereby be serving my beloved land."

How to Promote Temperance.

Cardinal Gibbons, of Baltimore (the head of the Roman Catholic Church in this country), in writing the preface of a little book for the guidance of a temperance confraternity just organized, expresses his views on prohibition legislation as a remedy for intemperance. The cardinal says:

"We approve of the confraternity, as it carries out the recommendations of the prelates of the last Plenary Council of Baltimore, entreating pastors in charge of parishes to establish temperance societies based on religion. There are three modes ordinarily proposed by advocates for the repression of intemperance. The first mode is by civil legislation, but this plan does not afford an adequate remedy, as experience abundantly demonstrates. Men can never be coerced or legislated into morality. The second is by appeal to popular enthusiasm and emotional religion. But this system is equally inefficient, whatever may be the good intentions and zeal of its advocates, for as soon as the excitement subsides the disease resumes its sway, and moral distempers are too deep-rooted to be eradicated by an enthusiastic harangue or by any appeal to the feelings. The third and only effectual method, in our judgment, by which intemperance can be repressed is by religious and moral influences, which not only appeal to the intellect and the heart, but which impart grace to effect what unaided nature is unable of itself to accomplish."

Can Imagination Kill?

A young woman in Hackney, England, recently took Keating's insect powder with suicidal intent, and actually died. Dr. Tidy, an expert chemist, was employed to show what the ingredients were which produced death. He reports the powder perfectly harmless, and that the deceased came to her death from her imagination that the powder was a virulent poison.

This brings to our mind, says the *Lancet*, two remarkable instances of what may be regarded as practical jokes with melancholy terminations. A convict was delivered up to the scientist for the purpose of a psychological experiment. The man was strapped to a table and blindfolded, ostensibly to be bled to death; a siphon containing water was placed near his head, and the fluid was allowed to trickle audibly into a vessel below it, at the same time a trifling scratch with a needle was inflicted on the culprit's neck; it is said that death occurred at the end of six minutes. The case of a college porter is also one in point. The students entrapped him into a room at night a mock inquiry was held, and the punishment of death by decapitation was decreed for his want of consideration to the students. The supposed earnestness of his tormentors, the sight of an ax and block, with subsequent blindfolding and necessary genuflexion, a smart rap with a wet towel on the back of his neck was followed by the picking up of a corpse.

The Intelligent Irregular.

The *Cincinnati Lancet and Clinic* says that upon a certain occasion Mr. Williams (afterward United States Judge for the Territory of Iowa) was defending a client in the interior of Pennsylvania against the claim of a quack doctor (who professed everything and knew nothing), and who had instituted a suit for surgical services, and had marked the suit to the use of another in order to become a witness. The following was developed during the cross-examination:

Counsel—"Did you treat the patient according to the most approved principles of surgery?"

Witness—"By all means—certainly I did."

Counsel—"Did you decapitate him?"

Witness—"Undoubtedly I did; that was a matter of course."

Counsel—"Did you perform the Cæsarian operation upon him?"

Witness—'Why of course; his condition required it, and it was attended with great success."

Counsel—"Did you now, doctor, subject his person to an autopsy?"

Witness—"Certainly; that was the last remedy adopted."

Counsel—"Well, then, doctor, as you performed a post-mortem operation upon the defendant, and he survived it, I have no more to ask, and if your claim will survive it, quackery deserves to be immortal."

The Food of Paris.

The following returns, taken from the Préfet's annual report of the quantities and description of food consumed in Paris last year, may be regarded as fairly reliable: Meat figures at 149,495,306 kilogrammes (146,825 tons), which is an increase of 445,952 kilogrammes on 1884. There has been a diminution in the consumption of pork to the extent of 147,389 kilogrammes, but there has been a great augmentation in the consumption of horseflesh, which is rising every year. The total quantity of this delicate viand eaten last year was 3,831,206 kilogrammes, and the increase on the year was 337,926 kilogrammes. The figures for the amount which was palmed off for something else are not available. The average price was 60 centimes per kilogramme for the horse, and 70 centimes for asses and mules, which is about 3d. and 4d. a pound respectively. The total of poultry and game was 25,044,149 kilogrammes, a diminution of 565,849 kilogrammes. Of fish, 25,631,404 kilogrammes were eaten. This increase was in part due to the large quantity of oysters eaten. The consumption of butter and eggs had fallen by 160,337 kilogrammes. Butter had been to a great extent replaced by fats and margarines.

Preventive Inoculations for Hydrophobia.

The *Boston M. and S. Jour.* tells us that Dr. Valentine Mott, of New York, has been making a series of preventive inoculations in the case of two sons and an office-boy of Dr. T. W. Foster, of Yazoo county, Miss., who was bitten by a rabid dog on the 3d of November. Immediately afterwards Dr. Foster left home with the intention of taking the boys to Paris to be treated by Pasteur; but learning, on his arrival in New York, that Dr. Mott was provided with proper material for inoculating, which had originally been obtained from Pasteur, he decided to have the treatment carried out here. The process has now been completed, and the children, who suffered no inconvenience from the inoculations, are all in good condition. The young son of Dr. Nowell, of Jersey City, who was bitten by a dog supposed to be rabid, in June last, and afterwards subjected to the Pasteur treatment at the hands of Dr. Mott, continues well up to the present time. In his case the inoculations were discontinued after four had been made, as the boy exhibited certain distressing cardiac and respiratory symptoms for a short time after each inoculation, and his father was unwilling to have the treatment continued any longer.

Mark Twain on Columbus' Discovery.

Mark Twain, the humorist, was recently asked to introduce Henry M. Stanley, the great African explorer, and this is how he did it:

"I am not here to disparage Columbus. Now Columbus started out to discover America. Well, he didn't need to do anything at all but to sit in the cabin of his ship and hold his grip and sail straight on and America would discover itself. Here it was barring his passage the whole length and breadth of the South American continent, and he couldn't get by it. He'd got to discover it; he couldn't help it. Neither did he have to find any particular part of America, and when he found any portion of it his contract was fulfilled. But Mr. Stanley started out to find Dr. Livingstone, who was hidden away somewhere, scattered abroad, as you may say, over the length and breadth of a vast slab of Africa as big as the United States. It was a blind kind of search. He was the worst scattered man. He was the scarcest commodity there was; he was as scarce as a teetotaler in a prohibition State. Now, it wouldn't do to send me out to hunt for a man. I shouldn't find him; he wouldn't be there when I got there."

Centenarians.

The *Brit. Med. Jour.* says that centenarianism is certainly more prevalent than formerly, if we are to believe the newspaper reports. Mrs. Ann Lanchester, of Hunton, Yorkshire, is at present enjoying good health in the 105th year of her age, having been born at Galley Hill, near Bowes, on Royal Oak Day, 1782. She has quite recently been haymaking, and teaching some of her great grandchildren to use the sickle. There is now residing in the parish of Wender, near Saffron Walden, Essex, an old gentleman named Richard Nicholson, who has turned his 103d year. He is hale and hearty, and in full possession of all his faculties. And within the last few days the death of the widow of a staymaker at Christopher Buildings, Marylebone, was reported, at the age of 106; of that of Stephen Phipps, in Staines Union Workhouse, at the age of 101; and of that of the widow of a lighter-man, in Queen Street, Southwark, at the age of 100.

He Liked the Taste.

The *Toledo Blade* is responsible for the following:

Drug Clerk (to customer) — "Twenty grains of quinine? Yes, sir. Shall I give you something to take away the taste of it?"

Customer (eyes bulging with astonishment)---"Take away what?"

Drug Clerk—"The taste of the quinine, sir."

Customer (solemnly): "Young man, quinine is bread, butter, an' pie to me. It's parients, relatives, fren's; it's my washin', ironin', clothin', and a place to sleep in. Take—away—the—taste—of—it! I'm a Wabash Valley man, and I'm a good mind ter comb ye down."

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE THREE WEEKS ENDED DECEMBER 18, 1886.

Banks, C. E., passed assistant surgeon. Granted leave of absence for twelve days, December 16, 1886.

Carrington, P. M., assistant surgeon. Granted leave of absence for fifteen days, December 6, 1886.

Williams, L. L., assistant surgeon. Upon expiration of leave, to proceed to Boston, Mass., for duty, December 17, 1886.

Diminutive Mail Matter.

The postal service at Liverpool, England, recently had an experience which, if often repeated, will prove the reverse of amusing. Some one whose ingenuity or economy was searching for new fields, wrote a message of twenty-six words on the back of a two-cent stamp, which was duly posted and delivered. This success led to a second experiment, and then to a third. But, on the last occasion, a 1-cent stamp was chosen, and was accordingly held as an insufficiently prepaid letter.

Awfully Embarrassing.

They had joined the ladies after dinner, and the conversation had turned to matters dramatic, and thence to disturbances during a performance. "Do you know," said the hostess, "I think children at the theatre are a nuisance. I was at Wallack's the other night, and a woman had a baby in the parquette—." Just then the sleepy one in the corner woke up and exclaimed: "Dear me, how awfully embarrassing; but I suppose there was a doctor there?"

A Wooden-Legged Cow.

Some eighteen months ago Mr. John Sharry, V. S., of Norton Malton, England, successfully amputated one of the hind legs for injury, of a valuable and well-bred shorthorn cow, the object being to retain the cow for breeding purposes, while a wooden leg was affixed to the stump. Many will be pleased to hear that the object has been fully achieved; the cow is a mother, and has a fine bull calf running by her side.

Please Wipe Your Feet.

The janitor of a very dirty lodging-house had posted up at the entrance the usual notice:

"Visitors will please wipe their feet."

A practical joker, after having inspected the apartments one day, added the following: "On going out!"

Items.

—A Boston lecturer says "women will never be healthy until they dress after the Greek fashion." Even then they might have peri-chiton-itis!

—That present of a copy of Dante's "Inferno" from the King of Italy to President Cleveland was timely and appropriate. The volume may enable Mr. Cleveland to discover the original sources of pernicious rheumatism.

—The Cincinnati *Lancet-Clinic* says that the Noble County (Ind.) Medical Society receives $500 a year for all the sick paupers in the county. The member nearest the pauper treats the same. The money is used for building up a society library.

—It is estimated that nearly 200 cures for rheumatism have been sent to Mr. Cleveland since he was taken with that distressing ailment. The worst of the whole business is that it is is proposed to try them all on Col. Lamont to see if any of them are effective.

—A saloon-keeper at West Side, Iowa, placed on his bar a whisky bottle filled with liquid ammonia. An agent of temperance came along presently, drew out the cork of the suspicious-looking bottle, and took a hearty sniff of its contents. A crowd of loungers laughed loudly over the result.

—Professor Zweibeer is a very absent-minded man. He was busily engaged in solving some scientific problem. The servant hastily opened the door of his studio and announced a great family event: "A little stranger has arrived." "Eh?" "It is a little boy." "Little boy! Well, ask him what he wants."

—In a police court:

Complainant—"Yes, your Honor, I recognize this handkerchief. It is mine."

Magistrate—"What makes you think so? I don't see any mark on it, and I have one just like it in my pocket."

Complainant—"Possibly, your Honor; I have lost several."

—It cost a fashionable lady who was sojourning at Saratoga last summer $300 for doctors' bills for attendance on a pet dog which was taken sick. She thought the charges very reasonable, but complained when the nurse informed her that her little daughter had a severe cold and she had paid twenty-five cents for a bottle of cough medicine. "Children are awful expensive things," she said, "and I don't know why they have to get sick."

—Talking about busy men who leave their homes early and get back after dark and never see their children, a man of that sort was hurrying away one morning when he found that his little boy had got up before him, and was playing on the sidewalk. He told the child to go in. Child wouldn't. Man spanked him and went to his business. Child went in howling. The mother said: "What's the matter?" "Man hit me," blubbered the youngster. "What man?" "That man that stays here on Sundays."

OBITUARY NOTICE.

Benjamin F. Ross, M. D.,

Died in Cobden, Ill., at his residence, December 15, 1886.

Dr. Ross was born in Franklin county, Pa., in 1832; came to Illinois while quite young; studied medicine with Dr. Phipps, of Nashville, Ill., and graduated from Rush Medical College, Chicago, in the class of 1858. He located in Cobden, on the Illinois Central Railroad, in April, 1858, when there were but a few houses in the town, where he continued in active practice up to the time of his death.

Dr. Ross was a charter member of the Southern Illinois Medical Association, and was highly regarded by all physicians who knew him. His death is very much regretted in the community in which he lived, and was the result of chronic unresolved pneumonia, induced by exposure three years ago.

DEATH.

WELFLEY.—Dr. D. P. Welfley, one of the leading physicians of Cumberland, Md., died December 21, of typhoid fever.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

OIL OF TURPENTINE IN CHRONIC CATARRHAL AFFECTIONS.*

BY JAMES B. WALKER, M. D., PH. D.,

Professor of Principles and Practice of Medicine in Woman's Medical College of Pennsylvania, One of Visiting Physicians to Philadelphia Hospital, etc.

What I may say on the subject of terebinthinates can present no claim for originality, for "Pliny describes several varieties of turpentine, and speaks of their use for coughs and ulcerated bowels." (Stille's Therapeutics"), and "Boerhave and others in the last century recommended the oil for chronic affections of the lungs and bowels." (Ibid.) John Hunter advises it in hemorrhages, stating: "I have seen it immediately stop vomiting of blood from the stomach after all other means had failed;" adding, "it is the best if not the only true styptic." In 1826, Dr. George B. Wood drew attention to its use in certain conditions of fevers marked with dryness of the tongue, tenderness, and slight distension of the abdomen, a frequent and feeble pulse, wandering intellect, and an anxious expression of countenance, which his own subsequent experience and that of numbers of others have abundantly verified. Stillé, in commenting upon this, states: "Its mode of action appears to be, locally, that of a healthy excitant of the intestinal ulcers, promoting their cure; and at the same time that of a genial stimulant of the whole economy." Chapman, in his therapeutics, refers to its use in certain intestinal fluxes, and asserts that in chronic diarrhœa, where the discharges are such as to denote the mucous coat of the intestines to be chiefly affected, it is an incomparable remedy." But in spite of these historical facts, it is no less true that our text-books of to-day give but slighting testimony to its efficacy, and many of them ignore its usefulness in catarrhal conditions.

Turpentine taken internally is capable of impressing almost the entire mucous surface of the body. The exceptions are the uterus and vagina. It directly impresses that of the entire gastro-intestinal tract before absorption, and being eliminated by the renal and pulmonary tissues, reaches the mucous surfaces of the tracts communicating therewith. Such an agent, possessing decided powers of impressing tissues with which it comes in contact, must possess marked therapeutic value. Add to this its known powers as a *general stimulant* through the blood to the various tissues with which it is brought in contact, during its transit from entrance to exit, and we have its field of usefulness infinitely extended.

It is not my purpose, on this occasion, to call our attention to *all* it is capable of doing, but to limit the observations to its usefulness in the chronic catarrhal affections of the alimentary tract and the lungs. In hemorrhages from these surfaces it possesses peculiar powers. This is especially true of the stomach, in ulcers of whose mucous coat it stands pre-eminent. Here it can be brought in contact with the diseased and bleeding surface most directly, and in concentrated form. In hemorrhage of the intestines it is only a little less valuable, and even here it ranks with any other styptic, and outranks most of them. This is as true of the hemorrhages of the engorged mucous membrane in the earlier days of typhoid fever as of the hemorrhages from the ulcers at a later period. In the latter instance aids, such as opium, are indispensable, of course; but the direct styptic action of turpentine is unquestionable. But these are matters of everyday experience.

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* Read before the Philadelphia Clinical Society.

In the subacute and chronic diarrhœas, which are more or less prevalent in our variable climate, the remedy is used to a much less extent than its efficacy deserves. During the past few years my confidence in its value has been abundantly and increasingly stimulated in a somewhat extended experience in hospital and private work. I will cite an instance, as illustration, of a young woman who for several months had been tormented with a diarrhœa which persisted in spite of bismuth, opium, nitrate of silver, sulphate of copper, the mineral acids, and other well known agents, used singly or some of them combined, together with abstemious attention to a suitable diet. The diarrhœa would sometimes be checked, only to return with the cessation of the remedy. Oil of turpentine induced almost immediate relief, which was permanent. The diarrhœa, in this case, was of the nature of a "lientery." This is but one of a large number of similar experiences which I could detail more or less fully, did time permit, so that I have come to look upon the remedy as an incomparable one in cases of chronic diarrhœa where the mucous membrane over an extended tract is involved, in chronic inflammation.

In these cases bismuth is not so serviceable as in acute disease. Indeed, I reckon the value of bismuth in catarrhal diseases of the intestinal tract as great in the *acute* stages. but rapidly growing less in the *subacute* and *chronic* cases, its value being in inverse proportion to the chronicity; and in real chronic cases its mechanical presence, instead of being an *aid* to *reparative changes* seems to aid in keeping up the *irritation*. Opium in these cases, by lessening peristalsis, will arrest the diarrhœa, only to be followed on its cessation with an aggravation of the trouble. Lead and silver salts unquestionably serve to arrest the catarrhal conditions, and tend to repair the tissue; but how little their influence must be in the small quantities which can be safely administered, and the extensive surface upon which they must distribute their influence to be of any avail. Besides, in most of these cases the diseased areas are more or less protected from the influence of such agents as these by a tenacious environment of mucus. Here, it is true, the mineral acids have proven of inestimable value. But even when they have failed, as in the above instance, the turpentine has, in my hands, acted promptly and efficiently. The quantity taken in these cases can be considerable without fear of irritation, and the volatile nature of the agent enables it to diffuse itself throughout the bowel, into all the interstices thereof, and to permeate even the mucous environment of the diseased glands, and directly impress these structures.

The best time for its administration in these cases is between meals and at bed-time. If, however, taken on an empty stomach its regurgitation is decided, it should be administered about an hour after a meal.

Another class of affections, equally favorably influenced by turpentine, is that associated with chronic bronchitis. Ammonia salts, from their influence on the respiratory act and on the respiratory tract have, in a great degree, crowded the terebinthinates to the wall. This is not as it should be. Both classes have their value; both have great value, but each has its own peculiar value. In proportion to the chronicity of bronchial catarrh, ammonia becomes of *less*, and turpentine of *more* value. This is simply the conclusion to which my experience has brought me. It may not agree with that of others; it may not be correct; but it seems to me to be justified by my own experience.

One of the earliest experiences I had with turpentine, in this class of cases, was in the case of a young man of slight build, about 21, who, during the exhausting latter days of an attack of typhoid fever, in which there had been more than the ordinary slight bronchitis with which almost all cases are characterized, developed a disseminated catarrh which involved the alveoli of one of the lungs, and developed numerous foci of catarrhal pneumonia. I had been watching the case for some time, as a consultant, and on the development of this condition advised the use of turpentine as the most desirable stimulant. One of our most eminent authorities was called to our aid after a few days, who verified the diagnosis, gave a very unfavorable prognosis, and sanctioned the use of the turpentine. Under its use convalescence was established, the lung entirely cleared, and the patient still remains well, and has since taken out a life insurance policy, after a rigid examination. Since then I have used this drug with increasing confidence, not only in catarrhal conditions, secondary to acute disease, but in primary catarrhal diseases, which linger and threaten to involve the alveoli, or which have already involved the alveoli, and become entitled to classification as incipient phthisis. In the dry forms the drug has not seemed desirable, but in the form characterized with decided, or abundant expectoration its best effects are obtained. It is, of course, not a panacea. Many of these cases, despite its administration, go on from bad to worse, but in enough of them are beneficial results obtained to make me value the remedy as among the best.

Two other instances in which I have used the drug are as follows:

Case 1. Mrs. G., aged thirty-four, had a good constitution with no phthisical tendency. Early last winter she developed a bronchial catarrh, which she allowed to run on for six weeks withot giving it any attention. Upon examination, I found diminished respiratory power over the entire right side; fine moist râles throughout, most marked in the axillary and infra-axillary regions; limited pleuritic friction sounds in infra-axillary region; prolonged expiration, especially at the apex, and impaired resonance. Flesh and strength were rapidly lost, and the case threatened to be one of rapid phthisis; there were frequent chills, afternoon fever, and decided night-sweats. The main stimulant was turpentine, in pearls, ♏v. after each meal and at bed-time. This remedy would be kept up for three or four weeks, then discontinued for a week, giving muriate or carbonate of ammonium instead. As the cough was worse on lying down, inhalations of chloroform were used to insure sleep. By the time summer commenced, the patient's condition was much improved. There is remaining a slight crepitus over the pleuritic spot, but the lung is now as clear as it ever was, and the patient has regained her normal flesh and strength.

Case 2. Was a clerk in the office of the Pennsylvania railroad. One evening he had some spitting of blood, and on examination I found a pneumonic condition of the upper lobe of the right lung; there was not much solidification, but the respiratory force was much impaired. The patient was sent to the country for three months, during which time the lung cleared up nicely, turpentine being the one remedy.

Its method of administration may be varied. It may be given as terebene, oil of turpentine, or tar dropped into a pitcher of boiling water, and the vapors inhaled through a paper funnel—a method which is of advantage in the cases where the larynx and trachea are chiefly affected. Here, also, one of the many forms of oro-nasal inhalers may be used for the administration of terebene, oil of turpentine, etc. But where the smaller bronchi are invaded, inhalations are of doubtful local service, little, if any, of the remedy reaching the part. The internal administration is here indicated. The oil may be given in capsule, gelatine capsules being prepared by the dispensing druggist; or the more elegant French pearls may be substituted, containing ten or five drops of the remedy, and one or two of these given an hour after eating. In this form the drug is not tasted, unless regurgitated, and if taken an hour after meals will be so quickly passed into the intestine as to interfere but little, if at all, with gastric digestion. In intestinal catarrh it may be administered in capsule also, or if the patient is unable to swallow the pearls or capsules, an emulsion may be made, and the acrimonious taste of the turpentine may be entirely concealed by adding a small quantity of oil of anise seed, whose influence is adjuvant to the turpentine in the diseased conditions. In bronchial catarrh, where the ammonia salt seems also desirable, a combination like this may be used with advantage, and is quite a favorite of mine in cutting off harassing bronchial catarrhs, which persist in remaining:

℞.	Ammon. chloridi,	ʒ iss.
	Vini picis liquid.,	℥ ss.
	Syr. tolutani,	f℥ j.
	Aquæ,	f℥ ijss.

M. Sig.—Dessertspoonful every four hours.

But when catarrh involves the alveoli, I much prefer the turpentine itself.

If I have seemed to make too much out of a very small matter, I hope to be excused. My desire was two-fold: first, to call attention to a valuable aid in combating forms of disease only too prevalent in our climate; and secondly, to have my experience confirmed, or corrected, by that of my fellows. On the value of the drug in certain catarrhal affections of the genito-urinary organs, I prefer to be silent at present, both for want of time and of sufficient experience to be of much value.

SOME RECENT STUDIES AND OBSERVATIONS ON TINNITUS AURIUM.

BY LAURENCE TURNBULL, M. D., PH. G.,

Aural Surgeon Jefferson Medical College Hospital, Phila.

(*Continued from page 6.*)

In our public clinic there are numerous cases of tinnitus relieved and even permanently cured, as may be seen by our reports.

A few only require a simple examination of the ear, throat, and nose, to find out the cause. We would also state that there are a a very large number of cases of chronic disease of the middle ear, chronic catarrh, with constant and persistent noises as the chief symptom, which from organic changes long neglected, or improper treatment, cannot be cured by any means at our disposal.

We have noticed *under various causes* that "tinnitus aurium" results from affections of the middle ear, both in the anterior and posterior surface of the membrana tympani, cavity of the tympanum, and eustachian tubes. The noises in the internal ear have also been confounded with symptoms of an affection of the brain itself or its coverings. It is possible to have ringing noises in the ear even when there is, so far as our examinations can penetrate, no organic change in any portion of it.

In the post-mortem examinations of persons who have suffered from tinnitus for a long period without any known disease of the ear, Méniere, Politzer, Schwartze, and Hinton, on dissections of the petrous bone have found diseases of the semi-circular canals, ecchymoses in the vestibule, hyperæmia of the cochlea, general enlargement and fulness of vessels of the labyrinth.

We must, therefore, for the present, come to the conclusion that the semi-circular canals and vestibule are one of the chief seats of the diseased conditions above described, with now and then apoplectic or endo-labyrinthic disease with effusion in the labyrinth, showing more or less pressure within its walls or irritation of the auditory nerve. And second, to the various forms of disease of the ear enumerated in the first part of this paper under the third class of causes.

TREATMENT.

To the first class of cases to which we referred, namely, pressure from cerumen upon the membrana tympani, the treatment in the great majority of cases is simply to remove the offending cause by means of the injection of tepid water or weak solution of soda. Numerous cases, many of which are of a most distressing character, of this class are relieved by this simple procedure.

The excessive growth of stiff hairs in the meatus. The treatment consists in carefully cutting the hairs close up to their point of exit by means of curved scissors, and removing each one when cut. The objection to plucking them out is that it will frequently cause an abscess at the termination of the hair follicle. Another form of this same variety is when a hair becomes detached and falls upon the membrana tympani, from which it must be removed by means of a camel's hair pencil slightly moistened in glycerine.

Adhesive mucus on the posterior surface of the membrana tympani, in the middle ear or mastoid cells. This is removed by the use of the catheter or a few blasts from Politzer's air-bag or douche; if these means are not effectual, paracentesis of the membrana tympani and washing out the middle ear with a weak solution of biborate or sulpho-carbolate of soda in warm water. At the same time attention must be given to the naso-pharyngeal region, with the use of nasal sprays and gargles.

In *foreign bodies in the eustachian tube.* the treatment will be to reverse the action of the air-bag and withdraw the air, or by means of an elastic catheter in the pharyngeal orifice of the tube; compress the nostrils, and at the same time, by means of a valved bag attached to a curved glass tube introduced through the mouth as near as possible to the orifice of the tube, rarefy the air. Should the foreign body produce inflammation with effusion, bulging of the membrane, etc., its escape should be facilitated by perforation of the membrane by an aspirator needle.

The form *pulsating tinnitus,* is the result of some alteration in the blood-vessels, anæmia, or excessive action of the heart; we must try compression of the temporal or carotid, diminishing the frequency of the heart's action by aconite or digitalis, or if the patient is anemic, administer the salts of manganese, or lactate or citrate of iron, avoiding all forms of excitement, as dancing, violent exercise, or mental effort.

We must make careful diagnoses by, exclusion, to discover whether we have excitement of the brain causing subjective noises, or on the other hand exhaustion from over effort or some drain upon the nervous system. In the first instance we resort to bromide of potassium or sodium, or if there is any suspicion of syphilitic complication, add bichloride of mercury and the iodide of potassium, with the active principle of jaborandi to produce great activity of the salivary and sweat-glands.*

If it is the latter, *i. e.*, exhaustion, we resort to a solutton of phosphoric acid employed in the form of lemonade, or to the phosphites or hypo-phosphites, in conjunction with strychnia or its salts, with the use of the galvanic current to assist in completing the cure.

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*See mode of treatment by this agent and full account of case, Author's Manual of Diseases of the Ear. Third edition, just issued. J. B. Lippincott & Co., Philadelphia, 1887.

(*To be continued.*)

THE ELECTRO-DIAGNOSIS OF NEURITIS AND ANTERIOR POLIOMYELITIS.*

BY JAMES HENDRIE LLOYD, M. D.,

Instructor in Electro-Therapeutics in the University of Pennsylvania.

The irritability of a nerve-trunk to an electric current (either by galvanism or faradism) depends upon the integrity of the axis-cylinder. This integrity may be impaired by pressure upon or by a fracture of the axis-cylinder. The pathology of degeneration in a nerve-fibre is, first, an increase of protoplasm about the nucleus in the sheath, then the splitting up of the white matter, and, finally, the breaking of the axis-cylinder.† In neuritis it may be a question how soon this *fracture* takes place, but *pressure* evidently occurs very early, and in severe acute neuritis (as in some forms of facial paralysis) this pressure is very great, is very quickly established, and, in the worse forms, no doubt leads to the breaking of the axis-cylinder. If electro-irritablity, therefore, be retained in the nerve in neuritis, it must be either because the pressure is very slight, or else because of an escape of some nerve-fibres amidst the destruction of others. The first event is what happens in mild subacute neuritis, but the latter alternative does not seem very probable when the disease is interstitial in the narrow calibre of a nerve-trunk, and especially when it has continued a long while. On the other hand, in anterior poliomyelitis of slow progress, the large cells may be gradually and successively destroyed, followed by the degeneration of a comparatively few nerve-fibres—and in these cases the nerve will retain its electro-irritability (possibly diminished sometimes), although the muscles may have commenced to put on the modal and serial changes of degeneration. These facts have been long recognized, but do not appear of late to have been sufficiently relied upon as a possible factor in diagnosis.

De Watteville has drawn a distinction between myotrophic and neurotrophic centres in the cord; but the distinction, as well as his illustration, is artificial, and the phenomena probably depend upon the extent of degeneration and the number of nerve-fibres involved. His own opinion inclines to the view that where nerve-irritability (especially faradic) is preserved, especially in cases otherwise chronic, with muscular atrophy and muscular reactions of degeneration, we have a condition rather of atrophy of the anterior horns than of the nerve-trunks, affording strong corroborative evidence in establishing the differential diagnosis. It is this condition of retained nerve-irritability, with degeneration reactions to galvanism in the muscle, which we have in such slow cord-lesions as amytrophic lateral sclerosis and chronic anterior poliomyelitis. Here other symptoms aid the diagnosis, especially the large fibrillary contractions in the muscular atrophy and the spastic symptoms in lateral sclerosis. The only forms of neuritis that he knew of—in which faradic irritability of the nerve is preserved, with muscular reactions of degeneration—are essentially mild, non-chronic attacks (such as mild facial palsy), and in these the lesion is probably light compression, leaving the axis-cylinder unbroken.

It must be recalled that muscle-tissue alone will not respond to such strength of faradism as we use upon it in the clinic, but is excited through the motor-nerve-endings in its tissue; consequently when we have response in a muscle to faradism we infer that the nerve is still intact, or partially so. Hence, in severe facial palsy, one of the first symptoms is loss of farado-contractility.

Illustrative cases have been noted as follows:

1. A very marked case of chronic anterior poliomyelitis, in which both legs and arms were involved, with very great fibrillary contractions. Very exact notes of this case have been preserved, and show that while the affected muscles showed the slow, lazy contraction of degeneration, with slight changes in the normal formula, yet the nerve-trunks remained normal (or only slightly decreased) to faradism. This is just the condition which would be expected in anterior poliomyelitis, but we would not expect it in neuritis.

2. In this case there was a rapid wasting of certain isolated groups of muscles—as deltoid, infra-spinatus, and supra-spinatus (possibly biceps and supinator longus)—and with muscular reactions of degeneration there was rapid loss of nerve-irritability to faradism. This loss of farado-irritability, with absence of fibrillary contractions, also the circumscribed group of muscles in which it occurred,

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* Read before the Philadelphia Neurological Society.

† Rauvin, as quoted by Gowers in "Diseases of the Nervous System," Part II.

was rather suggestive of a neuritis, destroying first the nerve-trunk.

3. A case of rapid and complete wasting of the muscles especially presided over by the nerves which are stimulated at Erb's motor-point; deltoid, spinati, biceps, and supinator longus. Nerve-irritability to both currents abolished; reactions of degeneration in muscles followed by loss of muscular irritability (except slight modal response); no fibrillary contractions; history of traumatism. All the symptoms as well as the history point to a neuritis of a few nerve-trunks in the plexus, and the electric examination confirmed this.

3. A marked case of facial paralysis with secondary contractions, with *total* abolition of nerve irritability to both currents and reactions of degeneration in muscle. This is a typical picture of a neuritis.

5. A case of amyotrophic lateral sclerosis (descending degeneration?) with spastic muscles, wasting and exaggerated reflexes. The nerves respond normally to both currents (showing certainly not a neuritis), while there are slight reactions of degeneration in the muscle. Cases somewhat like this have been reported by Hughes-Bennett.*

Conclusions.—The point sought to be emphasized is the retention of electro-excitability in the nerves, which in chronic cases does not appear consistent with the idea of a neuritis, but, rather, of a slow cord-lesion. If this electric excitability can be preserved in a chronic neuritis, we must suppose a very slow interstitial inflammatory process which compresses some fibres and allows others to escape. But to think that this happens in the narrow calibre of the nerve-trunk during a prolonged period of inflammation seems to require some effort of imagination and credulity. The electrical reactions in the above cases (especially the condition of *nerve*-irritability) support the other symptom-groups in their significance as to a cord or a nerve lesion.

Walnut and Fortieth streets.

MORBUS CERULUS FROM A MALFORMED HEART.

BY E. S. M'KEE, M. D.,

Of Cincinnati, Ohio.

April 22, 1881, while on duty in the outpatient obstetrical department of St. Bartholomew's Hospital, London, England, I was called to attend a woman in labor. The delivery was without note, but the child showed marked evidences of cyanosis. This disappeared on the second day. On the third day a messenger called me in haste, saying, "the baby is queer. has convulsions, and don't notice anything." The convulsions, of course, were over before I could get there. The child then had the thrush, from which it recovered, but seemed to suffer from an ill-defined trouble. On the fourteenth day it lay perfectly still, most of the time on its right side. The cyanosis reappeared, especially in its fingers, toes, and lips. Died on the fifteenth day. Autopsy fourteen hours after death. Head somewhat enlarged, calvarium and meninges healthy. Both lateral ventricles were filled anteriorly with clear serum, posteriorly with puriform and softened brain matter. Each ventricle was distended one-fourth of an inch; third ventricle also distended, but the iter a tertia ad quartum ventriculum and fourth ventricles nearly normal. Choroid plexus and other parts nearly normal. On the under surface of the brain the pia mater covering the pons, cerebellum and medulla was covered with flakes of lymph. No sign of tubercle could be found. Lungs normal.

Heart.—No excess of fluid in the pericardium. Organ of normal size, but on examination the right auricle was found a little enlarged, and the left auricle small internally, but admitting the pulmonary veins. Internally the valves were all normal. The septum between the ventricles was incomplete in its upper part and led into a common artery representing the aorta, closed by three normal semi-lunar valves. The orifices of the two coronary arteries lay behind the two anterior valves. Both ventricles normal. Foramen ovale normal but closing. The remains of the pulmonary arteries consisted in an upward prolongation from the right ventricle, and a tube which opened above into the aorta was separated from the infundibulum below by a membranous septum. The aorta passed upwards one-half inch and divided into two branches, the right, the larger, going above the right bronchus, having hooked beneath it the right recurrent laryngeal nerve, to gain the right side of the vertebral column. The left passed above the left bronchus, curved downwards, and became the descending aorta. From the right arch ascended the common carotid and the subclavian in the order named. That on the left gave off the innominate, which in time gave off the common carotid and the subclavian. It then continued as a large artery, corresponding with that on the right side, but smaller in calibre, terminating behind and below the bifurcation of the trachea in two parts, each subdividing into numerous branches, carrying the blood supply to each lung. No trace of the ductus arteriosus could be found. Other viscera normal. The mother of this child was markedly strumous, which is given as a cause of this malformation. She could recall no fright which could have been blamed with the causation of the trouble.

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*Treatise on Electro-Diagnosis.

In the majority of cases where a post mortem examination is made, the pulmonary artery is found to be either obliterated or greatly lessened in its calibre, and the septum ventriculi is absent in its upper part, allowing the two ventricles to open into one common artery. Clubbing of the fingers and toes is noticed, especially in those who have lived for some time. Dr. Norman Moore, pathologist to St. Bartholomew's hospital, has made microscopical examinations of these clubbed members, and reported his findings to the Pathological Society of London. He finds it due to engorgement and slight thickening of the walls of the vessels. Females who live to maturity, and a few who attain adult age, do not have the flow of the menses until late. The youngest on record is 16 years. One cyanotic woman is on record as having borne two children.

IS CHLOROFORM IN PARTURITION A WORSE THAN USELESS AGENT?

BY J. H. HOBART BURGE, M. D.,

Of Brooklyn, N. Y.

Dr. Melsheimer, of Indiana, answers this question in the affirmative with such positiveness that we would think there was nothing more to say. Such honest and earnest articles as that of Dr. Melsheimer in the Reporter of November 13 always do good. Such a plea for conservatism, and such a warning against the free and indiscriminate use of an agent so fraught with danger as chloroform by inhalation has my hearty approval. Nevertheless my personal experience with this agent leads me to regard it as of inestimable value in promoting parturition. All that Dr. Melsheimer says is true from his standpoint, but there is another view of equal importance, which I think we cannot afford to overlook. Let it be remembered that Dr. Melsheimer's argument is against the universal and free use of chloroform for the purpose of enabling women to have children without the painful consciousness of uterine contractions. This view I heartily endorse, and I would as heartily emphasize the assertion that the careful administration of chloroform by inhalation in the latter part of the first stage of labor is a measure of such value, not merely in lessening the sufferings of the patient but in promoting the labor and hastening the favorable issue of the case, that in the experience of thirty years in its use I am more and more impressed with the fact. When the labor is well established and the pains vigorous, it often happens that the effect of the uterine contractions is so agonizing, so "cutting," that the patient's will is exerted in struggling against the natural result. Now is the time for the chloroform to do its best work, and you can rely upon it almost every time. Just before the pain comes only say to the patient, "Just breathe a little of this, and it will take off the sharp edges of the pain, so that you can bear down without hurting you so badly," and the difference in the amount of distress is immediately so great that from that moment the progress of the labor is seen to be rapidly accelerated. If the practitioner finds by its effect upon the pains that he has erred in judgment and given the few whiffs of chloroform before the case was ready for it, the very little respite which it occasions in the sufferings of the patient will in the long run prove advantageous; but let him now delay its further use till a somewhat later period.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. J. H. PACKARD.

Removal of Enlarged Cervical Glands.

I bring before you to-day this patient from whom one week ago you saw me remove ten cervical glands which were enlarged and suppurating. He is a mulatto, twenty years old, and of undoubted specific taint.

There is always more or less danger attending this operation. I recall a case in the hospital where the operation was urgently called for and carefully performed. The patient did well for a time, but eventually began to fail and died, not from blood-poisoning, but from general deterioration of the system. Clinical experience teaches that it is particularly dangerous in those of mixed blood; the mulatto's system is less reliable than that of the full-blooded negro.

I therefore felt some reluctance in undertaking the operation for this patient, who, in addition to a bad family history, had suffered from protracted suppuration. However, something had to be done, and last week I removed the enlarged and broken-down glands. While operating I discovered a large hidden abscess in the region of the parotid, which, by use of the probe, was made to communicate with the suppurating glands.

The wound was thoroughly washed out, and then packed with strips of lint saturated with balsam of Peru. From the day of the operation he has been doing well, and I show him again to-day that you may observe for yourselves the good result.

The open surface is a nicely granulating one. Suppuration has ceased, and the patient's general condition much improved. We may justly call the operation a success.

In addition to this he was placed on antispecific (mixed) treatment, which will later give place to potass. iod.

In removal of enlarged glands, it is well to use a short-bladed blunt knife, otherwise in dissecting under a gland we cannot avoid the danger of wounding the neighboring vessels and nerves.

MEDICAL SOCIETIES.

PHILADELPHIA CLINICAL SOCIETY.

Stated meting October 22, 1886.

Dr. Clara Marshall in the chair.

Dr. Clara Marshall reported a case of

Ovariotomy

as follows:

Hanna B., æt. 55, single, resident of Philadelphia, was admitted to the gynecological department of the Philadelphia Hospital the latter part of August, 1886. Previous to that time I saw her in the medical department in consultation with Dr. E. T. Bruen, who had already made the diagnosis of ovarian cyst, and through whose courtesy the patient was transferred to the gynecological wards. The patient's mental condition being below the normal standard, it was difficult to obtain a reliable history of the case. However, her statement was something as follows: Her father and one sister died of "heart disease," her mother of "old age," one sister and one brother died of "dropsy." She had one brother living and well. As a child she was sickly, but since that time, with the exception of the past year, she had been in fair health.

Early last winter she noticed that both lower extremities were beginning to swell; subsequently the abdominal enlargement was observed, which increased rapidly until it reached its present size.

Upon admission, the left leg only was swollen (pitting distinctly upon pressure), and the abdomen was larger than at the end of gestation.

The heart, lungs, and liver were normal, and analysis of the urine yielded negative results. The patient was emaciated, and her circulation was feeble, the extremities being of a somewhat venous hue, and cold to the touch; bowels regular, appetite poor.

Special attention was given to improving the patient's general condition. She was given nutritious and generally liquid food; flannel undergarments were ordered; the nurse was directed to give a warm bath every other night, followed by brisk friction. She was given quinine sulph. gr. iij three times daily, also Basham's mixture as a diuretic tonic. Under this treatment the general health improved, and the patient described herself as feeling much more comfortable. Previous to the day fixed for the operation great care was taken to free the operating-room from infection; the walls and floors were washed with a solution of the corrosive chloride of mercury, the walls were then white-washed (corrosive sublimate being added to the white-wash), every article of furniture in the room was washed with a solution of corrosive sublimate, and finally the room was tightly closed, and fumigated with sulphur. The instruments were disinfected with carbolic acid; all other articles, including sponges and towels, were boiled in a solution of corrosive sublimate. On September 23, 1886, at 11:40 a. m., the patient being etherized, the operation for the removal of the cyst was begun, with the assistance of Drs. Parish, Stryker, Richardson, and McLaughlin, and in the presence of several members of the resident staff. An incision three and one-half inches in length was made in the abdominal wall between the umbilicus and symphysis pubis, and the tissues were divided until there came into view a cyst, which proved to be a multilocular cyst of the right ovary, free from adhesions. The patient was turned upon her side, an incision made in the cyst, its contents evacuated, and the tumor drawn through the incision. The pedicle was ligated after the method of Lawson Tait, and after the cauterization the stump was dropped into the abdominal cavity. The wound was closed with black silk sutures, and dressed antiseptically, the dressing being secured by adhesive strips and a flannel binder. The weight of the tumor was 65 pounds. Immediately before the operation the patient's temperature was 100° F., pulse 90. During the operation the pulse was steady, and varied between 80 and 96. Shortly after the conclusion of the operation, pulse was 100, temperature 99⅗°. There was no vomiting either during etherization or subsequently, and reaction was perfect; the patient dropped into a quiet sleep, from which she aroused occasionally and complained of nausea, which would either pass off of itself or was quickly controlled by a hypodermic injection of gr. ⅙ morph. sulph., and at 6 a. m. the following day she was fully conscious of all her surroundings, and seemed to show more intellectual acumen than ever before. For the first thirty-six hours the temperature ranged from 99.4° to 100.4°; pulse 96 to 100; respirations 20. During the latter part of the second day the temperature rose to 102.2°, pulse 94, and the patient complained of severe pain in the right iliac fossa. By the third day a cough was developed, and the abdomen was decidedly tympanitic. The temperature under the influence of quinine and cold sponging was reduced to 100.2°, only to rise again, reaching on the fourth day 104.8°. In spite of the rise in temperature the suffering was not great, comparative freedom from pain being secured by means of opiates. But on the fourth day all the symptoms rapidly increased in severity, and death took place in exactly four days from the date of the operation.

The post-mortem examination (made by Dr. Wm. Osler), while revealing septic peritonitis as the direct cause of death, showed, also, certain other factors in the case, some of which were entirely unsuspected. The following extracts from the report are of interest:

Abdomen.—The wound in the abdominal wall looks healthy, and has united by the first intention. Peritonitis in the lower region of the abdomen. Lymph glues coils of intestines together, and to the abdominal walls; not much effusion. Pus in the right iliac fossa. Slight amount of bloody serum in the pelvis. The most extensive inflammation is in the neighborhood of the right broad ligament. Moderate injection of vessels over coils of intestines.

Kidneys.—Left is represented by a small, firm, hard organ, greatly contracted; only a small portion of normal tissue remains; weight less than one ounce.

Thorax.—Evidences of a recent pleurisy in the lateral region of the left side.

Lungs.—Left lung: crepitant, except at lower lobe, which is heavy, airless, and deeply œdematous. Right lung: Posterior part of middle lobe solid; lower lobe dark in color, deeply congested, and presents several patches of lobular pneumonia; no suppurating foci.

Pelvis.—Uterus closely adherent to right wall of pelvis. Thick layer of lymph covers attachment of pedicle. Ligature is firm; its line infiltrated with pus. Inflammation is curiously limited to fascia covering psoas and part of transversalis muscles. Anterior surface of uterus shows no lymph, but upper margin presents a thick, dense layer. Right broad ligament infiltrated with bloody serum. Left ovary and tube normal. Orifice of left internal iliac vein obliterated. The left common iliac, left external, and the internal iliac veins are occluded by old thrombi; these thrombi being densely adherent.

In the discussion which followed the reading of Dr. Walker's paper (see page 33), Dr. Emma Musson spoke of having used turpentine in a case of chronic bronchitis in which the ammonia salts had been used without benefit. The case was one of some years' standing, but has improved since using gtt. v of turpentine three times a day for three or four weeks.

Dr. L. Brewer Hall: "Turpentine is extensively used in diseases of the ear, nose, and throat. As a styptic, oil of erigeron is better than turpentine, being more rapid in its action and more pleasant to take. Turpentine is a stimulant to the kidneys as well as to other organs, the waste matter being thrown off by these organs, and the lungs being greatly relieved thereby."

Dr. Clara Marshall said she had seen the good effect of turpentine in the chronic cough of old persons where there was a great amount of expectoration; the drug seemed to act as a *general* stimulant, as well as a stimulant to the mucous membrane. She also mentioned a case of intestinal catarrh, where there were one or two loose stools a day, accompanied with great pain, which was greatly benefited by oil of turpentine in gtt. v doses three times a day. Oil of gaultheria or spt. of lavender will cover the taste of turpentine.

Dr. Louise S. Blum spoke of a case of gastric ulcer which was cured by the use of turpentine and artificially digested food. The oil of turpentine was used in emulsion with oil of gaultheria to cover the taste.

Dr. A. Victoria Scott is in the habit of giving turpentine in typhoid fever to relieve the flatulence. In one case, while using it for this purpose, the patient expelled a tapeworm.

Dr. Scott uses inhalations of turpentine in bronchial affections. She has never found the drug to act favorably in hemorrhages from the kidneys or uterus, and in such cases uses ergot or oil of erigeron.

Dr. Walker, in closing the discussion, said: "As turpentine is an irritant to the kidneys, I would not use it in hemorrhages from those organs. On the vaginal and uterine mucous membrane turpentine has no effect, as it does not come in contact with them. I prefer the spirit or oil of turpentine, especially in pulmonary affections; it is more quickly absorbed and disseminated to the seat of disease."

Mary Willits, M. D.,
1527 *Green St.* *Reporting Secretary.*

NEW YORK NEUROLOGICAL SOCIETY.

Stated meeting, December 7, 1886, C. L. Dana, M. D., president, in the chair.

A Case of Progressive Muscular Atrophy, with Bulbar Symptoms.

Dr. W. R. Birdsall presented the patient and read the history of a "Case of Progressive Muscular Atrophy, with Bulbar Symptoms." The atrophy limited to the left upper extremity, the abductor indicis of the right hand and the tongue, the latter affected bilaterally — predominently on the left side. He presented the case as illustrating the nonconformity of disease to our arbitrary standards of classification and description of types of disease.

The patient showed peculiarities due to the pathological process having advanced to an extreme degree in certain regions, while its distribution had remained limited, not involving neighboring parts usually affected; the left upper extremity and tongue being the parts involved, and to a marked degree, while the right upper extremity was normal, excepting the abductor indicis; the trunk and lower extremities remained healthy. A detailed history of the case was given, the patient being a carpenter, a Swede, aged 39, married, of temperate habits, without a history of syphilis or other disease. A chart was presented showing the electrical reactions.

Dr. E. C. Seguin had seen very few examples of unilateral progressive muscular atrophy. He had at present one patient under observation, in whom the muscular atrophy was limited to one side, presenting the electrical and other characters of progressive muscular atrophy.

Dr. W. M. Leszynsky had a girl aged seventeen under observation in whom the atrophy was unilateral, affecting only the supra-spinatus, deltoid, and a portion of the trapezius.

Self-Abuse in its Relation to Insanity.

Dr. E. C. Spitzka, the author of the paper, after citing the views of the classical writers, stated that the question of the existence of a special form of insanity, due to self-abuse and to nothing else, was complicated by the existence of another well-demarcated affection known as the insanity of pubescence. The mental diseases due to self-abuse usually occurred at the same period of life as the latter disorder. This fact explained the similarity of many clinical features between them. The question was further complicated by the fact that hebephreniacs—sufferers from pubescent insanity—are often addicted to self-abuse, and that thus the features of one disorder may be engrafted upon the other.

The continental authorities do not recognize a special form of masturbational insanity in their tables. Schüle, it is true, speaks of *onanistic insanity* in the sense in which Maudsley uses that term; but he assigns no part to it in his classification, and disposes of it in a few lines. Kraft-Ebing recognizes the vice as an etiological factor, and speaks of such and such forms of insanity on a masturbational basis. He, as well as Schüle, with the majority of recent German writers, follows Ellinger in attributing to the *masturbatory neurosis* a relation to the development of insanity analogous to heredity and other admitted predisposing and determining factors. I have yet to find any dissent expressed by these authorities from the position taken by Emminghaus, who claims that owing to its causal relationship to widely differing forms of insanity it is not proper to speak, as Skae does, of a special form due to masturbation. This critical remark would seem to be supported not only by the clinical facts accessible to every observer, but also by the confusion existing among those writers who have attempted to define and demarcate such an affection. Skae speaks of a peculiar imbecility and shy habits as characterizing the disorder among the youthful, and suspicion and fear, and scared looks, palpitation and feeble bodies as found in older victims, who gradually pass into dementia. The most distinguished follower of Skae attributes the following symptoms to that form of insanity of which masturbation is the chief cause and "the chief symptom present," giving "the whole case distinct features." Exaggerated self-feeling, conceited, shallow introspection, frothy, emotional religious notions, and a restless, unsettled state, with foolish hatchings of philanthropic schemes. Luther Bell, who, with Isaac Ray, was among the earliest to attribute special symptoms to insanity caused by masturbation, furnishes a very faithful picture of certain cases, whose particular feature he describes as being a tendency to dementia, a loss of self-respect, a sulky, mischievous, and dangerous disposition, and a subjectively irritable and depressed state of mind. Griesinger, who does not recognize a special form and denies specific characters, admits that the majority of cases are marked by a profound dullness of sentiment and mental exhaustion, by religious delusions and hallucinations of hearing, and a rapid transition to dementia in the event of incurability, which latter is the usual issue.

The effect of masturbation on the mind and nervous system varies according to the age at which it is commenced. Like other agents which are injurious to the developing brain, such as epilepsy, alcohol, and syphilis, its effect is most rapid and serious in younger children, less so in adolescents, and least marked in adults, unless protracted. For very young infants it causes a profound deterioration, manifesting itself in convulsive, choreic disorder, and imbecility. In those who masturbate between the fifth and tenth years the effects seem to be manifested chiefly in arrested brain nutrition. Spontaneity of thought and action is absent with such children; they do not play as their comrades do.

There are a number of other circumstances which modify the development of mental disturbance in masturbators. The age between twenty and thirty-five is pre-eminently the period of somatic introspection. It is at this period, if at any, that the average man begins to think about his bodily condition. In these years men weigh themselves, discover that they have too much or too little flesh, develop slight gastric or intestinal disorders, reflex nervous symptoms, or indulge to excess in tobacco, in baccho, and in venere, and consequently are on the qui vive for the occurrence of cardiac, renal, or venereal disease, or of sexual disability. It is at this period that the results of masturbation are most deeply felt by a large proportion of the victims of that habit. The prevalent tendency of his age and of his associates of the same age carries him into a veritable nosomania. Perhaps also he attempts under lay or medical advice to accomplish coitus, and fails. It is for this reason that we find the larger portion of cases of insanity due to masturbation developing between the twenty-fifth and thirty-fifth year, classified as "hypochondriacal paranoia."

A number of typical histories were then related, from which the author drew the following conclusions:

1. Self-abuse is an etiological factor in a large number of cases of insanity, but only those cases should be designated as insanity of masturbation in which the connection between the excesses and the symptoms is direct.

2. Self-abuse, to produce insanity, must have been carried very far, or the subject must be predisposed. Often onanism can be traced in other members of the family, and very often it is found that the maternal ancestry is a weak one.

3. Mania, melancholia, and epilepsy occasionally occur in young masturbators, the former two usually having a favorable prognosis.

4. Stuporous insanity and katatonia are both common, and the former presents good prospects.

5. The forms thus far mentioned when occurring in masturbation present no essential differentiation from the typical psychoses. They should therefore be designated as mania, melancholia, stupor, etc., *from* masturbation, and not as masturbational insanity.

6. There is a chronic delusional insanity in grown persons who have been devotees of self-abuse, and it is usually a hypochondriacal *paranoia*. Clinically it is very like typical paranoia, and etiologically it is not the direct result of self-abuse, but rather of an intermediate neurosis—a cerebro-spinal irritation which is due to self-abuse.

7. Finally, there is a form of insanity developing about or after the period of puberty which does merit the name "masturbational insanity." It is chronic, has a tendency to agitated dementia, is characterized in its early period by anxiety, timidity, suspicion, fear, and a cowardly mean disposition. Later there are confusion, meddlesome, aggressive behavior, vague delusions, loss of memory, and finally deterioration. After these are observed spells of fury or destructiveness. This form is never due to any other cause, and resembles no other form of insanity than the one already alluded to.

8. It is not always possible to differentiate between the insanity of pubescence and the form described. But where the former disorder is uncomplicated by the latter, it may be known by a history of peculiarities in infancy and childhood, by the greater constancy of the mental state, which in onanists is exceedingly variable. Hebephreniacs are more apt to be expansive in their notions, more inclined to favor projects of a chimerical character. In other words, insanity of pubescence is the paranoia of adolescence, and masturbational insanity the pre-senile dementia of the same period of life.

Dr. Ralph L. Parsons made some remarks with reference to the treatment. The diet should be principally vegetables and milk, with little heat and stimulating condiments. As the patient sought solitude, he should be thrown as much as possible with others, not alone of his own sex, but also of the opposite sex. He should be kept occupied, and manual labor of some form, like farming, was best. He knew of no special benefit to be derived from medicinal treatment, as with the bromides, or with the application of irritating substances to the penis. Cutting off the prepuce might be of advantage in some cases. The patient should be closely watched day and night; mechanical appliances might sometimes be necessary; moral influence could be depended upon to a certain extent.

Dr. Kellogg agreed with the author in the conclusions arrived at in the main. But he would like to know Dr. Spitzka's views as to the relative importance of artificial sexual indulgence and indulgence in the natural manner, as factors in the production of insanity. Masturbation was a wide term, and ought to be defined. The effects in some cases were more observable in spinal lesions, in others in cerebral lesions. He believed that masturbation itself was not capable of producing insanity in a person of sound heritage. He was convinced that it was capable of suspending mental growth, and producing forms of imbecility in those of sound parentage. He knew it could produce insanity at the time of pubescence, and there were persons of mature age who had a predisposition to insanity in whom the attack was excited directly by sexual excess. Occasionally persons indulged to excess for a year or two only, as did sailors sometimes when on long voyages. Masturbation was also capable of producing insanity in old persons who were on the decline; it hastened dementia. He did not think there was a peculiar set of symptoms; the age of the patient, his education, his heritage, his whole mental make-up, influenced the symptoms more than the exciting cause. He did not believe it possible to separate masturbation from other forms of sexual excess, and the title "sexual abuse" would have been more appropriate because more comprehensive than self-abuse.

Dr. Noyes said the case referred to by the author as having been cured was the only one in Bloomingdale Asylum in which a cure had been effected, and he attributed recovery in that case to transferring the patient to a farm, where his whole mode of life, including diet, was changed, and for the better.

Dr. L. C. Gray thought the author had given an accurate description of the mental disturbances often seen associated with the habit of masturbation, but he asked if he did not also find similar mental disturbances in indiduals who were not masturbators.

Dr. Spitzka replied that in individual cases he had, but not in groups of cases, as occurred in masturbators.

Dr. Gray had seen the mental disturbances described in patients addicted to masturbation, but he had been unable to decide to what extent masturbation could be considered as a cause or simply an associated habit. He had two cases in mind in which that group of symptoms were followed in the course of a few weeks by masturbation in individuals who had not previously been addicted to self-abuse. He had seen the same symptoms follow excessive sexual intercourse. He had in some cases noticed very exaggerated and extensive cremaster reflex.

In closing the discussion, Dr. Spitzka said that there were undoubtedly some forms of sexual vice which were physically as injurious as onanism. But he had not seen a sufficient number of cases to enable him to say anything about their mental sequelæ unless he cared to risk being premature. He had known epilepsy and stupor to follow natural sexual excess in a young person, and paretic dementia in more than one cunnilinguist and sodomist. The form he had sketched was, as far as his experience went, only found in masturbators. While he admitted with Dr. Kellogg that the single act of onanism was physically not a formal thing, and not much if anything different from normal coitus; there were two respects in which the onanist and libertine differed most widely, one has a moral, the other a physical feature. The onanist practices a secret crime, the social and gregarious element is excluded. Knowing that his act is despised, he becomes inclined to suspicion and fear of discovery.

A libertine cannot exceed beyond a certain limit. Coitus requires a certain condition of the organs which implies the existence of certain normal energies. When these fail, the limit is set to further excess. With the onanist it is much different. There are masturbators who require no erection; yea, who succeed in their injurious act without any manipulation. The consequence is that they pass far beyond the limit set by nature to natural excess, and no calculation can be made of the damage done.

Dr. Parson's dietary propositions were endorsed by the highest authority. Individually the speaker was not decided in his own mind whether a highly nutritious diet would prove injurious in certain phases.

CLINICAL SOCIETY OF MARYLAND.

Stated meeting held November 19, 1886.

The President, Dr. Randolph Winslow, in the chair.

Dr. L. McLane Tiffany reported a

Case of Angioma of the Right Upper Extremity.

It occurred in a child 5 years of age, whom he first saw two years ago. The tumor was a congenital angioma involving the right hand and dorsum of the right forearm. The hand was very much deformed. There were several enlarged glands in the axilla. The child was occasionally ill, and at these times the growth became of a purplish hue.

The treatment was begun by inserting into the tissue at different points threads of silk that had been soaked in a solution of tartar emetic. Improvement began, but after about two years she returned with the growth as bad as it originally was.

The treatment that was then instituted was the use of the thermo-cautery.

The growth on the hand presented itself in the form of nodules of larger or smaller size. Crucial incisions were made into these swellings, and their interior thoroughly wiped out with the heated knife.

The wound was cleansed and dressed, and the dressing was not removed for more than three weeks. The result was all that could be desired.

After about two months the operation was repeated upon the other nodules on the back of the hand and the dorsum of the forearm, and excepting a temporary delay caused by the accidental interference with the dressing, the wounds also healed kindly. Of the two sittings, the first was the more satisfactory. It was entirely painless. There was no sloughing other than the small amount caused by the cautery.

Discussion.

Dr. I. E. Atkinson called attention to the great variation in size, character and development of these tumors. They range from the smallest innocent nævi to the large cavernous angioma just referred to. He has had very little experience with the large forms that have just been described by Dr. Tiffany, but of the smaller commoner varieties, such as the "port wine" marks, he has seen a large number. The most of these growths tend toward self-limitation, but this is sometimes not reached until much deformity has resulted.

The commoner forms of the angioma are superficial, and do not go deeper than the skin; but the larger varieties, as was seen in Dr. Tiffany's case, are located deeper down in the fasciæ.

The treatment in these cases that has given him the greatest satisfaction is the introduction into them at different points of threads soaked in deliquesced caustic potash. These threads are reinforced as sloughing progresses, until the whole growth has sloughed away.

A common objection to this treatment is the danger of emboli formations which may get into the circulation and cause trouble. Where caustic potash is injected into the growths in a fluid condition he thinks the possibility of such an accident very great, but where threads soaked in the solution are employed he thinks the action localized to the neighborhood of the thread, and moreover the action is so gradual that he thinks that the element of danger from emboli is almost entirely eliminated. It has in his hands always given the most favorable results.

Dr. Randolph Winslow asked Dr. Tiffany if he understood him to say, in speaking of his case, that there could be no healing of a wound without the formation of pus?

Dr. L. McLane Tiffany replied that it depended entirely upon what Dr. Winslow meant by pus.

Dr. Randolph Winslow. If antiseptic precautions are properly observed there can be healing of a wound *absolutely* without pus.

Dr. L. McLane Tiffany said it was his opinion that in all such cases there was an exudation of liquor sanguinis, holding in suspension a greater or smaller number of leucocytes. He was not prepared to say just what the relative number of leucocytes should be to constitute what Dr. Winslow meant by pus.

Dr. A. K. Bond asked Dr. Tiffany if the cautery acted upon the whole growth at once, or only at the points of application.

Dr. L. McLane Tiffany said its action was localized to the parts to which it was applied. It caused shriveling of the veins.

Dr. L. McLane Tiffany then reported a

Case of Inflammation of Appendix Cæci with Perforation.

It occurred in a man æt. 28 years. He saw the patient in company with Dr. Henry M. Wilson, on the sixth day from the time that Dr. Wilson had first seen him. He found the patient with a fluttering pulse, surface cool, pain in the belly, and, in short, in a collapsed condition. Reaction was not established until after three hours. When it did set in, the belly became smaller and everywhere tympaaitic. For the past six months the patient had been complaining of pain in the abdomen. It was not referred to any fixed point.

The patient was kept quiet by the use of opiates. After the first collapse the pulse did not rise above 100, neither did the temperature go above 100° F.

On the next day the patient complained of intense pain in the penis. Pressure over the belly caused pain.

On the sixth day the diagnosis was made that there was a foreign body in the appendix cæci, and that perforation had taken place. The pain in the penis was so great that perforation was thought to be intra-pelvic, and that the bladder had become involved in the inflammatory process.

General peritonitis was excluded by absence of elevation of the abdominal surface temperature. Laparotomy under the circumstances was not considered advisable.

On the following Sunday (13th day) fluctuation was detected in the left inguinal region. There was a swelling from which pus was drawn with an aspirating needle; the opening was enlarged with a knife and a quantity of pus evacuated. The cavity was then washed out and drained with drainage tubes.

The patient died that night, having been delirious since the preceding Wednesday. A diagnosis of septicæmia had been made.

Autopsy revealed a mass of intestines glued together by plastic exudation, and forming part of a cavity that encysted a quantity of pus, which lay in the region just behind the pubes. A bit of hardened nonnucleated fecal matter was found in the pelvis, but the point of perforation was not made out.

The pus was incysted in such a way and in such a position that it was impossible to have reached it from without.

He thought the localized peritonitis due to the presence of the foreign body that must have been there for some time.

Dr. N. G. Kierle asked Dr. Tiffany to describe in detail the appearance of the appendix cæci.

Dr. L. McLane Tiffany could not do so, as he did not do the autopsy himself, and the dissector had cut the appendix off. The dissector did not find an opening in its walls. From what he could make out, Dr. Tiffany thought the appendix the point of origin of the abscess, which in time arose from the necrosis of the appendix walls.

Dr. N. G. Kierle thinks too much stress is laid upon the presence of foreign bodies in the appendix cæci. The histology of this tissue indicates the probability of its taking on an idiopathic form of inflammation. Many of these cases respond favorably to treatment.

Dr. I. E. Atkinson thinks the presence of hardened fecal matter in the vermiform appendix a common observation, and they do not always give rise to perforation. The diagnosis is not always possible, but many of these cases indicate their nature by swelling and pain over this region. There is likewise an œdema of the neighboring soft tissues consequent upon the ulcerative process.

He don't consider the sudden appearance of tumors in this region always an indication for operation. Many of these cases recover under therapeutic treatment.

The diagnostic points in perforation of the appendix he thinks are pain in the locality for a few hours, collapse, and a general or localized peritonitis.

He thinks where operative procedures are resorted to, that chances for success are proportionate to the promptness of the surgical aid.

Thinks many cases of perforative appendicitis can be saved by early and judicious operation. He believes that perforation does sometimes occur without proving fatal.

Dr. N. G. Kierle: Fitz considers perforation of the appendix cæci one of the most fatal of accidents. If the irritating particle is in the cæcum or in the ascending colon, the anatomical arrangements of these parts permit of two results: either perforation into the peritoneal cavity, or abscess in the cæcal tissues. He has seen fatal results from asthenia in patients in whom there was a slowly growing abscess in these tissues. These cases may go on without any peritonitis whatever. But in the appendix we have a different arrangement of the parts. Here this bit of intestine, over the whole of which the peritoneum is reflected, hangs directly within the peritoneal cavity. Perforation or inflammation can not, therefore, occur in its walls without involving the peritoneum, with production of more or less of peritonitis.

Dr. L. McLane Tiffany thinks the points made by Dr. Kierle very important. Thinks the anatomical arrangement of the parts makes a great difference in the pathological possibilities. If operation is to be done after perforation, it should be instituted immediately after the patient reacts from the collapse.

He don't advocate operation in all cases. Thinks the fatal results in abdominal sections often due to the handling of the intestines.

In perityphlitis we have time to wait. In appendicitis action must be prompt.

EDITORIAL DEPARTMENT.

PERISCOPE.

Calendula.

Dr. R. G. Reynolds thus writes in the *Pacific Med. and Surg. Jour:*

This plant, the common marigold of our gardens, has been used as a medicine for a great number of years. It used to be considered anti-spasmodic, sudorific, deobstruent and emmenagogic, and was given in low forms of fever, jaundice, amenorrhœa, etc. But its effect in any of these complaints was very uncertain, if of any benefit whatever, and so it gradually fell into disfavor and disuse. The 14th edition of the U. S. Dispensatory gives it a place and a very short notice in the list of unofficinal remedies, and the 15th edition, being more favorable to its claims, places it in the officinal list, but has nothing to say in its praise. It says in the days of therapeutic darkness, it was thought to have medicinal virtues which have faded into oblivion in these latter days of light and knowledge. It barely mentions that a tincture is made from it which is used as an embrocation, to which it is gracious enough to ascribe healing powers about equal to simple alcohol. So if we had no other encouragement for the use of the plant than the U. S. Dispensatory, we would be likely to give it a wide berth.

In 1868 Dr. A. Livezay published a paper in the Medical and Surgical Reporter of Philadelphia, stating that he was in the habit of using a strong tincture of the flowers as an application to incised, lacerated and contused wounds, and invariably found it to have a curative influence, preventing inflammation and suppuration, and promoting the healing of wounds by first intention when the wound was properly adjusted. Since then there has been occasional favorable mention of it by writers in the medical journals, and it began to grow more in favor the more it was tried and written about. My attention was first called to it about the year 1880, by some writer whose name I forget, and so favorable an impression in its favor as an embrocation was made on me that I determined to give it a trial. I know of no better way to emphasize its virtues than give the history of a few cases wherein it has proved to be a remedy most potent for good.

The first case in which I remember of giving it a trial was that of G. G. Murdoch, who came to me with a deep lacerated wound in the palm of the hand, produced by the head of a horseshoe nail being plowed through the hand by a vicious horse. The wound was very ragged, and about as unfavorable one to expect to heal by first intention as it is possible to conceive of. I thought this a good case to try the virtues of calendula. I made a tincture from the fluid extract made by Parke, Davis & Co., by adding three parts of alcohol to one of the extract, and after adjusting the wound carefully, and securing it with adhesive strips, I covered it with lint saturated with the tincture, and gave him particular orders to never allow it to get dry, but keep the lint constantly saturated with the tincture. He followed the instructions carefully, and in ten days he presented himself with the wound perfectly healed, and informed me that not one drop of suppuration had taken place. I considered this remarkable, considering the ragged character of the wound.

Another rather important case was that of Thomas Tallman, who, in a fight, received a knife wound in the face. High up on the temple in the edge of the hair the knife was thrust in to the bone, and then drawn down close by the eye through the cheek, clear down to the middle of the chin. The cheek lay open fully an inch, and he presented a ghastly spectacle. I adjusted the wound very carefully, and secured it with interrupted sutures, and applied a decoction of calendula made by diluting the fluid extract with three times its bulk of water, with instructions to keep the wound constantly covered with lint saturated with the solution. In fifty-six hours I removed the sutures and found the wound well united by first intention, and in less than two weeks he was around well, not a drop of suppuration had taken place except high up in the temple where a small artery was cut, and I had to apply Monsel's solution to arrest hemorrhage. The consequence was, that the wound, though a desperate one, healed almost without a scar, a very narrow red line being all there is to mark the track of the knife, a very important consideration to the patient, as the wound was in such a very prominent place.

But a much more important case occurred in the summer of 1885. One night, while peacefully sleeping, a man rushed to my door and commenced ringing the bell as if he were turning the crank of a coffee mill, and on my answering, he told me to hurry up to the saloon, as James Purkerm had just shot his brains out. I thought of his brains were shot out there was no great need for haste on the part of the surgeon, as I knew of no way by which I could return them to the cranium, so that they might again perform their functions. However, I dressed as quickly as possible and started up, not thinking it was worth while to take my medicines with me. On the way I met another messenger calling on me to hurry up, as he was still living. I then turned back, and getting my medicines hastened to the scene. I met a ghastly sight. The man was lying on the bed in a pool of blood; a bullet from a 44 calibre Colt had entered the face just in front of the left ear, half an inch below the line of the eyes, and ranged upwards and forwards, emerging through the right eye, and obliterating the eye-ball. He was unconscious and very weak from the shock and loss of blood. He would only regain consciousness when the stomach would become overloaded with blood and had to be vomited, which would take place about every half hour. The pulse at times would flicker, and I thought sometimes the end was just at hand. But towards morning he began to show signs of rallying, and I concluded I was after all going to have a case to treat. I then prepared an infusion of calendula, one part to three of water, and kept both wounds carefully covered with the wet lint, and enjoined constant watchfulness so that they would not be allowed to get dry. I visited him twice daily, but never found any cause to change the treatment. Fearing I would run out of the medicine, I ordered by express six bottles from San Francisco, and received them with the information that that was all that could be found in the city, and this is probably the main cause why you are afflicted with this paper. I concluded that if such a small stock was kept in San Francisco, surely the profession did not appreciate its virtues. In ten days I had him sitting up comfortably, and so far not a drop of suppuration from either wound after he commenced sitting up; there was one day the attendant had permitted the bandage supporting the lint to bulge out, and the wound to dry, and a superficial suppuration immediately began in the wound in the cheek. I carefully squeezed out the pus and filled the wound with the mixture, and enjoining more care in future, there was no more of it.

In three weeks he was riding around, discharged and well, and but for the loss of his right eye, apparently as well as before he received the wound.

I consider this case peculiarly interesting on account of the size of the ball, the closeness to the brain, the spongy character of the bones penetrated, and the destruction of the eye. I firmly believe that had this wound been permitted to heal by the old method of suppuration, blood poisoning would have been inevitable, and the well eye would have been also in great danger from sympathetic inflammation; so that I consider the man owes his life entirely to the flower we thought so pretty in our boyhood days, the golden marigold.

Obstacles to Fecundation.

The *Med. Age* says: The perpetuation of his species is one of the most imperative duties which man owes the state. While in some instances this duty is so religiously observed as to have won to the teachings of Malthus many adherents, the devices of the brothel have been so freely introduced into classes of society which stand most in need of multiplication, as not only to have practically nullified the divine decree to multiply, as far as they are concerned, but also to have excited in the females of the same an amount of disease which has made gynecology one of the most profitable of the medical specialties. In the majority of instances of sterility the exciting cause has been the means which were employed early in the married life to prevent conception until "a more convenient season," when the desire and cares of society should be less keen, or, possibly, when the state of domestic finances should better afford the expense of a family. The majority of the cases which consult the physician for the relief of sterility are traceable to these causes. Nature having been thwarted for a number of years, refuses to respond to the desire when children are wanted. The physical condition in these cases is found to be chiefly a catarrhal condition of the uterus. In a report of one of Prof. Pajot's lectures given by Dr. Thomas Linn, Paris correspondent of the *Philadelphia Medical Times*, it is stated that of twenty couples who consult the physician because of sterility, ten or twelve of the women will be found to have uterine catarrh, due, doubtless, to the cause above mentioned.

The Professor gives also an analysis of the other causes of sterility. Among others is the narrowness of the external orifice of the neck of the uterus, this narrowness being usually associated with a peculiarity of form, the uterus having the "top"-shaped os, or the conical os of Sims.

The third most frequent obstacle is the one most talked of by charlatans and ignorant medical men—they are versions and flexions. The normal uterus presents a certain degree of anteversion nearly in the axis of the superior strait. If this is exaggerated, there is an anteversion; the contrary state is retroversion, and the lateral inclined is lateroversion. Pregnancy brings a light lateroversion, the neck being on the left side. Flexions are much the same in name; but it is curious, says Pajot, that the versions are greater obstacles than the flexions. That certain kinds of apparatus may give comfort is possible in these cases, but as to real cures they are all useless. He does not speak at present of prolapsus. We don't cure these deviations, because they are not maladies; they are infirmities. These women are no more ill than a person who is left-handed, unless there is also a catarrhal state, or a congestion, or an ulceration. Many women have a deviation without knowing it. It certainly very often constitutes an obstacle to fecundation—one reason being that the *cul-de-sacs* formed make a false route for the male organ, and complicate the difficulty of fecundation.

Acidity of the vaginal mucus seems also to be a cause of the rapid death of spermatozoa. During the last twenty-five years Pajot arrived at a very different conclusion relating to the frequency of fault in the male, than obtained previously, which will astonish you as well as it did me. More than ten years ago he found the proportion of husbands who were the obstacles to fecundation rise to seven in eighty cases. In late years in some four hundred cases in which he examined the seminal fluid, he found one hundred in which the husbands were at fault and the cause of the sterility.

In regard to treatment Pajot has the following which, to say the least, has some novel features: For the catarrhal states, use emollient injections for the first few days, to allay any congestion, and then during the inter-menstrual period—that is to say, not less than ten days nor more than fifteen after cessation of the menses—practice internal cauterization of the uterus, both the cavity of the neck and the body. Use for this purpose my porte-caustic mounted on very flexible whalebone, that cannot perforate the uterus. Professor Richet uses a solid metal one; but in his hands any instrument will do; don't fancy it will do as well in yours. Place powdered nitrate of silver in the little cup, close it with some unguent, and penetrate slowly into the uterus, empty the cup, and the operation is over. If you still fear the porte-caustic, use these little whalebone sticks, which are mounted solidly with a little cotton, carefully wipe out the mucus to get at the real surface, wet the cotton with a little water, and rub it in powdered nitrate of silver, forming a sort of paste, which you can paint over the surface easily. Keep the woman in bed three days or more, and continue emollient injections, and follow them with astringent ones. As to the narrow conically-necked uterus, the best treatment is *dilatation*. I do not believe in Sims' American divider, composed of two blades that are introduced, opened, and drawn towards you, as I have seen fatal results in two cases from its use. No; dilate gradually and largely the *external* orifice only; for, as the other gives passage to the menstrual flux, it will allow the spermatozoa to pass.

I wish now to teach you some therapeutical measures that I think have never been mentioned by any one. When you are advising a woman who has a deviation, see the husband apart. If she has an anteversion, tell her to prepare for the sexual act by not urinating for five or six hours beforehand, if she wishes to have children. If it is a retroversion, advise as follows: After the monthly period she must eat plenty of eggs and rice, and take a small pill every evening for three or four days (the pill is simply two and a half centigrammes watery extract of opium). During these days she must resist defecation and perform the sexual act. This device is based upon anatomical and physiological facts, and will often succeed in removing these obstacles to fecundation. In one case the full bladder pushes the body of the uterus up, and in the second the full rectum corrects the deviation for the moment.

To give further indications, the professor related the case of a patient who had a left lateroversion, making one of the false routes he talks of. Upon questioning the husband adroitly, he found that the conjugal act was performed in the usual classical manner—dorsal decubitus, in fact—and advised a change by placing the wife on her right side; conception followed and the woman had eventually five other children.

With these different methods he also advises sterile people to have connection *only* about the menstrual period, a few days before and after, and never at other times. As to the husbands with no spermatozoa or with insufficient ones, he advises gymnastics, fencing, swimming, velocipedes, walking, etc., exercise of the inferior members, good living, and continence.

Disseminated Myelitis Accompanying Measles.

The intricate intermixture of disturbances of the nervous system in fevers is receiving wider recognition, and last Tuesday Dr. Barlow brought forward at the Royal Medical and Chirurgical Society (*Brit. Med. Jour.*, November 13,) a case in which acute myelitis had come on during an attack of measles, and proved fatal on the eleventh day. The very scanty record of cases with similar symptoms dates back to James Lucas in 1790, but the pathology has hitherto been an absolute blank. Bergeron, who had one of the very few fatal cases in 1868, could find nothing abnormal after death. The pathological changes in Dr. Barlow's case were excellently illustrated by microscopical specimens and photographs, showing the intense vascular congestion of acute myelitis. Scattered spots were to be seen in the medulla affecting the hypoglossal and vagus nuclei which had shown their presence in life by the patient's inability to control the tongue, to speak distinctly, or swallow easily. That the nervous symptoms were a part of the measles, and not a chance coincidence, cannot be doubted, when any careful survey is made of the concurrence of similar symptoms with exanthemata and acute fevers. The striking and classical essay of Gubler, in 1860, first made that plain, and the subsequent collections of Landouzy and Arenfeld have reinforced it. Westphal's critical genius for a time illumined the subject and drew fresh attention to it, showing in 1872 the special tendency of small-pox towards nervous complications; in England, except after diphtheria, the point has been little noticed. Dr. Wilks's wide experience supplied only one case of nervous lesion (paraplegia) following upon small-pox. Dr. Barlow referred also to two cases of nerve-lesion in small-pox affecting speech, published in the last volume of the Clinical Society's Transactions by Drs. Whipham and Myers. They were not fatal, but it seemed likely enough, from the symptoms in life, that there was in them affection of the hypoglossal nuclei among others, as there was in Dr. Barlow's case. The nervous symptoms appeared in one of them at least as soon as the eruption, and so made the term sequela a little inexact, as perhaps it would have been if Dr. Barlow had used it, for Dr. Poore was careful to point out that the pain over the breastbone, which might be considered perhaps as a symptom of dorsal myelitis, appeared at least as early as the preliminary *malaise* of measles, and that the myelitis was at least concurrent and not consequent. Similarly in a case of Dr. Whipham's, a muscular ataxy, which was mistaken for drunkenness, was noticeable just before the eruption of variola was plain. A case which Dr. Cheadle mentioned (at present in the Great Ormond Street Hospital) of cerebro-spinal meningitis, immediately consequent on measles, was very much to the point, though, perhaps, it may be as well to remember Dr. Wilks's warning that some meningitis, even under such conditions, may be tubercular. Dr. Ormerod showed the variety of forms which the nervous symptoms take by relating three cases in the same family in which measles had been followed, after a clear interval, by a form of infantile paralysis with some points of resemblance to what Prof. Charcot and Dr. P. Miear have described in the *Revue de Médicine*, Feb., 1886, under the title of "A Special Form of Progressive Muscular Atrophy." In the French essay the tendency of the disease to run in a family is especially enforced, and Dr. Barlow was able to call to mind a similar condition.

The discussion on the whole showed a wide-felt interest in the subject, and a disposition to fill up some of the large gaps that are still left in our knowledge.

Dental Anæsthesia; Cocaine.

The Paris correspondent of the *London Lancet* says:

"M. Georges Vian claims to have solved the problem of local anæsthesia in dentistry. After numerous trials of solutions of different strengths, he has found that the soft parts about the maxillæ may be rendered completely insensible by the use of cocaine, associated with a two per cent. solution of carbolic acid. Five minutes before operating M. Vian dissolves five centigrammes (one grain) of hydrochlorate of cocaine in fifty centigrammes (ten drops) of the solution, and injects it into the gums, half-way between the neck and the extremity of the root of the tooth. Half of the solution is injected on the palatine and the remainder on the labial side, pressure being made by the finger, when the needle is withdrawn, to prevent the exit of the fluid. Anæsthesia is perfect in three minutes. The quantity of cocaine advised by M. Vian seems somewhat large, but it is said to have been so used in eighty-seven cases without causing any unpleasant symptoms. *Apropos* of cocaine, the *Semaine Médicale* gives some particulars of the fatal accident which led to the suicide of Professor Kolomnine. The professor had decided to perform an operation for the removal of tubercle from the rectum of a female patient, and inquired of his colleague, M. Lousehinsky, what dose of cocaine he might administer. The answer was that the maximum was two grains. Upon consulting special treatises, however, M. Kolomnine found that thirty cases of anæsthesia were recorded in which the quantity given had varied between six and ninety-six grains. In a similar operation to that he proposed to perform, a French surgeon had given forty-eight grains. In consequence of these references it was decided to employ twenty-four grains, which were introduced into the rectum by instalments. About half an hour after the operation the first symptoms of poisoning appeared, and notwithstanding the administration of nitrite of amyl, hypodermic injections of ether, oxygen, and artificial respiration, etc., the patient succumbed. Hypodermic injections of morphia do not seem to have been tried, and I do not know whether they have been recommended in cases absolutely similar to this. I may mention, however, that I have seen symptoms of cocaine poisoning in subjects of morphia habit removed instantly by a hypodermic injection of morphia, and in one case five grains of cocaine had been taken hypodermically within ten minutes, and I have frequently seen the same antagonistic effect produced by a small quantity of cocaine in an overdose of morphia. It is also regretable that strychnia was not tried in this case, for the experiments of Dr. Bignon having shown that cocaine is its physiological antidote, it is quite possible that the antagonism may be reciprocal. Dogs poisoned by strychnia to the extent of one milligramme (a fiftieth of a grain) per pound can always be saved by keeping up cocaine intoxication until the elimination of the strychnia."

Unique Case of Dislocation of the Ribs.

Dr. Fifield reported the following case to the Boston Society for Medical Observation:

A boy about eight years old, standing near a peddler's wagon, was thrown down by some children underneath the hind wheels of the wagon, the horse started forward, and the wagon wheel went over the child's chest; over the left chest in front. Perhaps half an hour after this I saw him. There was then a dislocation of some three of the ribs (I don't remember the exact ribs) near the region of the heart; a dislocation forwards, the cartilages of the ribs lying behind, the ribs projecting in front. The child was described as having been very blue, livid, and gasping for breath, shortly after the accident. When I saw him he was breathing with considerable ease, but upon any attempt being made to push the ribs backward into their places, he again grew livid, and respiration threatening to cease, I was obliged to desist from my endeavors. I think I tried twice in this way, and on each occasion the interference with respiration made me let him alone.

There was obviously no way of placing the cartilages in any position, except by cutting a hole, and putting the hand in. I advised to have him left entirely alone, hoping that this would restore the position. The following day the projection of the ribs was not so noticeable, and within three days the projection had almost entirely disappeared, and the cartilages had resumed very nearly their natural place. Upon consulting all the works on surgery in my library, I could find no allusion to this accident, except in one of the volumes of external pathology by Barnes, and some person associated with him. In that work it speaks of the dislocation of the ribs forward, the cartilages being placed behind. It states that there is no well authenticated case on record. But one case is cited, and it is cited with expressions of disbelief in the occurrence of the accident, and the narrator is thought either to have drawn upon his fancy, or that the case was so ill-observed that it was unworthy of any notice. I certainly have not ever seen it in the best works of English surgery. I find not the slightest allusion to any such accident.

The Alkaloids of Jaborandi Leaves.

Professor Harnack, of Halle, and H. Meyer, in some previous publication (*Annalen der Chemie*, vol. cciv., p. 67), pointed out that pilocarpine could easily be changed into jaborine, a substance acting like atropine, and Merck even claimed that jaborine was always present in minute quantities in the commercial pilocarpine. And still another alkaloid besides pilocarpine and jaborine has recently been obtained by Meyer, which he termed pilocarpidine, and described in the *Archiv für experimentelle Pathologie*, 1886, vol. xx., Nos. 5 and 6. Omitting the chemical properties of the new alkaloid, which approximate those of pilocarpine closely, a writer in the *Therapeutic Gazette* briefly reviews its principal physiological features as follows: The action of pilocarpidine is essentially identical with that of pilocarpine, only less pronounced. In a cat seven weeks old, which received 0.01 gramme of pilocarpidine hypodermically, the drug induced a state of intoxication, which would have been fatal unless speedily counteracted by atropine. Among the more prominent symptoms of the poisoning by pilocarpidine, Meyer mentions increased perspiration and lacrymation, besides diarrhœa, vomiting, and dyspnœa. In rabbits pilocarpidine causes likewise salivation and diarrhœa, but does not, even in doses of 0.2 gramme (3 grains), susceptibly influence the respiratory and cardiac functions. While 0.1 gramme of pilocarpine (1½ grains) produces in a rabbit a profound intoxication and death, Meyer observed, after the subcutaneous employment of 0.5 gramme (7 grains) of pilocarpidine, no materially morbid symptoms; even 0.3 gramme (4½ grains) introduced directly into the circulation caused no intoxication. It is probable that the innocuousness of the drug results from its rapid decomposition in the animal organism. In frogs pilocarpidine showed likewise a much weaker action than pilocarpine. Jaboridine (an alkaloid into which pilocarpidine is easily changed) has hitherto, by Meyer, been tested exclusively on the frog's heart, and was found to closely resemble in its physiological properties those of jaborine and atropine, as intimated above.

The Influence of Cascara Sagrada on the Digestive Secretions.

The virtues which were discovered in cascara sagrada, through the empirical use of the drug, were so pronounced as to attract to it the attention of the physiological experimenters; and although nothing new has been recently advanced, the evidence that the original claims for this tonic laxative were well founded is rapidly accumulating. Dr. Tschelzen, who has studied cascara sagrada experimentally, has arrived at the following conclusions, which he publishes in the *Journal de Médecine de Paris:*

1. Cascara sagrada is efficacious when a prompt cathartic action is looked for.

2. It acts as a purgative only after it has been introduced into the stomach; when injected into the skin or into the vessels, it does not cause an intestinal evacuation.

3. It does not increase the salivary secretion.

4. It causes an increase of the secretion of the gastric juice which is often contined during the process of digestion; it increases also the biliary and pancreatic secretions.

All these effects have been obtained when the remedy has been introduced into the stomach.

When it is injected into the vessels, animals undergo partial and often fatal collapse. The blood-pressure is rapidly decreased, even after partial dissection of the pneumogastric.

Dr. Thompson has employed the extract of cascara in more than 300 cases, administering a dose of 5 centigrams combined with 10 centigrams of berberis aquifolium, in pill form, in the morning and evening, against habitual constipation. The remedy preserves its activity even when its use is continued through several months.

Dr. Landousk has stated that the laxative effect of the powder of the bark can be obtained with a dose of 25 centigrams, and permanent effects are obtained when this dose is given three or four times a day for a few months.

The Treatment of Chorea by Cimicifuga.

The *Boston M. and S. Jour.* says:

According to Stillé, Physick, of Pennsylvania, was the first to prescribe the black snake root in chorea. This was as early as 1821. Cimicifuga racemosa was again brought to the notice of the profession as a a remedy for chorea by Dr. Jesse Young, in the *American Journal of Medical Sciences*, September, 1832. Dr. Young prescribed the powdered root in teaspoonful doses three times a day. It was subsequently recommended by Lindsley, Kirkbride, and Eberle.

Stillé considers the utility of cimicifuga in chorea as unquestionable, and in summing up his observations on the remedy, remarks that "the cases most adapted for its use are those in which the nervous derangement is independent of any definite disease in other parts of the body. It must be used in doses of sufficient strength to develop its specific effects, particularly vertigo and confusion of sight."

Dr. Hiram Corson, a veteran Pennsylvania physician, has again called attention in the MEDICAL AND SURGICAL REPORTER to the remedial virtues of cimicifuga in chorea. He affirms that he has used cimicifuga racemosa in every case which has come to him in more than fifty years, "and always successfully in a brief time." He recommends the fluid extract of the dried root in teaspoonful doses after each meal, and a fourth dose at bed-time. Several cases reported by Dr. Corson were all speedily alleviated by the cimicifuga, and in one or two instances the duration of the disease would seem to have been materially abridged.

Dr. Corson is persuaded that none of the other remedies in general use for chorea, not excepting arsenic, have half the value of black snake-root. Its effect is, he thinks, that of a "quieter of the general nervous system," and he has found it in half-teaspoonful doses of the fluid extract a charming remedy for insomnia.

Ringer and Phillips regard cimicifuga as an excellent tonic of the nervous system, and especially suitable for cases characterized by failure of coördination.

Fungus of the Conjunctiva.

At a recent meeting of the Caucasian Medical Society, Dr. Nikolai M. Larïonoff, of the Tiflis Military Hospital, demonstrated (*Proceedings of the Caucasian Medical Society*, No. 21, 1886,) a patient, in whom, about two weeks before, there had appeared fungus of the palpebral conjunctiva, and, two or three days later, also of the tongue, buccal cavity, fauces, and urethra (near the external orifice). The general health of the man was at first quite satisfactory, but subsequently, when the oïdium albicans affected his mouth and fauces, he commenced to lose flesh, since he could not eat in consequence of painful swallowing. This is the third case of conjunctival fungus which has come under the author's observation within the last five years. Only one of the patients was in bad general health (weakened by chronic pneumonia). In all, the fungus appeared within a short time, in the buccal cavity and fauces. In one (in the weak one) it developed also on the glans penis. Dr. Larionoff is surprised to find that none of the text-books contain any mention of the disease in question. His surprise is the more justifiable, as fungus of the conjunctiva belongs to severe ocular affections leading to cicatricial degeneration of the ophthalmic mucous membrane, with subsequent lesion of the cornea. Dr. Mikhail J. Reich, of Tiflis, has also met several cases of that rare disease in debilitated adult subjects confined in prison, and in weak children imprisoned in reformatory schools. He never saw, however, any spreading of the fungus from the conjunctiva to the mouth or urethra.

Vomiting During Pregnancy Cured by Artificial Alimentation.

Dr. Brünniche, in the *Nordiskt Medicinískt Archiv.*, relates the case of a woman who was in the hospital for two months with cardialgic symptoms. She had pain, particularly in the left side of the epigastrium, which was diminished by pressure. She could retain no food, not even milk, and sometimes vomited blood. Urine normal; no fever; temperature 37°. She was treated for a time for gastric ulcer. No symptoms of pregnancy could be found by external examination. The patient became greatly emaciated, vomited everything, and was greatly reduced after sixteen days. Strong suspicions of pregnancy were now entertained, and Dr. Brünniche determined to try artificial alimentation. A sound was introduced into the upper part of the œsophagus and milk poured through it. Other nourishment was also administered in the same manner. An attempt to dispense with the sound brought on another attack of vomiting. Artificial alimentation was therefore continued for three weeks. At the end of this time the woman had entered on her fourth month; she began to take food, and entirely recovered. Dr. Brünniche remarks that he got the idea from the treatise of Dr. E. Bull.

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OF

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EFFECT OF CURARE AND STRYCHNINE ON THE PERCENTAGE OF GLYKOGEN IN LIVER AND MUSCLES.

It is a well-known fact that diseases in which sugar appears in the blood have a peculiar influence on the muscles. Persons suffering with diabetes mellitus, though apparently becoming stronger by increasing their weight through the accumulation of adipose tissue, always experience a decided weakness in the muscles. It was thought that the presence of sugar had the influence. To determine the question, Dr. Demant (*Ztsch. f. Physiol. Chemie.*, Bd. x., H. 6,) instituted a series of experiments which led to the following deductions:

Strychnine in toxic doses rapidly produces a total disappearance of the glykogen in the liver and in the muscles. Similar, also, is the action of smaller doses not producing tetanus.

Curare, developing a state of complete rest in the motor system, being, therefore, the opposite in action to strychnine, also leads to a rapid diminution of liver- and muscle-glykogen, when administered in toxic doses. Neither the decrease in temperature, which the animals experimented upon always experience under the influence of curare, nor the dyspnœa caused by the latter, could explain its action, as artificial respiration and sustaining the bodily temperature by special means had no effect whatever. Another interesting phenomenon accompanies the poisonous action of curare; all the animals which were brought under its influence were attacked by diabetes. Curare, as is well known, also produces retardation in the lymph current, and according to Schiff, this gives rise to the formation of a ferment which separates the glykogen into its elementary constituents.

INFLUENCE OF MENSTRUATION ON THE PULSE.

According as the vis a tergo changes in unison with our position, the pulse-rate varies, whether we sit, stand, or lie down. Such at least is the case in health. The knowledge of this fact is of practical value in the examination for life insurance. Any emotion, especially in nervous persons, will at once increase the frequency of the pulse, and to determine whether in a candidate for life insurance the frequency of the pulse is due to a transient cause or to disease, all that the physician has to do is to let the applicant lie down for a few minutes, when the pulse will at once become slower and assume its normal rate, provided there is no lesion of any kind producing the increased frequency, for then the pulse will remain the same as when standing. Hypertrophy of the heart induces greater rapidity, *not* influenced by position.

An interesting observation referring to this point has recently been made by Dr. F. Louge (*Gaz. des Hop.*, 1886, No. 147). He found that women, while menstruating, all have a pulse more frequent than usual, and no position, whether they lie, sit upright, stand, or walk, seems to exert the least influence on the pulse-rate. According to L. this is due to the altered blood-pressure always present during the menses.

ICHTHYOL.

That there really is some decided virtue in ichthyol has now been proved by extensive observations, which were made in the Charité Hospital at Berlin.

The remedy exerted a great influence in all forms of rheumatism, lumbago, gout, neuralgias, contusions, hemorrhages, burns, in case of pityriasis, seborrhœa, ichthyosis, eczema, lichen, prurigo, pruritus, herpes, acne rosacea, psoriasis, erysipelas, furunculosis, lymphangitis, panaritium, lepra, and also in some acute exanthemata. It acts as a disinfectant, contracts the vessels, and is astringent and drying, and may be used without danger for a long time externally and internally. As a rule, ten to fifty per cent. solutions or salves are employed; also ichthyol wadding, plaster, soap; internally capsules containing ten per cent. solutions of the remedy in ether, alcohol, glycerine, or water, and about eight to fifteen drops, or pills.

The remedy can now be obtained here in its pure state and at a reasonable price, and should be tried to determine whether it will act here as well as in Europe, though one observer remarked some time since that under certain climatic influences the remedy did not act so well. Probably it was adulterated.

INTESTINAL LESIONS PRODUCED BY DRASTICS.

From experiments which Dr. L. Butte made with colchicin, veratrin, croton oil, and colocynths on dogs, he has come to the conclusion that these substances, though they all lead to enteritic and ulcerative processes, each has certain characteristics of its own, which if known may be of value in forensic medicine. Colchicin causes active and extensive hyperæmia of the intestinal mucosa, veratrin acts less energetically, and its influence is limited to the duodenum and the upper part of the jejunum; the ulcerations produced by colchicin are small and round, those of veratrin larger and not so sharply rounded. Croton oil induces a dark redness in the intestinal mucous membrane; the submucous tissue is covered with wide, black ecchymoses, but the large intestine remains intact. Colocynth produces a moderate congestion, and small and superficial ulcers, while the large bowel becomes intensely inflamed.

Uræmia and dysentery develop conditions very similar, and it is, therefore, doubtful whether B.'s observations alone have any forensic value.

NOTES AND COMMENTS.

Renal Irritation from Pure Terebene.

A correspondent writes to the *Brit. Med. Jour.* to ask his professional brethren whether they have ever noticed severe nephralgia and other evidences of renal irritation follow the use of "pure terebene." He has lately had under his care a case of bronchiectasis, in which he tried all the stock remedies, such as creasote, eucalyptol, iodine, phenol, iodoform, tar, sandalwood oil, and lastly "pure terebene," to try and diminish the secretion and lessen the almost gangrenous odor of the sputa. He thinks he may safely say that they all practically failed to accomplish what he intended, even though the doses were pushed. "Pure terebene" was the last experimented with, and when the patient was taking from 20 to 25 minims four or five times during the twenty-four hours, he suddenly developed most intense nephralgia, the urine became scanty, high-colored, and distinctly albuminous. There had been traces of albumen before, but it was distinctly increased at this. There was no reason to suspect renal "colic" due to other causes. After the lapse of three weeks "pure terebene" was again begun to be taken, and as the doses were increased to the same quantity as before, a repetition of the nephralgic symptoms occurred, but less marked than before, and gradually a tolerance was established.

On a New Method of Performing Excision of the Knee-Joint.

Mr. H. Allingham read a paper on a new method of performing excision of the knee-joint, before the Medical Society of London. The joint was opened by a long vertical incision, and the patella divided into two lateral halves, which, together with the soft parts, were slipped to the sides of the joint; the crucial ligaments having been divided, the joint was firmly flexed, and a slice removed first from the femur, and then from the tibia; the lateral ligaments were not divided. The whole surface of the joint, and the synovial pouches, were then cleared of synovial membrane; the patella, if only slightly diseased, was scraped, and the two halves brought together and sutured; if much diseased, it could be shelled out of the entire quadriceps tendon without destroying the connection of the muscle with the ligamentum patellæ, and the split tendonous expansion, together with the split ligamentum patellæ, could be brought together with catgut sutures. Drainage-tubes were inserted through suitable posterior counter-openings, and the wound closed with separate sutures. The operation must be performed with antiseptic precautions. Mr. Allingham claimed that by this procedure the joint was more thoroughly opened to inspection at the operation; that dislocation of the tibia backwards after the operation was prevented; that the undivided quadriceps antagonized the hamstrings; that progression was better for the same reason, and that the prospect of obtaining movement was greater.

Sounding Pregnant Uterus.

Before the St. Louis Medical Society, Dr. Hulbert related an instance to illustrate the immense amount of abuse a pregnant uterus may stand. A woman was admitted to the Female Hospital with uterine trouble, who, amongst other things, had been subjected to the introduction of the uterine sound. She was insane, her delusion being that she was extremely filthy. Her husband declared that she could not be pregnant. An examination disclosed a large bilateral laceration of the cervix. After waiting one month the doctor was satisfied that she was not pregnant, and with a hope that a cure of the lacerated cervix might cure her insanity, he operated, denuding freely, and passing a sound several times into the uterus. He introduced ten sutures. In ten days he removed the sutures, finding a very satisfactory union. In eight days more, the eighteenth after the operation, the patient aborted, and was safely delivered of a fœtus of three months.

Resection of Lung and Removal of a Kidney.

M. Demons read an interesting note at a recent meeting of the Paris Surgical Society. An adult was stabbed between the ninth and tenth rib. A portion of the lung-tissue protruded, and formed a mass about as large as an apple; the same day the patient passed blood with his urine, indicating a wound of the kidney. M. Demons resected, by means of the écraseur, the hernial portion of lung, and applied the thermo-cautery to the surface. Some days after the operation, there was purulent effusion on the left side of the thorax; chemical analysis of the fluid proved it to be principally urine. It was decided to remove the kidney. Nephrectomy was performed in the lumbar region; the twelfth rib made the operation more difficult; but M. Demons, remembering M. le Dentu's opinions, carefully avoided cutting it. The pedicle of the kidney was divided, and carefully ligated. The wound was sutured with metallic threads; reunion took place by first intention, but two months subsequently a mass of cellular tissue sloughed away and opened the cicatrix. It is now six months since the operation was performed, and recovery appears to be perfectly established.

The Purity of Mid-Atlantic Air.

In the course of an address on the Action of Micro-Organisms on Surgical Wounds, Professor F. S. Dennis, of New York, states that during his last trip across the Atlantic he made some experiments to test the purity of the air about 1000 miles from land. He employed capsules of sterilized gelatine, and exposed them for fifteen minutes. One capsule was exposed in the state-room upon the main deck of the steamer. Within eighteen hours over 500 points of infection had developed. Two capsules exposed in a similar manner in a cabin on the promenade deck, where the circulation of air was free, showed five or six points of infection each ten days afterwards. A capsule exposed over the bow of the ship was found to be entirely uncontaminated. These experiments are on the same lines as those of Pasteur and Tyndall upon the mountain air of Switzerland, and, so far as they go, they show the germless condition of mid-oceanic air, and also the need for much more efficient ventilation in the state rooms of even the first-class American liners.

+ Med & Surg Reporter

Borax and Epilepsy.

In the *Med. Age* Dr. C. T. Wilbur says: A boy, about 14 years of age, was brought to me March 2, 1886, for treatment, who had, for about two weeks after coming to me, from one to six convulsions each day. I then put him on about fifteen grains of borax, three times a day. Have kept it up constantly in the same dose after each meal, and he has not had a single convulsion since—a period of a little over six months. With a liberal diet the same boy has gained thirty pounds.

Another lad, of the same age, apparently from the use of the same remedy, has had but one attack of convulsions, and that resulted, in my judgment, from an attack of a malarial fever, which yielded readily to quinine.

Other cases of epilepsy in my care, I confess, have not yielded to its use.

I only wish to express my opinion that it appears to be of value in some cases.

Poisoning by Cocaine.

Mr. Kilham related before an English medical society the case of a male, aged 30, who took 4⅘ grains of hydrochlorate of cocaine. In twenty minutes he was seized with a severe pain in the stomach and throbbing in the head, loss of sight and of power in the legs, with incoherence of speech and confusion of ideas. Severe vomiting followed, with cramps in the stomach and legs, very profuse perspiration, intermittent action of the heart, cyanosis of the face, and a feeling of suffocation; then ensued severe prostration, shiverlng, and coldness of the skin, which passed off in about three hours, but prostration and vomiting lasted all the next day. Thirty-six hours after taking the cocaine he began to lose taste, and had a leathery feeling in the mouth, and tingling of the fingers. The treatment consisted in emetics and stimulants.

Lanolin Mercurial Ointment.

Dr. Bernard Brandis, of Aachen, in his work "Principles of the Treatment of Syphilis," writes thus: "I must also mention the mercurial ointment brought forward by Professor O. Liebreich, of which the basis is formed by lanolin. This salve is thus prepared: 100 parts of mercury, 25 of lanolin, and 5 of (grey) mercurial ointment, are rubbed together thoroughly, and then mixed with 50 parts of mutton suet, to which, when melted, 175 parts of lanolin have been previously added. An elegant and smooth preparation results, without any disagreeable odor, and the trials of it here detailed speak most decidedly in its favor. Those who use it on patients boast of the ease with which it is 'rubbed dry,' and we may presume that the mercury is rapidly taken up by the skin."

Cotoine in Diarrhœa.

In the Therapeutic Society, July 21, M. Huchard read a note on the therapeutic properties of cotoine, or the extract of coto, a plant found in Bolivia. It is exhibited in the dose of two to three grains for adults in various forms of diarrhœa. It may be given in powder, in the form of an alcoholic extract or as a tincture. The wine of coto may also be made by macerating for six days an ounce of coto bark in a liter of Malaga wine.

M. Huchard gives the coto in powder, preferably in doses of three grains, with markedly favorable results in tuberculous and various other forms of diarrhœa.

The Abuse of Milk Diet.

M. Debove showed a case the other day at a Paris medical society which demonstrated the possibility of pushing a milk diet too far. The man was of very intemperate habits, and had gastric ulceration, for which he was put on a milk diet in a country hospital. At first he took only about two quarts a day, but this quantity was gradually raised to eight quarts. He became greatly emaciated, and was found to have a stomach enormously dilated. The milk was reduced to three pints, and powdered meat added, the stomach being washed out every day. Under this he rapidly improved, scarcely any splashing sound being audible over the epigastrium after meals.

Thuya Occidentalis for Warts.

"Thuya occidentalis" (arbor vitæ) is credited (says the *Medical World*) with the remarkable property of causing the disappearance, in a very short time, of all kinds of vegetations and warty growths, by its internal administration. Many successful cases are reported by French physicians; in fact, it is said to seldom or never fail. It is given in the form of tincture, from ʒss to ʒj two or three times a day. Its action is regarded as quite phenomenal in this direction. Among others, Dr. Constantin Paul reports the cure, within fourteen days, of non-syphilitic warts which covered the genitalia of a woman. It is said to be equally serviceable in the case of condylomata and other similar growths.

Iodoform in Chronic Uterine Catarrh.

Dr. Kugelmann, of Hanover, relates his experience with iodoform, which he was induced to try by its good effects on a nasal and laryngeal catarrh in his own person. His method of application of the drug is by insufflation with a metallic catheter, with lateral openings near its beak, by which the powder is taken up, and, being inserted within the uterus, it is expelled by compressing an elastic ball at the other end. The applications are made twice a week. The method is painless and free from danger, and has been very successful in the author's hands. Previous dilatations by laminaria or other tents, or by metallic dilators, may be necessary.

Absence of Knee Phenomenon in Health.

At a meeting of the Société de Biologie, April 10, 1886, Déjérine reported the case of a tuberculous patient who during life presented absence of the patellar tendon reflex. He never presented any other symptom of locomotor ataxia, no lightning pains, no ocular symptoms, no incoördination, etc. At the autopsy, the spinal cord, which was examined with the greatest care, as also the peripheral nerves, were found to be absolutely normal. This case proves that the patellar reflex may be absent, without any other symptoms or any characteristic lesion of locomotor ataxia being present.

Hydrofluoric Acid in Therapeutics.

In a remarkable thesis on this new subject, Chevy concludes that the vapors of hydrofluoric acid can be inhaled without inconvenience when diluted with air in the proportion of 1 : 1500. It is an antiseptic and a powerful anti-ferment, stopping the fermentation of milk, urine, bouillon, and preserving meat in the proportion of 1 : 3000. Its employment in pulmonary tuberculosis, diphtheria, and as a dressing for bad wounds, has yielded results worthy of further study. Great care should be exercised in its use in asthmatic, hemorrhagic, or emphysematous subjects.

Shortening the Round Ligaments of the Uterus.

Dr. P. Sabil publishes in the *Journal de Médecine du Bordeaux* some very precise directions for finding the round ligaments of the uterus for the purpose of shortening them in cases of prolapsus. He and M. Ricord have made a large number of trials on the dead body, and they have arrived at the conclusion that the Alexander-Adams operation as modified by them will probably prove a valuable means of treating cases of this kind, so as in confirmed cases to supersede the constant wearing of pessaries.

Whooping Cough.

The editor of the *Provincial Medical Journal* reports the following: "We had nine children suffering from pertussis in the Nursery, Halifax Union; we connected a piece of gas tubing with the gas burner, and turned the gas on, and each child was brought sufficiently near so that the gas might be inhaled. We repeated this for some days, and can report most favorably on the results. The intensity of the paroxysms was diminished, and the duration of the disease cut short. The infants recovered without any complications.

To Abort a Felon.

Dr. Edward T. Williams thus writes to the *Boston Med. and Surg. Jour.*:

"Some one asked how to abort a felon. I will tell him how I have aborted a great many, though, of course, this cannot be done except in the earliest stage. Tie a rag loosely around the finger and keep it constantly wet with cold water. It cures often; but probably some more fantastic appliance will better please most patients, and give them a higher opinion of the surgeon's skill."

Infantile Constipation.

Dr. Louis (*Med. Bulletin*) recommends:

℞. Mannæ opt., ʒj.
Magnesii carb., ʒj.
Ext. sennæ fl., ℥iij.
Syr: zingiberi, ℥j.
Aquæ, ℥iij.
M. Sig.—One teaspoonful two or three times daily.

℞. Resinæ podophylli, gr. $\frac{1}{6}$.
Spts. vini rect. ♏xv.
Syrup, ℥j.
M. Sig.—One teaspoonful at bedtime.

Opium in Maniacal Excitement.

Before an English medical society, Mr. B. Walker related a case of an old lady, aged 84, who became so violent that the assistance of three persons was needed to keep her in bed, and preparations for removal to an asylum were made. Eleven hours' sleep followed the administration of one grain of opium. The patient's mind was restored.

Iodol in Gynecological Practice.

Dr. Ménière has used iodol with good results in cases of granular degeneration and erosion of the cervix. He uses a solution containing: iodol, 1 part; glycerin, 15 parts; alcohol, 30 parts. He has also used the solution with equally favorable results in a few cases of muciparous inflammation of the vulva in young lymphatic subjects.

Dialysate of Jaborandi.

It is often noted that we are denied the good effects to be derived from the use of jaborandi or pilocarpine because they produce a nausea that interdicts their use. Dr. Bruen recently told the Philadelphia County Medical Society that the nausea was not produced when dialysate of jaborandi was used.

Pills for Amenorrhœa.

Dr. N. Gueneau de Mussy recommends the following formula:

℞.	Salicin,	1 (grs. xv).
	Pulv. rhei,	0.50 (grs. viiss).
	Confect. rosæ,	q. s.

M. Ft. pill No. x. Sig.—One to three daily.

Gastralgia.

℞.	Tinct. stramonii,	ʒ ss.
	Tinct. hydrastis,	℥ iv.
	Aqua laurorcerasi,	ʒ ijss.

M. Sig.—One teaspoonful in water every four hours.

NEWS AND MISCELLANY.

As Others See Us.

To the *Boston M. and S. Jour.* we are indebted for the following extract:

An entertaining writer in *London Truth* discourses about the "Physician Himself" from the lay point of view. He says: "The easy-going general practitioner, whether in town or country, but especially in the country, has always appeared to me to have a delightful time of it. An income of some £500 to £700 a year, plenty of moving about, plenty of intercourse with all sorts and conditions of men, and the satisfaction of doing a certain amount of good, and (all things considered) not much mischief, and being paid for both—these are the charms of country doctoring. I confess, I like doctors. They are, for the most part, chatty, pleasant, tolerant men, easy to get on with. The fact is, it is their business to make themselves agreeable, and they get into the habit of being so, even with people who are not, and have no intention of becoming their patients.

"Of course, now and then a doctor may find it pay to go in for being habitually rude, and a curmudgeon. Some people—women, I think, more frequently than men—rather like a bear for a doctor. But there is this to be remembered about bearishness: it wants some sort of a reputation to back it. "Rough and Ready" are nags that sometimes go well enough in the medical tandem. But Ready must always go first. A doctor must show himself expert in his business before he sets up to be impertinent out of it. Nobody will put up with impertinence in a young man just starting, and with his spurs yet to win; nobody, that is to say, except the very poor. The very poor and ignorant, I think, like their doctor to be unpleasant, just as they like the medicine to be nasty, and do not believe in it unless it is hard to swallow. When the draught is so horrible that it seems to curdle the soul, then only do they conceive that it "is taking hold," as they say, and will do them good. But although the poor may like the physic to be bitter, and the doctor domineering and rough, these are not the tastes, as a general rule, of the more profitable class of patients. Accordingly, the doctor who means to get on makes it his business to be bland himself, and sees that his prescriptions are as little offensive as the combined resources of chemistry and confectionery will allow.

"A doctor may very easily make a fair reputation and a good deal of money without much knowledge of medicine; for this reason, that the science of medicine is a closed book to the vulgar. When a man dies, none of his friends (unless there chance to be a coroner's inquest) know in the least degree what killed him. And if you call in some great medical gun at the last moment, the great medical gun is sure (indeed, I believe by the etiquette of the profession he is bound) to tell you that your doctor has 'treated the case most judiciously.' On the other hand, when a sick man gets well, no one knows what cured him, and the doctor—who was, perhaps, on the wrong track throughout—gets all the credit. Thus, the best—indeed, almost the only—way in which a doctor can convince his patients that he is wise and knowing in his profession, is by showing them that he is a clever and well-informed man out of his profession. Of his science as a doctor they are not in a position to judge; but, if he talks sensibly about subjects which they do understand—stocks, and shares, and pictures, and last night's debate in Parliament—and has fair luck with his cases, then his patients will trust and swear by him. I remember one very sad illustration of the injury which a doctor does himself who drops behind in his general information. A friend of mine who had married a wife from the county Westmeath (in those days a very 'disturbed' district) came home one afternoon from the stock exchange and found the lady in a terrible state of excitement, piling the fire with pill boxes, and throwing 'the mixture as before' out of the window. On investigation, it turned out that the doctor had called, and in the course of conversation had innocently and casually inquired: 'What is this habeas corpus, can you tell me, Mrs. Blank, which they talk of suspending in Ireland?' To a lady who had grown up from childhood with the habeas corpus perpetually suspended over her like a drawn sword, the ignorance thus displayed was too shocking. Not a drop of that man's medicines, she declared vehemently, should ever pour down the throats of her children. This shows, I think, that the sensible doctor will do well to look into a book occasionally, and to read the morning papers—but, of course, not the leading articles. This is a punishment reserved exclusively for the editor."

The Centennial Anniversary of the College of Physicians of Philadelphia.

The ceremonies attending the celebration of the Centennial birthday of the College of Physicians of Philadelphia which were held in this city in the early part of the present week, were conducted on a scale of grandeur well worthy of the memorable occasion. The ceremonies began on Monday afternoon, with a meeting at Association Hall, at which the President of the College, Dr. S. Weir Mitchell, made an address. In the evening there was a general reception in the college building, and a loan exhibition of portraits and objects of medical interest.

A meeting of the college was held at the college building at noon Tuesday, and Dr. Alfred Stillé, who has been a Fellow since 1842, made an address, giving his reminiscences. The honors of associate fellowship were conferred upon Dr. W. H. Draper, of New York, a son of the great chemist; Dr. R. Palmer Howard, of Montreal; Dr. Hunter Maguire, of Richmond, President of the American Surgical Association; Dr. G. C. Shattuck, of Boston; Dr. J. C. Reeve, of Dayton, Ohio; Dr. T. Gaillard Thomas, of New York; Dr. D. W. Cheever, of Boston; Dr. J. C. Whitaker, of Cincinnati; Dr. Nicholas Senn, of Milwaukee; Dr. H. P. Bowditch, of Boston; Dr. J. C. Cameron, of Belmont Park, Montreal, President of the Medico-Chirurgical Society of Montreal, and Dr. D. W. Yandell, of Louisville. After the conferring of degrees, Dr. J. M. Da Costa made the new association an address of welcome. All the gentlemen who had been chosen for the honor were present, except Dr. Yandell, of Louisville, who wrote that he was too ill to travel.

A DINNER AT THE LEAGUE.

The celebration closed with a dinner in the assembly room of the Union League, Tuesday evening. Dr. Mitchell presided, and passed the massive silver loving cup that was presented to the college last winter by Mrs. Mitchell and Miss Conover.

Among the distinguished gentlemen out of town who were present at the dinner were: Dr. Fordyce Barker, New York; Dr. John S. Billings, United States Army; Dr. Traill Green, Professor of Chemistry at Lafayette College; Dr. W. H. Draper, New York; Dr. R. Palmer Howard, Montreal; Dr. Hunter Maguire, Richmond; Dr. G. C. Shattuck, Boston; Dr. J. C. Reeve, Dayton, Ohio; Dr. T. Gaillard Thomas, New York; Dr. D. W. Cheever, Boston; Dr. J. C. Whitaker, Cincinnati; Dr. Nicholas Senn, Milwaukee, and Dr. J. C. Cameron, Belmont Park, Montreal, President of the Medico-Chirurgical Society of Montreal.

Among the interesting articles on exhibition were the watch and cane of Dr. Benjamin Rush; a diploma of fellowship of the long ago; an original prescription of Dr. John Hunter, the father of English surgery; some curious old tickets for lectures at the University of Pennsylvania in the early days that are printed on the backs of playing cards; an engraving of the Pennsylvania Hospital when that institution was first established, with the farm about it and the cows grazing, and with the old almshouse near by; cards for admission to the hospital signed by Dr. Rush; a collection of old-fashioned lancets, and so on.

The Mutter Museum, which is said to be the finest in the country, outside of Washington, attracted a great deal of attention. Its histological, pathological, and other collections can hardly be surpassed. The museum occupies four rooms, in the upper story of the building which was recently added at a cost of between $25,000 and 30,000. The hall is completely fire-proof. One of its architectural features is a magnificent fire-place and mantel-piece, the cost of which was paid out of a gift of $2,500 made to the institution by George W. Childs.

Dr. W. S. W. Ruschenberger, in connection with the celebration, is writing a historical paper on the college. He was elected a Fellow in 1838, and next to Dr. William Ashmead, who received his diploma in 1835, he is the oldest living Fellow of the college. The whole celebration was under the direction of a committee comprising Drs. Alfred Stillé, chairman; S. W. Gross, I. M. Hayes, S. Weir Mitchell, and J. Ewing Mears.

Surgery in Burmah.

The repugnance with which certain Oriental races regard surgical operations is well known; the extent to which it prevails in some parts of Burmah will be seen from the statement of a Bhamo correspondent of the *Pioneer*. From this it would appear that the majority of the natives prefer to die, or to live in a horribly maimed and disfigured condition, rather than submit to the knife; and many suffering from severe gunshot wounds, or fractures of their limbs necessitating amputation, have told the surgeons they preferred death to mutilation. This is not from any religious scruple, but purely from distrust and aversion to the knife. At the same time they will scar their bodies all over with the actual cautery, or wear holes into their flesh by the continual application of blistering fluids or mineral caustics. The result of these continual cauterizations, which are much used by the Suans as preventive and not remedial agents, are the formation on numbers of them of huge sores, ulcers, and warts of perfectly phenomenal dimensions. With English medicines, the correspondent observes, they become familiarized comparatively soon, and after they have seen the beneficial effects of self-evident remedies, such as febrifuges and aperients, they run to the other extreme, and demand medicines to cure burns, scars, lame legs, and missing toes and fingers. Surgical science has not proved, from the Burman's point of view, sufficiently practical in its results to convince him of its efficacy. It is related that the first surgical case which Dr. MacGregor, then civil surgeon, had in Bhamo was one of a gunshot wound through the knee. It being found impossible to save the leg, it was amputated, and healed most successfully. On recovery, the patient was provided with a wooden leg, and stumped about the bazaars paying visits to his friends, who, of course, had long ago given him up as a dead man. The sight, however, was not encouraging to the Burmans, who said they had never seen a man with only one leg. They thought that, perhaps, it was better the man's life had been saved, but at the same time, unless the English medical man could make a new leg grow in place of the missing one, he was not justified in cutting it off. A short time since, the civil surgeon had some more amputation cases in four wounded elephant drivers. They had been wounded, and were almost dead. Three of the men, the correspondent believes, died, and one made a marvellous recovery. Though snatched from the very jaws of death, all the merit of saving the man was destroyed in the eyes of the Burmans because he appeared minus a limb.

Crime and Responsibility.

Dr. Daniel Clark thus concludes a paper on this subject in the *Canada Med. and Surg. Jour:*

1. The natural history of crime shows that brains of chronic criminals deviate from the normal type, and approach those of the lower creation.
2. That many such are as impotent to restrain themselves from crime as the insane.
3. That immoral sense may be hidden from expediency, by the cunning seen even in the brutes, until evoked by circumstances.
4. No man can shake himself free from the physical surroundings in which he is encased.
5. Crime is an ethical subject of study outside of its penal relations.
6. Insanity and responsibility may coexist.
7. Some insane can make competent wills, because rational.
8. The monomaniac may be responsible should he do acts not in the line of his delusion, and which are not influenced thereby.
9. Many insane are influenced in their conduct by hopes of reward or fear of punishment in the same way as the sane; the rudiments of free-will remain.
10. Many insane have correct ideas in respect to right and wrong, both in the abstract and concrete.
11. Many insane have power to withstand being influenced even by their delusions.

Leprosy in the Sandwich Islands.

The Hawaiian Legislature has recently issued a report on leprosy. It has been said that this disease was introduced in 1828 by a Chinaman, and was hence called by the natives the Chinese disease; but it is probably much older than that. It was not until 1845 that the law was passed that all lepers should be sent to the hospital on the island of Oahu, near Honolulu. Once public attention was called to this loathsome disease, and a search instituted, it was found that there was a terrible amount of it on the islands, and every effort was made to stamp it out. The entire native population in 1882 was reckoned at about 40,000, and from 4 to 5 per cent. of this number were leprous. One great source of infection is found in the tenacity with which people cling to their leprous kin even to the last, and prefer to see them gradually drop to pieces at home rather than send them to the living death of the lepers' hospital. In the Molokai leper settlement there are about 700 patients awaiting death; and in the twenty years of its existence there have been about 3,000 miserable victims within its walls.

Leprosy in Riga.

At a meeting of the Riga Medical Society, Dr. Bergmann made a communication which proves beyond any doubt that Riga is one of the regions where leprosy is endemic. During the last twenty-one years there were admitted to the local General Hospital as many as fifty-two cases of the disease. This number may be considered large—especially in view of the fact that only such lepers were admitted as suffered from some intercurrent affection, or from open sores. In addition, Drs. Bergmann, Jansen, Bernsdorff, Carblom, and Stavenhagen, all of Riga, each saw several cases in their private practice. Of the hospital patients above mentioned, 39 were either natives or old inhabitants of the town. Twenty of them (8 men, with 2 deaths and 12 women with 3 deaths) suffered from the tubercular form of the affection; 7 (4 men and 3 women with 2 deaths) from the anæsthetic variety; 10 (7 men with 2 deaths, and 3 women) from a mixed form. For the remaining 2 (men) the type of the disease was undetermined.

The Peculiar People in Russia.

In the *Permsky Epidemiologitchesky Listok*, No. 8, 1886, p. 117, Dr. D. Nikolsky, of Shemakhinsky Zavod (on the Ural), writes that in his district there exists a religious sect called *Perevreshtchentzy* (Anabaptists), the members of which regard any medical treatment as a great sin, and accordingly keep all cases of disease occurring in their midst as far as possible secret from medical men. Every proselyte is first of all baptized anew; in other words, he is obliged to take a bath either in a river or in a big tub filled with cold water. The procedure is carried out without any regard to the proselyte's health and strength. Dr. Nikolsky saw cases in which patients suffering from typhus fever, after admission into the sect, were at once duly bathed in a river in April, and died two or three days later in consequence.

Patent Medicines in Russia.

A list of patent medicines, the importation of which the Russian Government has decided to prohibit, has recently been published. It consists of about 800 preparations of English, American, French, and German origin, the English or American numbering nearly 100. Pills, plasters, hair restorers, cough drops, medicated foods, ointments, and many miscellaneous preparations for a great variety of purposes, are all classed together in one long medical *index expurgatorius*. The list appears to have been drawn up by a committee of Russian physicians, and even such remedies as taraxacum and podophyllin have been struck out.

A Monstrosity.

The thirty-ninth number of the *Gazette Hebdomadaire des Sciences Médicales* contains two figures and descriptive text of a so-called cyclocephalic monster. The chief feature in the monster is the want of development of the nasal region, attended with the approachment of the two orbits, so that they have become partially fused. A further degree of this deformity leads to the complete fusion or want of differentiation between the two orbital regions, and there is then but one organ of vision. In the specimen in question there was a rudimentary nasal appendage, which formed a kind of flap that partially concealed the abnormal orbital region.

Health Exhibition at Warsaw.

We are informed that a Health Exhibition will take place at Warsaw in May and June, 1887. The objects exhibited will be chiefly of Polish make, but foreign goods will not be excluded. The exhibition will be under the patronage of the Countess Potocka, and the following are the officers already named:

President—Professor Szokalski, M. D.

Vice-Presidents — Professor Luczkiewicz, M. D.; M. Grotowski, Chief Engineer of the

City of Warsaw; and M. Janicki, civil engineer.

General Secretary—J. Polak, M. D.

Hearing Plants Grow.

The *National Druggist* tells us that it is now possible to hear plants growing. At a recent meeting of the Silesian Botanical Society an apparatus was shown in which the growing plant is connected with a disk, having in its centre an indicator which moves visibly, and thus, on a scale fifty times magnified, denotes the progress of growth. Disk and indicator are metal, and when brought in contact with an electric hammer, the electric current being interrupted at each of the dividing interstices of the disk, the growth of the plant is as perceptible to the ear as to the eye.

A New Bacteriological Journal.

A new *Centralblatt*, devoted to the subject of bacteriology and animal parasites, will shortly appear in Germany, under the editorship of Dr. Oscar Uhlworm, in Cassel. The extensive and rapidly increasing literature on these subjects, and the absence of any weekly journal devoted to this particular science, will render this venture acceptable to all who interest themselves in these matters. The contents of the journal will embrace references to recent work, historical essays, and original papers. Dr. Uhlworm will be assisted by a numerous staff of collaborators in the various European countries.

Training of Nurses in Japan.

Arrangements have been made to organize a school of nursing in Kyoto, Japan, under the superintendence of Dr. Berry and Miss Linda Richards, an American lady, who has had large experience, not only in New York and Boston, but in several British and Continental hospitals. The school, which is specially connected with Christian missionary effort, will give a course of training of about eighteen months' duration, including both theoretical teaching and practical work. A diploma in nursing will be awarded to those who prove themselves competent.

A Crisp Ante-mortem Statement.

A party of prospectors came on the body of a man in an out-of-the-way place. They did not recognize him. He was a stranger. He had not been shot, he had not been killed by a blow, he had not been attacked by a wild animal, he had not fallen over a precipice, he did not look as if starvation had killed him. They were speculating on the cause of death when they saw a scrap of paper pinned to his clothes. They took it off, and with some difficulty they deciphered this legend: "It was the rattlesnake. I tried to catch him by the tail."

Ginger-Bread versus Whisky.

A nice old lady has a certain test which she applies to all young men who "pay attention" to any of her granddaughters. After a certain time she offers him some of her home-made cake. If he eats it with avidity she mutely gives consent; if not, she instantly begins to oppose the match, not as some might suppose, from wounded vanity, but because she has a theory that men who like cake never drink to excess, or live dissipated lives of any sort. "Give me," she says, "the man that loves ginger-bread; it's a sure sign he isn't fond of whisky."

A Maid Not to be Stumped by a Leg.

The young men attending the Harvard Medical School have a prejudice against the female students, one of whom is Miss Annie Copeland, of Bridgewater. They called her to attend a case of fracture of the leg. The patient was a man 50 years old, and when the lady exposed the damaged member she found it to be a broken wooden leg. She sent for a hammer and nails, made substantial repairs, and charged $25, the collection of which she enforced by the aid of a constable.

Artificial Butter in Denmark.

The Minister of the Interior in Denmark has found it necessary to lay a bill before the Folkething regulating the trade in artificial butter. If this bill be carried, dealers will be compelled to pack such "butter" in cases marked "margarine." As no mention is made of any provision in the bill compelling the retailer to state to his customers that he is selling butter, it is to be feared that consumers will not benefit to any great extent.

The Influence of Climate and Soil upon Medicinal Plants.

According to Professor Vogel, plants do not always contain their characteristic alkaloids when grown under other than natural conditions. Hemlock does not yield coniine in Scotland, and cinchona plants are nearly free from quinine when grown in hot-houses. Tannin is found in the greatest quantities in trees which have had a full supply of direct sunlight.

How would Iodoform Answer the Description?

The *National Druggist* says that one of its readers sends it the following:

Sir: I have cut my foot Bad with an ax I want you to Send me Some Powders. I have forgotten the name of it. The color of it is *yellow*, and it stinks like the *devil*. I have none of its being used on a sore ——. Any thing else that's good Send it along and oblige, —— ——.

The Milk of Rabid Cows.

The Russian newspaper *Vratch*, in announcing the establishment at Moscow of an Institution for the Preventitive Treatment of Rabies, asks whether persons who have drunk the milk of a cow suffering from rabies should be subject to preventitive inoculation. This question has arisen in connection with a family at Odessa.

Punishment of a Russian Quack.

A quack in Moscow, who was formerly a soldier, recently gave a syphilitic patient a mixture which caused vomiting and acute gastritis, which was ultimately followed by death. The quack was brought before the local court of justice, which sentenced him to two months' imprisonment and ecclesiastical penance.

The Pharmaceutical Chemists in Havana.

The pharmaceutical chemists in Havana are complaining bitterly of a new regulation of the Spanish military authorities ordering the pharmaceutical department to arrange to supply all military men and their families with medicines of all kinds at cost price.

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Personal.

—As Dr. A. Jacobi has resigned from the Committee for Collective Investigation of the International Medical Congress, he requests answers to the circulars sent out to be forwarded to Dr. N. S. Davis, 85 Randolph street, Chicago, Ills.

—Dr. Robert O'Reilly, who is attending President Cleveland, was a Philadelphia boy and is well remembered in the old district of Southwark. He was a pupil—and a very lively one—at the Zane Street Grammar School, and took a partial course at the High School.

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Items.

—Mrs. Keppler, the wife of Editor Keppler, of *Puck*, called in a doctor to look at a favorite cat,and subsequently received a bill for $22 for chopping off a portion of the animal's tail.

—A statue in memory of "Sister Dora" was recently dedicated at Walsall, England, the cost of it being defrayed by Miss Lonsdale, out of the profits which she received from her biography of her deceased friend.

—Several cases of trichinosis have occurred recently at Rupersdorf, in Germany. Two women have died from the disease, and many inhabitants of the town are seriously ill from the same cause.

—Dr. Henry Hun reports in *The American Journal of the Medical Sciences* for January, seven cases of cerebral disease, which throw some light on the obscurity which still involves the theory of cerebral localization.

—At the election held last week for officers of the Philadelphia Hospital, Dr. John B. Deaver was elected surgeon; Dr. Roberts Bartholow, neurologist; and Dr. W. H. Wallace, physician-in-chief of the Insane Department.

—Dr. T. J. Shepherd, in the January number of *The American Journal of the Medical Sciences*, reports a case of the very rare disease, ainhum, occurring in a negro, aged forty-seven, and he gives a brief general account of the affection.

—In reply to a correspondent asking for the best internal finish for a contagious ward in a hospital, the *Sanitary Engineer* answers: "The best finish for walls in such a hospital ward is probably a good sand finish, on which should be placed three coats of paint. This appears to be the least liable to cracks and scaling, and is readily cleansed and disinfected. The best floor is oak or hard-pine, oiled. A painted floor is not satisfactory."

—A remarkable increase in the number of suicides committed by German soldiers is reported. In the Prussian, Würtemberg and Saxon corps, and in a Bavarian brigade, the total number of suicides in May was twenty-three, in June twenty-five, in July twenty-two, and in August twenty-one. At the beginning of the year the number of suicides was less considerable. In the first eight months of last year, the number of suicides in the corps above mentioned was 149.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

NOTES ON THREE CASES OF TROPICAL BERI-BERI, AND ON SOME ANALOGOUS INDIGENOUS CASES OF MULTIPLE NEURITIS.[*]

BY E. C. SEGUIN, M. D.,

Of New York.

Having been courteously invited to participate in this evening's symposium on neuritis, I bring my mite of contribution in the shape of the relation of three cases of beri-beri, which, coming from tropical parts, have been under my care. That this disease is rarely seen in our latitude, though very common in South and Central America and in the islands of the Gulf, I infer from the fact that it has not, to my knowledge, been discussed in medical societies or in private relations in New York during the past ten or fifteen years.

My apology for relating the following cases is that they well illustrate the prominence of neural symptoms in beri-beri, and that they justify the opinion expressed by a number of observers (Dr. B. Scheube and others) that beri-beri, or kak-ke, as the affection is called in Japan, is essentially a multiple poly- or pan-neuritis, occurring as an endemic infectious (?) disease in many countries of the globe, in both hemispheres. That beri-beri, or kak-ke, is nothing more than a multiple neuritis, I am not prepared to say; and, indeed, my experience is so extremely limited that I can only use my cases to illustrate the probable neural origin of many of the symptoms of the disease.

In looking for notes of cases of multiple neuritis occurring in my local practice, I found several. One, very typical, was recorded under the title of alcoholic polyneuritis; others were included in my essays on poliomyelitis anterior,[†] as examples of that disease. These three cases were marked by the ordinary symptoms of multiple neuritis—numbness and partial anæsthesia, irregularly distributed atrophic paralysis, with degenerative reactions; and, besides, by œdema of the extremities. I was struck by the resemblance of these cases, thus symptomatized, to mild cases of the mixed form of beri-beri. There is quite a resemblance, if not a similarity, between Cases 1 and 2 of the category of beri-beri and Case 1 of the category of indigenous neuritis.

Another aspect in which a study of beri-beri is of interest to us, is that the disease may take root and acquire considerable development in the United States. It appears that the affection has prevailed in Para, Brazil, for only a few years, perhaps only since 1878, having been brought there from Southern Brazil and Paraguay; and that it is not uncommon in Cuba (at least the so-called wet form), and it may very well show itself in the Gulf States.

With this brief preface, I pass on to the cases themselves.

FIRST CATEGORY; CASES OF BERI-BERI.

Case 1. A Cuban lawyer, aged twenty-six, consulted me September 9, 1885, with letters from Drs. Landeta and Desvernines, of

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[*] Read by invitation before the Philadelphia Neurological Society, November 22, 1886.

[†] Myelitis of the Anterior Horns; or, Spinal Paralysis of the Adult and Child. New York, 1877. (Private Edition, 1874.)

Havana, of which the following is an abstract: Married man of good constitution. Never had syphilis, scrofula, or paludism; never seriously ill. In summer and autumn of 1884, dyspeptic symptoms.

Symptoms of present illness: (1) Early in November, 1884, pains in lower third of both legs. (2) In a few days these parts were slightly œdematous, while the malleoli and feet remained free from swelling. (3) Simultaneously, cardiac palpitations; rapid pulse, from 110 to 120. (4) Some muscular weakness was noticed in legs: walk difficult and done on tip-toe, or on forward part of foot. (6) Toward end of November the pulse was steadily 120 or more beats; large objective palpitations and souffles were noticed over cardiac area. (7) Œdema appeared in the face, invaded the whole of the legs, thighs, feet, and genitals. (8) The muscles of the thighs and legs became soft and painful to touch; there seemed to be intra-muscular œdema. Toward the end of the month patient was unable to leave the bed; the palpitation was intense, and there was great dyspnœa. The thenar and hypothenar eminences became soft; the patient could no longer write, or use fork, spoon, etc. Later, the weakness became such that the legs could not be lifted from the bed; face was nearly twice its normal size. The patellar reflex was abolished. Some muscles showed loss of contractility under electricity (*vide infra*).

As a summary of symptoms in the fourth and fifth weeks of the disease, it may be said that there were anasarca, paralysis with electrical changes in certain muscular groups, cardiac bruits, with pulse up to 140 beats per minute, dyspnœa. At no time was there fever, and no albumen or sugar was ever found in urine.

Under the use of infusion of digitalis, cinchona, and nutritious food, these symptoms abated, and there was decided improvement by the end of December (eighth week). Under electrical treatment and sulphur-baths the motor paralysis gradually passed off, and the patient was able to stand in March; steady improvement thereafter continued; the cardiac symptoms had about ceased by the end of December.

Dr. Desvernines' letter refers more particularly to the state of the heart, and to the electrical reactions. At the height of the disease, the heart was enlarged, more especially the left ventricle, and the murmur heard was a mitral regurgitant one. These signs were due, Dr. Desvernines believes, to myo-cardial lesions; the endocardium being unaffected. This view is borne out by the disappearance of the symptoms.

There was no apparent pseudo-hypertrophy of all muscles of the body (œdema). A piece of muscle removed by Duchenne's trocar showed simple atrophy of its muscular fibrillæ with intra-muscular œdema and proliferation of the connective tissue. The electrical reactions were not taken during the acute period of the disease, but afterward were very fully studied, and there were found with both currents the "reactions of degeneration, characteristic of perverted nutrition in nerve and muscle."

The diagnosis made by Drs. Landeta and Desvernines was beri-beri or kak-ke, of the mixed form, and Dr. Desvernines recognized in the case the grounds for the views advanced by Scheube and Balz (from studies of the disease in Japan), that it is essentially a multiple neuritis. It is interesting to add that, while the wet form (anæmic œdematous type) is well known to the physicians of Cuba and Havana, not one of several who saw this case with Dr. Landeta had seen an example of the mixed form.

When I examined Señor M., about ten months after the beginning of the attack, he presented no objective symptoms except a degree of abnormal flushing of the face. Except a slight quantitative reduction in contractility of the calf muscles, I noticed no abnormality in the faradic and galvanic reactions of nerve, trunk, and muscles. The pulse was slow, from 67 to 65, and the heart normal in size and sound. The patient complained of occasional vertigo, and want of power of mental concentration. He was well about October 10.

Case 2. Mr. J. G., a married man, thirty-eight years of age, a native and resident of Panama, was brought to me, for consultation, by Dr. Pio Rengifo, of New York, on November 17, 1885. Is a tall, strongly built man, who has enjoyed good health, except that sixteen years ago he had a single chancre with suppurating buboes, but no secondary symptoms. Had a year's experience with Dupuytren's pills and iodide of potassium. A healthy child has been the result of marriage. In the past eight years occasional palpitations, supposed to be due to gastric disorder. Is temperate in use of stimulants. About two months ago noticed numbness in toes and fingers. This has continued as a constant symptom, affecting tips of fingers, toes, and forward part of soles; on lying down, however, there has been a certain sense of numbness in the legs and forearms. Pains appeared later, of two kinds: first, aching pains in the calves, which were hard and tender; second, sharp pains in spots in fingers, legs, and feet; not, however, repeated pains in spots, with cutaneous hyperalgesia (not fulgurating pains). Knees were weak, and toes seemed cramped. Had sensation of band around toes. Had no vesical paresis, loss of sexual power, or spinal pains; no abnormal reflexes in legs, no diplopia. In last three weeks distinct œdema of feet and legs; has noticed that the calves measure two or three centimetres more in the evening than in the morning. During the past fortnight there has been marked improvement in power of legs, and in the paræsthesiæ.

Examination. — No objective symptoms about eyes or face. Grasp: right side, 38 and 32 degrees; left, 31 and 22 degrees; decidedly weak for a man of patient's muscular development and size. Sensibility is not positively diminished in fingers, but there is some confusion in estimating number of points applied; distinguishes texture of cloths well. No analgesia. Fingers are skilful; handwriting unchanged.

Lower extremities: No patellar reflex; walks a little awkwardly, with slapping of the feet; but, strictly speaking, there was no ataxia. Staggers when standing with eyes closed and feet together, but with eyes open stands fairly well, even on one foot. Sensibility to æsthesiometer is dull, but he localizes impressions well; no analgesia. Those movements of toes which are controlled by interossei are limited. There is yet a trace of œdema over the tibiæ. No electrical examination.

I concurred in Dr. Hengifo's diagnosis of beri-beri or multiple neuritis, and the same opinion was expressed by Prof. Charcot, who saw Mr. G. shortly after. I recently learned that entire recovery took place in a few months. It may be of interest to add that Mr. G. presented complete transposition of the viscera, his heart (the sounds of which were normal) being distinctly on the right of the sternum, and his liver on the left side; he was, however, right-handed originally.

Case 3. Señor J., aged fifty, a native and resident of Para, in Brazil, was referred to me by my friend, Dr. Charles E. Simmons, on November 11th, and is now under observation. Former health good; never had beri-beri or severe malarial fever. Subject to "bilious attacks." In August of present year had bleeding hemorrhoids for three weeks, followed by weakness of legs. This was soon followed by tingling numbness and pains in the legs, and lastly by œdema, not affecting feet. By advice of physicians, Mr. J. sailed from Para, October 27th, but instead of immediately improving, he grew worse. Soon noticed numbness and awkwardness of hands; the weakness and œdema of legs increased. In the last six days the long extensors and the long flexors of the right thumb have shown paresis, and in the last four days the same muscles on the left side have been affected. No dyspnœa, vertigo, or mental symptoms. No fever observed; urine high-colored. The pains were never severe.

Examination.—Stout, well-built man; complexion pale, muddy, and tanned. No motor or sensory symptoms in eyes or face. Heart normal; no effusion in pleura. Upper extremities: all voluntary movements present except extension and flexion of phalanges of both thumbs; the two long extensors on both sides are completely paralyzed, and the long flexors partially so. The thumbs hang as do fingers in certain cases of lead paralysis. The left extensor indicis is weak. The abductor pollicis longus, and the small hand muscles, are normal on both sides. Apposition well done. Supinators strong. No ataxia. Grasp: right and left, each 25 degrees on dynamometer. Sensibility is normal to æsthesiometer on finger-tips; but, by pricking, a limited area of analgesia (incomplete) is found over the left metacarpus, in the ulnar territory. Temperature well perceived. Lower extremities: the walk is somewhat feeble, but not pathological in type; can stand upon his toes, and equilibrium with eyes open or closed is nearly perfect. No ataxia. Patellar reflex subnormal on both sides. Both legs present a soft œdema in their inferior half; the calves are large but flabby. No swelling distal of ankle-joints. All voluntary movements of legs, feet, and toes can be performed; though extension and flexion of toes are done feebly. The great toes are not as much affected as are the thumbs. Sensibility is slightly dull to touch (a numb feeling) as high as the umbilicus; but the only zone of actual analgesia is on outer (fibular) side of left leg in its lower third. Temperature well perceived. Urine is dense, deposits urates; without albumen; a few small hyaline casts. Summary of electrical examination: Arms, no faradic or galvanic nerve reaction in extensor primi et secundi internodii pollicis on either side. These muscles do not respond to faradism, while galvanism yields a slow contraction, with marked tendency to tetanus: CaCC = AnCC or CaCC < AnCC. In flexor longus pollicis (both sides) there is no nerve reaction, and only a faint oscillatory C, with a strong faradic current applied directly to muscle. Galvanism gives a slow contraction: CaCC=An CC, and the latter tending to tetanus. The long extensors of fingers on both sides yield reduced faradic contractility, and rather sluggish galvanic contraction, through CaCC> AnCC. Legs: Quantitative reduction to faradism and galvanism in calves: CaCC=AnCC. Extensor longus pollicis and extensor longus digit. have almost no faradic contractility, and to galvanism yield slow C, with CaCC=AnCC, the latter almost tetanic. Through external popliteal nerve better contractions (both by faradism and galvanism) are obtained in these muscles. Tibialis anticus and small muscles of feet, normal reactions. In other words, we have in this case a well-marked DeR, limited to the nervo-muscular apparatus of both thumbs; partial DeR in long extensors of fingers, and in extensors (and flexors) of toes.

SECOND CATEGORY: ANALOGOUS INDIGENOUS CASES.

Case 1. Mrs. X., aged forty years, seen in consultation with Dr. Carreau, of New York, in November, 1885. There is a clear history of excessive drinking and sexual indulgence for many years. Patient is still drinking brandy steadily. For more than two years has suffered from gastric catarrh and failing memory. Early in past summer felt burning sensations in feet, pains in feet and legs; occasional numbness in feet and hands. At end of July marked increase in gastric symptoms, diffused swelling of hands and feet with pricking numbness and a hyperalgesic state of same parts. Was unable to walk. No arthritis. Hands have also been weak. No bladder symptoms. Pains have ceased, but hands and feet are in state of painful formication; dreads to be touched. There is frequent vomiting of food and mucus. Partial dementia, with a few delusions. Urine examined several times; no sign of renal disease.

Examination. — Tongue tremulous and foul. No motor or sensory symptoms in eyes and face. The grasp is feeble, but long extensors and flexors all act. Opposition of thumb is impossible; marked atrophy of radial side of thenar eminences. Examination shows marked reduction in tactile sensibility in tips of all fingers. The hands are œdematous, with dorsum tense. No arthritis. Lower extremities examined seated; feet puffy and tense, but not red; no arthritis. All movements of feet and toes are possible, though feebly done. State of sensibility cannot be well studied, owing to patient's absurd fear of all instruments and manipulations. This also prevents any electrical tests. Patellar reflex abolished (?). Spine not tender.

Diagnosis.—Alcoholic multiple neuritis.

Treatment by reduction of brandy, injections of strychnia, galvanism, and massage begun. Carsbad sprudelsalz for gastric catarrh. A note received from Dr. Carreau, a few days ago, states that faradism did not produce contraction at first, and galvanism was used alone until March, when both currents were employed. In March began to walk, and has steadily improved. Now well, except feebleness of memory and some numbness.

It is interesting to consider that this and other alcoholic cases bear a certain etiological relation to tropical beri-beri. In both cases we have subjects living upon a relative or actual excess of carbonaceous food, alcohol or rice, as predisposing, if not efficient causes of neuritis.

The two following cases were published in my essay on "Myelitis of the Anterior Horns" (1874 and 1877) as examples of that affection. Reading them in the light of recent advances in nerve pathology, they now appear to have been cases of multiple neuritis, with dropsical symptoms, making them strongly resemble beri-beri or kak-ke. I give them merely in epitome, referring to the original for details.

Case 2 (Case 18 of essay). Male, aged forty years, seen in January, 1874. In September severe "cold," with bronchitis, temporary suppression of urine, swelling of face and feet, lasting three or four weeks. Some stiffness and subjective coldness in feet. Relieved by strychnia. October 16, feet heavy and cold, hands awkward, and fingers numb. Increasing loss of power in legs. Physician stated positively that neither this nor the former attack was due to Bright's disease. In November marked anæsthesia and nearly complete paralysis of both legs; thigh muscles remained active; no rectal or vesical symptoms. Median distribution in both hands, anæsthetic; the hands and forearms rapidly wasted. No bedsore or cincture feeling. No cerebral symptoms. Improvement from end of December, when movement appeared in toes.

When examined by me he presented an atrophic paralysis of both hands, with partial anæsthesia (mostly tactile) of finger-ends. Toes (except great toes), feet, and legs, can be pretty well moved in bed; legs much atrophied, especially in anterior tibial group.

of muscles. Feet are partly anæsthetic, but present (as do the legs) marked hyperalgesia. No faradic reaction can be had in either extensor pollicis, and only feeble contraction in thenar eminences. These muscles contract well, however, to galvanism (DeR). Complete recovery occurred by end of summer.

Case 3. (Case 19 of essay). Male, aged forty-seven years, seen in March, 1884. Large, healthy man. Severe "cold" in October, 1883, with bronchitis, slowly followed by numbness and paresis of limbs. The numbness appeared at about the same time in the ends of the upper and lower extremities. November 10, walking was possible only with the assistance of a stick or a person, but he could still dress himself. Swelling of the feet, with glossy skin, was marked; by November 14th, subjective coldness of feet. A few days later was unable to sit up in bed; much formication up to the knees, and halfway up the forearms; some anæsthesia (?) of the feet. No head or eye symptoms; bladder and rectum normal. In the middle of January, 1884, intense formication ushered in recovery; gradual improvement in power of legs and hands. Feet remained a little swollen. Some wasting of legs. In January noticed numbness in distribution of left superior maxillary nerve on face. Can now walk with help of cane and crutch.

Examination.—No facial symptoms. Movements of arms and hands good, except that extension of the right fingers is incomplete, and is very feeble on the left side, especially for the thumb and index finger. Palmar muscles emaciated, but not atrophied. Sensibility good. Grasp: Right, 26 degrees; left, 16 degrees. Co-ordinates well. In lower extremities the only paralysis is below the knees. The left foot is but slightly movable; the right, a little more. Toes are somewhat contracted in flexion. Sensibility to contact is good down to ankle, dull below that, very dull in toes. Toes are numb. No œdema of feet or legs. Urine is dense, but free from any signs of renal disease. Electrical examination shows very great loss of faradic contractility in palsied muscles, almost complete in left extensor indicis, and in extensors of toes and flexors of feet (anterior tibial groups); feeble reaction in calves. All these muscles, however, react well to galvanism (DeR).

These three indigenous cases of multiple neuritis—one clearly of alcoholic origin, the others of unknown etiology—I submit with but little comment. They were characterized by a combination of paræsthesia and anæsthesia, by paralysis with atrophy and DeR, of irregular peripheral distribution, and by œdema of the extremities, without signs of renal disease. Bronchitis occurred a short time before the nervous symptoms appeared in the two non-alcoholic cases. Cardiac and respiratory symptoms, indicating neuritis of the vagi and the phrenic nerves, were the only ones wanting to produce a symptom-group almost exactly like that of severe beri-beri or kak-ke.

Consult B. Scheube, Die Japanische Kakke (beri-beri), *Deutsches Archiv. für Klin. Medicin*, xxi., p. 141; xxii., p. 83 (1882–1883).

SUPRA-VAGINAL HYSTERECTOMY FOR FIBRO-CYST OF THE UTERUS IN A NEGRESS.*

BY WILLIAM PAWSON CHUNN, M. D.,

Of Baltimore.

Chief of Clinic to the Chair of Diseases of Women and Children, University of Maryland, Assistant Surgeon to the Woman's Hospital, etc.

Heretofore, Mr. President, in cases of abdominal surgery reported to this society, it has been my good fortune to have met with success. It seemed to me that most of these cases, in addition to a favorable termination, had points of interest which rendered them worthy of record. From the number of successful surgical operations one sees in every journal published at this period, we might be led to infer that it was rather unfashionable to publish unsuccessful cases. Such an inference one must allow is many times correct. Reports of successful operations alone may benefit the operator; reports of unsuccessful as well as successful operations is what benefits science. Certainly, as a rule, there is no more necessity for recording an operation that terminates favorably than it would be if it terminated unfavorably, for we all know that the causes of failure diligently inquired into are apt finally to eventuate in success. Bearing these facts in mind, I thought it not inappropriate to bring before the society to-night the history of a hysterectomy, which, although ending fatally, exhibited much that was instructive.

My patient was a colored woman, quite dark in color, twenty-four years of age, unmarried; no children, and no miscarriages. Menstrual periods regular (in quantity), and lasting only four days. The patient was kept under observation by my brother inlaw, Dr. Robert T. Wilson, and myself, for the space of one year, during which time, by monthly examinations, we noticed a distinct and rapid increase in size of an abdominal tumor. From the size of a cocoanut it had rapidly grown as large as an adult head, and, by its presence in the pelvis, produced many grave symptoms. Her ability to gain a livelihood was rapidly decreasing, pain in the pelvis was constant, difficulty in defecation was very great, and pain and lack of power to urinate frequently resulted in retention. Examination by sound showed the uterus to be three inches in length and displaced to the left side. Bimanual examination indicated that the growth was attached to the uterus, as every motion given to the tumor imparted a like movement to the uterus, which movement could be plainly distinguished by the finger in the vagina. Abdominal palpation discovered a round solid tumor projecting two or three inches above the umbilicus. Fluctuation was always absent, except upon one occasion, when it was perceived, but so indistinctly as to leave the diagnosis unaffected. These signs all pointed to fibro-myoma of the uterus, and an opinion to that effect was given. As the Woman's Hospital was closed during the month of June last, the patient was turned over to me for treatment. Being a charity patient, she was admitted as such to the Gynæcological Ward at the University of Maryland Hospital, and came under my charge, Prof. Howard being abroad on his summer vacation. The question then presented itself, What could be done to relieve this woman of her infirmity or prevent the future increase of the growth? Here was a fibroid growth (according to the diagnosis) in a colored woman, 24 years of age, which in one year had increased from the size of a cocoanut to the size of a man's head. What would the size of that tumor be in three or four years? I judged by that time it would have been large enough to have produced a slow and lingering death, and after knowledge gained by the operation went to support that belief. After a great deal of hesitation, I decided to make an exploratory incision and see what was the proper thing to be done. As I had seen Dr. T. Gaillard Thomas take out the ovaries in just such a case, it was my intention to do that operation if possible, and then sew up the abdomen, the tumor still remaining in situ. If the ovaries could not be found after reasonable search, and if the tumor was without a pedicle, I thought the best thing to do would be to stitch up the abdominal wound, and leave the woman in her original position, as I had not the least yearning to do a hysterectomy. The patient being perfectly willing for anything that promised any means of relief, was gotten ready for operation, and put upon the table Saturday, July 10, 1886, and being etherized, I made the usual incision in the median line, and in a very few moments was in the peritoneal cavity. Enlarging the incision with the scissors, which are infinitely superior to the knife for the purpose, I inserted two fingers, and found, after some search, both ovaries; the left moderately movable, but low down in the pelvis, while the right was rather more fixed in Douglass's pouch behind the uterus. As the pelvis was almost filled up with a vascular, reddish-looking growth, evidently uterine in character, it at once became evident that to reach the ovaries it would be necessary to enlarge the incision, and lift the tumor out of the abdominal cavity. It seemed to me that by this method (and it alone) sufficient space would be obtained to get out the ovaries and tubes, as they could plainly be felt in the pelvis. I then took a pair of strong scissors, and using two fingers of my left hand to open the incision, cut open the abdomen until the wound extended some two inches above the umbilicus. The tumor was then drawn upward and forward through the incision, and the left ovary coming into view was ligated after considerable trouble, and cut off with the tube. The left ovary was found stuck on to the side of the tumor low down in the pelvis, and so incorporated with the growth that, after several ineffectual efforts to tie it, it was for the time let alone. Just at this moment Dr. Neale, who had been holding the tumor for me, informed me of the fact that it contained fluid, and upon palpation this was evidently the case. As the removal of the ovaries for a cyst could do no good, and had never been done so far as I knew by any one, I decided, before taking any further step, to consult Prof. J. Edwin Michael and Dr. B. B. Browne, who were present, and who very kindly assisted me during the operation. Both of these gentlemen agreed that the best thing to be done was to take out the tumor and the uterus. Any clamp not being large enough to embrace the pedicle, consisting of the cervix and part of the tumor, I decided to do the intra-peritoneal operation after the manner of Martin. As there was no adhesion, a common elastic drainage tube was carried around the base of the tumor two or three times, and was skilfully adjusted by

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*Read before the Clinical Society of Maryland, October 15, 1886.

Dr. Neale, so as to cut off the circulation. To prevent any chance of hemorrhage a very stout silk ligature being passed through the pedicle as low down as possible, the stump was tied as tight as the string could be drawn, being thus divided into two parts. The cyst having been tapped, and a basin full of fluid withdrawn, I took a scalpel and amputated the tumor along with the uterus above the vaginal junction, a sound having been previously adjusted in the bladder to prevent injury to that organ. So well was the circulation controlled by the elastic ligature that not a drop of blood escaped. It now remained to trim out the tissue from the stump, so that the centre would become shaped after the manner in which the core may be cut out of an apple. This was done in such a manner as to leave the centre of the stump hollow, with the circumference projecting upward like a raised rim to a barrel. Sutures being passed through this rim from before backward, the two lips were securely drawn together, with the peritoneal surfaces in apposition, just as the two edges of a clam-shell rest one upon the other. The elastic ligature was then removed, and after passing one more suture so as to stop a slight oozing in one corner of the stump, the remaining ovary was removed, and the abdomen closed up. The woman seemed to experience no immediate shock, the pulse being nearly as full and strong after the operation as it was before. During the succeeding night she suffered slight pain, which was quieted with a fourth of a grain of morphia given hypodermically. Pulse during the night and succeeding morning beat 110 or 115 to the minute, and I felt much encouraged. During the second day, however, the pulse became too frequent, and at the same time irregular and weak, the abdomen began to be very tympanitic and sensitive to pressure, and the heart gradually becoming weaker and weaker, she finally died early on the morning of the third day.

At the post-mortem, very kindly performed for me by Dr. Abbott, it was demonstrated that peritonitis had set in, the intestines being much distended and the peritoneum red in patches. The abdominal incision was very nicely adherent throughout its whole length; the bladder was uninjured, and the only abnormality discovered was from five to six drachms of bloody serum found in Douglass's pouch. This serum came, I suppose, mostly from the stump, although it is possible a part of it may have proceeded from the peritonitis.

At no time was temperature over 101½°. It seemed to me death resulted from nervous prostration. If she had died within twelve hours after the operation, with the same symptoms, I should have attributed it to ordinary surgical shock. As to whether the few drachms of serum found in the peritoneal cavity could have caused acute septicæmia, is a question I do not feel able to decide positively. Formerly we were taught that septicæmia did not develop until as late as the sixth or seventh day after the operation, but I am informed by Professor Howard that Dr. Keith teaches it may appear in some cases as early as forty-eight hours after operation. If such be the case, it is probable that some of the patients heretofore treated for peritonitis and bound up by opium, ought to have been let loose with a pair of scissors and washed out with a pail of water. Just when is the proper time to re-open a closed up abdomen is often not easy to decide. If in the case here reported the few drachms of serum in the peritoneal cavity caused the fatal result, that result would have been obviated by drainage. The symptoms, however, did not point to what we ordinarily call septicæmia. I am inclined to think that in any case where adhesions are general, where part of the cyst's contents have escaped into the peritoneum, where the bladder or intestine have been wounded or cut open, where part of the cyst has been left behind, or where, from any cause, the result of inflammation may produce blood poisoning or septic peritonitis, that it would not only be good surgery to leave in a drainage-tube, but if necessary, reopen the abdomen and wash out the peritoneal cavity, and that, too, as early as the second, third, or fourth day after operation, according to the severity of the symptoms. It would do no harm, and might do much good. The antiseptic used in this case was the bichloride of Hg.; that is to say, the instruments were thoroughly scrubbed in a one to two thousand solution of this drug, and afterwards only clean water was used to wash, sponge, etc. In concluding this very short report, I may take time by the forelock, and answer by anticipation a question that will surely be asked, viz.: But why did you take out the uterus with the tumor? Of course one could not be taken out without the other. One step of the operation unavoidably led to another. To gain any knowledge whatever concerning the ovaries, it became absolutely necessary to turn the tumor outside of the abdomen. Then, and then only, was it discovered that the growth was cystic, and that the extirpation of the ovaries would do no good. It would have been about as difficult to return a child to the cavity of the uterus, after having been once delivered, as it would have been to have attempted to return this tumor into its bed in the abdomen; it was accordingly extirpated. Fibro-cysts of the uterus are very rare, and the literature upon the subject is scanty. Among the colored race, I have read of no similar case, nor does any book with which I am acquainted give the history of such an operation in a colored woman.

MEDICAL SOCIETIES.

THE PHILADELPHIA NEUROLOGICAL SOCIETY.

Stated meeting, November 22, 1886. The Vice-President, Charles K. Mills, M. D., in the chair.

Dr. E. C. Seguin, of New York, read by invitation

Notes on Three Cases of Tropical Beri-beri, and on Some Similar, American Cases. (*See page* 65.)

Dr. H. C. Wood made some remarks on the

Diagnosis of Neuritis,

and showed two illustrative cases.

Dr. Charles K. Mills then made some remarks on

The Concurrence of Multiple Neuritis with Myelitis or Encephalitis.

As one result of the interest which has been aroused in the subject of multiple neuritis, or polyneuritis, some cures have been effected which were before not considered possible; but it seemed to the speaker that, as in the case of other advances in medicine, some have been led to go too far in their conclusions, and have overlooked facts which are worthy of close attention. That multiple neuritis frequently occurs, can no longer be doubted; but that it occurs frequently as an absolutely isolated affection is, to say the least, doubtful. His own experience was, that not infrequently either myelitis or encephalitis, or both, concur with this affection; that is, not a few cases in which the diagnosis of multiple neuritis could be made by the strict rules applicable to the study of this affection—by a certain combination of motor and sensory symptoms, by their localization in distal parts of the limbs, and by tenderness of the nerve trunks, and of the muscles—positive evidences of the existence of the central disorders were also present.

If, as is generally believed, multiple neuritis is the result of a direct toxic influence on the nerve-elements themselves, it was reasonable to suppose that this same influence would frequently be exercised upon the nerve elements of the brain and spinal cord.

Gowers, in his *Manual of Diseases of the Nervous System*, says, with reference to the cases of multiple neuritis which have been pathologically examined:

"The *spinal cord* has been found healthy in most cases. The ganglion cells, in most instances, have presented abnormal appearances, a vitreous appearance, or vacuolation, and this when the anterior nerve roots were not diseased. Now and then more considerable changes, usually those of chronic myelitis, have been found in the cord. They are probably merely coincident. Morbid appearances in other organs are common in the cases of alcoholic origin. The brain will present signs of chronic meningitis. The liver is frequently, and the kidneys are occasionally, found diseased."

Dr. Mills' conclusions were that we may have four classes of cases:

1. Cases of multiple neuritis, pure and simple; such cases, however, were rare.
2. Cases in which the multiple neuritis was associated with myelitis.
3. Cases in which multiple neuritis was associated with encephalitis.
4. Cases in which multiple neuritis was associated with both myelitis and encephalitis.

Instead of the association being just as is indicated by this classification, the combination might be of neuritis or peri-neuritis, with meningo-myelitis or meningo-encephalitis; or, finally, any modification of these combinations might be found.

Dr. Mills referred to a case which he had seen in consultation recently, in which the patient presented all the typical marks of multiple neuritis, the condition of her limbs being such as to call to mind the picture in Gower's recent book of a case of multiple alcoholic neuritis, with palsy of extensors of wrist and flexors of ankle. This patient had also very positive evidences of cerebral involvement—mental confusion, with hallucinations and delusions both of sight and hearing. She had a clear history of abuse, not only of alcohol, but also of opium, chloral, and other narcotics. He believed that in this case there was a concurrence of multiple neuritis, with a similar pathological condition in the spinal cord and brain. He also referred to other cases, seen in consultation, and more particularly in the Philadelphia Hospital, where the majority of patients have been the victims of alcoholic excess—cases in which a confused picture of nerve, cord, and cerebral disease, probably inflammatory, was frequently presented. Cases of poisoning by lead, mercury, and particularly arsenic, were also discussed. Particular reference was made to the series of cases of poisoning by arsenic which he reported to the College of Physicians of Philadelphia in 1883.

A most interesting case, as bearing upon the views here presented, was one which he saw with Dr. O'Hara, of Philadelphia, to whom he was indebted for notes of the past history of the case, and also for suggestions as to the condition present at different stages. This patient, a professional man of originally good physique, and of remarkable intellectual attainments, had, eight years ago, an attack of rheumatism, which left him with a crippled heart, the damage to this organ, however, not seeming to have been of its valvular, but rather of its nervous structures. The patient was in the habit of using tobacco and alcohol, but not to excess, and sometimes did not use these agents at all for long periods. Two years after the first attack of rheumatism he began to have trouble with his vision. Sight in both eyes slowly failed until he scarcely had more than perception of light in both eyes. Careful ophthalmoscopic examinations were made with negative results; the media were clear, and no signs of retinitis or neuritis were discovered. In eighteen months he entirely recovered his sight from travel, rest, and the use, in the latter months, of strychnia hypodermatically injected. About a year after recovery of his sight he had another attack, rheumatic or rheumatoïd gouty in character. In this attack he had insomnia and evidences of general nervous irritability. At this time the left upper extremity suffered from an undoubted attack of neuritis, affecting the most of the brachial nerves, but more markedly those of the median distribution.

About six months ago, he had what appeared to be an apoplectiform attack, his left side—face arm, and leg—being temporarily paralyzed, but without unconsciousness. The attack passed off in a few hours.

About two months since he was engaged in work which called for both mental and physical effort, and considerable exposure. One day, when at a height of more than one hundred feet, he was suddenly stricken with incomplete paralysis of motion and sensation in the lower extremities, accompanied by great pain, but succeeded by his own efforts in getting again to the ground. This attack he attributed, probably correctly, to a stroke of air. On examination, he was found to have almost complete paralysis of the left leg from the knee downward, with blueness and coldness of the foot, and typical anæsthesia dolorosa as high as the ankle. He complained of excruciating pains, which he described as "jamming" in the sole of the foot. The right leg showed a similar condition, but much less marked, the paralysis of motion and sensation extending only half way to the knee, and not being nearly as complete as upon the other side. In two weeks, under the use of anodynes, local and general, with massage and weak currents of electricity, he recovered completely from these symptoms in his limbs. He then began again to use both head and limbs without rhyme or reason, and was attacked with loss of power and great pain, and perverted sensation in the right leg below the knee, with swelling of the dorsum of the foot and of the ankles. He also began to have lightning pains, here and there, in both lower extremities, and radiating from the spine upward, these being sometimes accompanied by retraction of the head. Still later he developed symptoms of cerebral excitement—total insomnia, refusal to take medicine, quasi-delusions, great loquacity, etc. He was without sleep for nine days and nights. Various remedies were vainly tried, but the first genuine relief which he obtained was from hypodermic injections of morphia, repeated every twelve hours. This was followed by the administration of deodorized tincture of opium regularly every four hours, in doses of from ten to twenty minims, with twenty minims at bed-time. This treatment was continued, with digitalis, which he had been taking more or less for six or seven years, for about nine days. Mild alcoholic stimulus was also used, and nourishment was systematically administered. He was improved to such an extent that all the symptoms, neural, spinal, and cerebral, have greatly diminished, so that he is able to travel, but he cannot yet endure any great strain, either physical or mental.

Dr. James Hendrie Lloyd read

Notes on the Electro-Diagnosis of Neuritis and Anterior Polio-Myelitis.

Dr. H. C. Wood stated his belief that chronic multiple neuritis is one of the most frequent of the severe organic nerve diseases, and that in a large proportion, of cases of serious nerve disease, the whole spinal axis and its accessories are affected. In general paralysis of the insane, four-fifths of the cases have some lateral or posterior spinal sclerosis, and a large proportion of these cases, no doubt, have multiple neuritis. He thinks that it is perfectly proven that locomotor ataxia may travel down the cord and produce peripheral neuritis, and that it is equally well proven that periperal neuritis may travel upward, producing secondary lesions in the cord. With reference to electrical studies, it may be said that a large number of cases show that in the various forms of neuritis, every possible change in the electrical reactions can be found. Post-mortem examinations are sufficiently numerous to show that peripheral neuritis is frequently not associated with other diseases, and that it frequently causes symptoms which simulate other affections. When we have peripheral neuritis, it is difficult to make out a spinal trouble back of it.

Dr. Osler thought that it was clear that we have the curious disease beri-beri in this country. It is probable that it exists in the Gulf States, as, a few months ago he received some slides, which had been sent by a physician of Texas, and were said to contain the micro-organism of beri-beri. Any one reading the descriptions of this disease must have been struck with the remarkable resemblance of some of the cases to acute ascending paralysis. His friend, Dr. Vineberg, now of New York, who formerly practiced in the Sandwich Islands, gives a very accurate account of the suddenness of onset, the rapidity of the ascension of the paralysis, which, in some cases, ultimately involves the respiratory muscles, producing death in that way. He agreed with Dr. Wood that multiple neuritis must be an exceedingly common disease. The French journals of the current year contain a surprising amount of literature on the subject. He had been particularly interested in cases of neuritis occurring in connection with certain of the fevers. After typhoid fever it has been described a number of times, and also after phthisis. During the past year, he has had one interesting case of paralysis of the extensors of the left foot in connection with phthisis, unquestionably a case of neuritis. He suggested that possibly some of these cases of paresthesia of the hands, with feelings of numbness and tingling, which Putnam has described so accurately, may be of the nature of a peripheral neuritis. A case recently presented itself at his service at the Infirmary for Nervous Diseases, in which these symptoms were very marked, and in which there apparently were some trophic changes. The skin was glossy, and the hands were somewhat swollen, and, indeed, they presented in a slight degree the appearances seen in myxœdema.

In connection with the diagnosis between acute ascending paralysis, anterior myelitis, and multiple neuritis, he would refer to an article by Francotte in the *Revue de Médecine*, to which attention was called in the *Medical News* of July 3, 1886. He reports four cases, two of which were studied anatomically, and in which the cord was found to be absolutely normal. In these two cases the clinical picture was that of Landry's ascending paralysis.

Dr. Seguin said that he was much interested in the remarks of Dr. Mills as to the possible coëxistence of a central with a peripheral lesion. He had no doubt that this coëxistence is frequently a source of considerable difficulty in making up our minds whether a case is one of irregular poliomyelitis or of peripheral neuritis. It also seemed to him to be a matter of great practical importance as regards treatment that we should make up our minds whether we have a case of perineuritis or one of parenchymatous neuritis. The former disease, which is, he thinks, the more common, and perhaps present in some cases of so-called neuralgia, is essentially an inflammatory change in the connective tissue, perhaps penetrating into the interior of the nerve bundles, but not affecting the nutrition of the axis-cylinder or myelin, and not capable of producing any distinct paralysis or atrophy. The diagnosis may be made clear by relying on this distinctive point, that in interstitial neuritis there must be anæsthesia, even if limited in area; and a true paralysis and atrophy, even if restricted to a few muscles. In perineuritis the symptoms are more diffused, milder, more subjective, and do not present a specific appearance. He thought that Dr. Lloyd had struck the key-note in insisting on the importance of a careful study of the neural and muscular reactions. In true neuritis and interstitial neuritis, there must be degenerative reactions in some shape, distal from the point of disease, while in perineuritis and in some forms of myelitis, the reactions are either irregular or simply a quantitative or nodal reduction.

The diagnosis is of great importance with respect to treatment. Perineuritis and meningitic conditions he treats with great energy with counter-irritation, and with the actual crutery and blisters. Internally, he employs mostly tonic treatment, and does not resort to mercury or iodide of potassium unless there is a special reason for their use. Rest is also an important element in the treatment of perineuritic conditions. In essential neuritis, therapeutic measures can have but little effect, as we know that a natural repair takes place irrespective of artificial conditions. If we favor nutrition by our general remedies, that is the most that we can do, although galvanism may serve to keep up a better nutrition in muscles pending nerve regeneration.

In regard to the relation between neuritis and beri-beri, he did not wish to be understood as stating positively that we have beriberi among us, but he thought that it would not be out of place to call attention to the analogy between the symptoms of the two affections. He thought it well to have the attention of physicians in our Gulf States called to the features of the disease. As the disease has recently appeared in northern Brazil, it may appear in our Southern States.

PHILADELPHIA CLINICAL SOCIETY.

Stated meeting, November 26, 1886.

The Vice-President, Dr. Clara Marshall, in the chair.

Dr. John B. Roberts reported a case entitled

Recovery after Abdominal Section for Purulent Peritonitis.

A woman, æt. 44, came under my notice with the following history: About eight weeks ago she was seized with violent pains in the abdomen, which pain has been constant ever since, with occasional griping and colicky sensations. There has been no vomiting, but for three weeks past she has been restricted entirely to liquid food by her physician. There has been no chill.

When first seen by me she stated that some three weeks previously she had been seized with great pain in the abdomen during the night, and about that time she had noticed in the left side of the belly a mass or tumor. I could get from her no definite history of the tumor, nor of any previous abdominal disease. Her health, previous to the present illness, had been good. At the time my attention was called to her by Dr. Arthur J. Meigs, she had a temperature of over 102°, and a pulse of about 130. From the flushed face, thighs flexed upon the pelvis, the considerable pain on palpation of the abdomen and the adynamic condition, it was very evident that the woman was suffering from peritonitis, due, in some way, to this tumor. Accurate examination was not practicable on account of the pain which it caused, and the woman's condition was too weak to permit any extensive or elaborate means of diagnosis being instituted. The tumor was smooth in outline, and apparently about the size of a fœtal head. A vaginal examination showed the uterus to be not much out of the normal position, although the fundus seemed to be tilted somewhat forward. My diagnosis, made in a provisional way, was a cyst of the left ovary of, perhaps, several months' duration, which had ruptured, allowing the contents to escape into the abdominal cavity. It was possible, of course, that the peritonitis was due, not to rupture of an ovarian cyst, but to some other form of tumor, or to disease of the fallopian tubes.

Under the belief that removal of the tumor and cleansing the peritoneal cavity of the contents of the tumor which had been thrown into it, would afford the best chance of recovery, I was induced to call a consultation as to the propriety of doing an abdominal section.

Accordingly, on the following day, with the consent of the other members of the surgical staff of the Pennsylvania Hospital who were present, I made an incision through the linea alba, extending almost from the umbilicus to the pubes, and at once came upon a smooth tumor, containing fluid. Puncture of this with the trocar evacuated some five or six ounces of very offensive pus. The intestines and omentum were adherent to the surface of this sac, which was evidently the rounded mass felt through the abdominal wall. It was soon apparent that there had been a long-standing inflammation, involving the structures contained within the abdominal cavity. It was impossible to enucleate this large sac or cyst because of the matting together of all the structures, and the large amount of new tissue which had formed as the result of the inflammatory process.

Although great care was taken, and a good deal of time consumed, I was unable, either by hand or by means of a bougie introduced as an explorer, to determine the original site of the growth, or the reason for the beginning of the inflammation. There were a number of similar sacs or cysts containing pus, whose walls were made up of adventitious tissue and the neighboring viscera. In fact, all the contents of the left side of the pelvis were glued together by inflammatory adhesions and new-formed tissue. As it was found impossible to remove all the new tissue, or to tear up all the adhesions, I was content with scraping out the most accessible portion of the sac wall, evacuating the pus from the numerous other cavities, and with washing out the abdomen very thoroughly with a solution of bichloride of mercury, containing one part of the salt to ten thousand parts of water. The abdominal wound, which was about five inches in length, was approximated by catgut sutures. Two rubber drainage-tubes were inserted at the lower angle of the wound, and a dressing of iodoform and corrosive sublimate gauze applied.

The whole operation was done under the strictest antiseptic precautions, and the patient was then put to bed. For two days she received no food, liquid or solid, being allowed simply cracked ice, and an occasional small dose of morphia and brandy. Subsequently she was given small quantities of milk and such easily digested food. On and after the second day a solution of corrosive sublimate of the same strength as that used at the time of the operation, namely, one to ten thousand, was used for washing out the abdominal cavity through the drainage-tubes, but the upper portion of the wound dressing was not removed. The temperature gradually fell to normal, which point it reached on the fourth day. At this time the upper portion of the dressing was removed for the first time, and complete union was found of the upper portion of the wound.

Three weeks after the operation she was discharged, by her own request, from the hospital, although she had not yet regained sufficient strength to be able to move about the room. In fact, we kept her in bed up to that time, fearing that the exhaustion of getting up might be deleterious to her.

During the last week of her stay in the hospital, a portion of the incision re-opened artificially. At the time of her discharge, the opening into the abdominal cavity appeared to be closed, though there was still a small superficial wound at the lower portion of the original incision.

This case of suppurative peritonitis, due to an unknown cause, cured by operation, is a good illustration of the advances in abdominal surgery. Although I did the operation under the impression that the origin of the trouble was an ovarian cyst, I should have been willing to do so had I known the exact condition of the disease, because such an encysted peritonitis as this evidently was, with the symptoms present, was almost certain to be followed by death. At least, this is the reasonable conclusion when we consider the condition of the patient's temperature and pulse, and the fact that the peritonitis was so intense that her thighs were flexed upon her pelvis. I had, in fact, every reason to believe in a speedy termination of the case.

Operations upon the abdomen have recently been performed for so many causes, with such a high percentage of success, that it seems to me probable that many cases of peritonitis, more or less resembling this one, can very successfully be treated by abdominal incision, and an evacuation of the purulent contents of the belly.

My experience in abdominal section and suture of the intestines for stab wounds, and the experience of Bull, Hamilton, and others, in a similar treatment of gunshot injury of the belly, together with my results in exploratory abdominal incisions, have convinced me that we are too ready to allow patients to die from intra-abdominal injuries. Rupture of the bladder, stab wounds of the intestines, gunshot wounds of the intestines. traumatic rupture of the intestines, peforating ulcer of the stomach, and even, perhaps, perforations due to typhoid fever, should be treated in many cases by immediate opening of the belly and local surgical measures.

This case is a contribution to the literature of the subject, to be added to the many cases similarly treated by gynecologists. General surgeons do not, I think, fully appreciate the advantages which are gained by imitating our gynecological brothers in the adoption of active surgical treatment for abdominal injuries.

MARY WILLITS, M. D.,
1527 *Green St.* *Reporting Secretary.*

THE CLINICAL SOCIETY OF MARYLAND.

Stated meeting held October 15, 1886.

Discussion on Supra-vaginal Hysterectomy for Fibro-cyst of the Uterus in a Negress. (*See page* 69.)

Dr. B. B. Browne was much interested in Dr. Chunn's report. He had seen the operation, and it was skillfully done. Don't think Dr. Chunn could have pursued any other course. In his opinion death resulted from septicæmia. Asked if the woman had ever taken ergot, as it had been claimed that cystic degeneration is common in fibromata after the administration of ergot. In some respects Dr. Chunn's case resembled one that he had had about two years ago. It occurred in a colored woman, and from its appearance was a prolongation upward and an enlargement of the whole fundus uteri. The tumor was probably a fibroid change in the fundus itself.

Dr. L. DeL. Gorgas asked asked why Dr. Chunn did not tap the tumor before removing it from the abdomen.

Dr. W. P. Chunn, in reply to these questions, said, that the woman had taken ergot at different times, but had never been on a systematic course of this treatment with the object of destroying the growth.

He did not tap before removing the tumor from the abdomen, because the indications of the presence of fluid were so slight that he did not detect it at that time. It is not infrequent for a small amount of fluid in a tumor to resist all efforts at detection through the abdominal walls. Don't think any of her symptoms pointed to death from septicæmia.

Dr. B. B. Browne said the question often arose as to the propriety of operating upon young women suffering from these tumors. In his opinion it is eminently proper. He thinks it gives them a longer lease of life.

Dr. R. Winslow said, he took for granted that septicæmia following abdominal operations did not materially differ from septicæmia following general surgical operations. There were cases in which septicæmia developed rapidly, and terminated fatally without any very marked rise of temperature; moreover, it is not necessary for a larger quantity of fluid to be found post-mortem or for this fluid to be ill-smelling, to prove that the patient died of septic poisoning. We must bear in mind that there are two distinct conditions grouped under the term septicæmia, one due to the absorption of a certain amount of putrefactive material, the symptoms being due to *quantity* of the morbid material which has been absorbed. The poison in this case is *chemical*, and is of the nature of a *ptomaine*, and is formed in some way through the agency of the ordinary germs of putrefaction, the bacterium termo. The other condition is a *septic infection*, and is due to the entrance of *pathogenic germs*, micrococci and bacilli, which rapidly increase after gaining entrance into the system. In this case the secretions need neither be bad smelling, nor of large amount, as the poisoning is not due to the *quantity* of the poison absorbed, but to the *quality*. He did not see any reason to disagree with Dr. Browne's opinion that the woman died of septicæmia, and that this was due not to inefficient drainage, or absorption of decomposing fluids, but to the entrance of specific germs, which the atmosphere of a general hospital is always loaded with.

Dr. O. J. Coskery said that Erichsen, in his last edition, mentions a case of septicæmia, following upon a gunshot wound, that proved fatal in three days.

Dr. J. H. Branham thinks some cause for the peritonitis should be pointed out.

Stated meeting held November 5, 1886.

Vesico-Vaginal Fistula, Vesical Calculi, Dilated Ureters and Suppurating Kidneys.

Dr. C. F. Bevan presented the above specimen. The patient first came under observation in September, 1871, suffering from stone in the bladder. She gave the following brief history of her trouble, viz:

Elizabeth A., æt. 36, married, no children, good family history. Her trouble dates back some six years, and is by her ascribed to a difficult labor which was terminated by forceps. Following the labor extensive suppuration ensued, by means of which the posterior wall of the bladder and upper and vaginal wall sloughed. Gradually symptoms of pain, bloody urine, and general vesical uneasiness had developed. She was examined by Dr. Bevan, September 17, 1871; a stone was at once recognized. The vagina at that time was found to be a mere cul-de-sac without any trace of uterus, though this organ could be felt per rectum, and could be plainly made out by bi-manual palpation. On the left upper side of vagina an opening leading into the bladder was made out, through which most of the urine leaked.

September 19, 1871, the urethra was rapidly dilated, and a phosphatic calculus weighing one and a half ounces was removed. She made a good recovery, and regained full power over the bladder in forty-eight hours.

When the finger was in the bladder, at the time of operation, search was made for the uterus. The neck could not be found, but at one side of the bladder a *puckered*, constricted opening was felt; it was believed to be the uterine stump devoid of cervix.

October 10, operation was done for the closure of the vaginal fistula. Unfortunately the operation failed, though the size of the fistula was diminished.

She reappeared December 15, 1873, and a stone weighing half an ounce, of phosphatic character, was removed; again, November 26, 1878, stone a half ounce; September 9, 1880, stone a half ounce.

The patient entered Bay View Hospital and died there October 7, 1886. From the official report of the autopsy the following account is condensed:

"E. A., age fifty-five, etc. The genitalia were removed, together with the kidneys; bladder small, cavity almost obliterated and filled by a large rough stone firmly fixed; the vagina was opened posteriorily about three inches from the anus. It ended apparently in a cul-de-sac. Into this there was an opening on the left side as large as a pea; a calculus projected into this opening. The uterus was cut open from above. Its mucous membrane was red and gangrenous, and contained some small phosphatic masses. At the lower extremity of the uterus there was a large dilatation, whether belonging to uterus or vagina could not be made out. In this dilatation were two large calculi which were worn perfectly smooth where they were in contact. One of the calculi was directly continuous with the large stone in the bladder. The kidneys were dilated, and filled with gangrenous stinking pus; their pelves were inflamed; uterus dilated and inflamed."

It is probable that at the time of her labor the cervix uteri and posterior wall of bladder sloughed. In the process of repair the uterine stump became adherent to bladder and vagina, whilst the floor of the bladder became attached to the floor of the vagina, save at one spot, that of the fistula. Hence, the vagina became shortened to a mere cul-de-sac, the uterus emptied into a pouch behind the bladder, and thus two cavities were formed communicating with each other, viz., a part of the bladder in front and a portion of the vagina behind. The posterior pouch could not empty itself, and urine decomposed the constantly forming calculi.

DISCUSSION.

Dr. A. F. Erich said he had seen the patient during her lifetime. He did not make any examination at the time, as the woman refused to enter the hospital. Regarding the method of removing the stone in such cases, he would always dilate the fistula in preference to dilating the urethra. Several recorded cases demonstrated the serious damage that has resulted from removal of calculi through the dilated female urethra. Rather than resort to this method, he would cut through the vesico-vaginal septum.

Dr. W. E. Moseley remarked that in cases of vesico-vaginal fistula, whether created accidentally or purposely, there was a marked tendency for the accumulation of phosphates in the bladder and vagina and external genitals. This condition could, in a great measure, be prevented by keeping the urine markedly acid by the use of tinct. muriate of iron, with perhaps the addition of an extra amount of hydrochloric acid, or by the use of a solution of benzoic acid. By thus keeping the parts clean, and at the same time improving the patient's general condition, the chances following operative procedure for the closure of the fistula were greatly improved, and the danger from reformation of a phosphatic stone reduced to a minimum.

Dr. W. P. Chunn thought it a very interesting case. He was of the opinion that a stone very rarely reformed after removal through the vesico-vaginal septum, but thought that in this case the blood entering the bladder might serve as a nucleus about which the phosphates could collect; that the cases of reformation are generally those in which there is present a chronic cystitis and the phosphatic deposit is not thoroughly removed.

Dr. J. E. Michæl said he had had experience with this same patient. On one occasion he had removed a calculus partly through the urethra and partly through the fistula. After the operation the bladder was kept washed out with nitric acid as strong as practicable, but the woman being an opium eater and in every way a thoroughly unsatisfactory patient, left the hospital before any permanently good results could be achieved.

Dr. J. H. Branham thought that in the case presented it would be impossible to keep the pouch at the mouth of the uterus drained, and that the formation of calculi could not be prevented. He did not believe that the patient could be cured by any operative procedure.

Dr. A. F. Erich considered that the patient was too unmanageable to be cured by any treatment. Six years ago he operated on a case of complete loss of vesico-vaginal septum by drawing the posterior lip of the cervix down and attaching it to the anterior edge of the fistula, and by so doing the uterine excretions and menstrual blood were all emptied into the bladder. The patient has done perfectly well, and there was no sign of any stone in the bladder.

Dr. C. F. Bevan in closing the debate said that the general treatment spoken of by Dr. Moseley had been carried out as fully as was possible under the circumstances. He had found it impossible to keep the pouch at the os uteri drained, and every attempt to close the fistula had failed.

(To be continued.)

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—Prof. Sappey says that the ovaries of one woman contain enough ova, if they were all fertilized, to populate a city as large as Paris.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Mental Alienation of Blue-Beard.

Under this heading the *St. Louis Medical and Surgical Journal* for August, contains the following:

Antiquarians have settled among themselves with singular unanimity that the original of Blue-Beard, the terrible and bloodthirsty old bogy that shared the honors in our nursery days with Jack-the-Giant-killer, was a certain Chevalier de Retz or Rays, who lived in the early part of the fifteenth century. A singular bit of history in relation to this monster, recently published in France, is of interest to physicians, inasmuch as it furnishes a veritable clinical observation in the study of a peculiar form of mental alienation—*folie impulsive.* It is a letter written by de Retz, after his condemnation, to King Charles VII., of France, and now published for the first time that we are aware of, in English. De Retz, or to give his full name, Gilles de Laval, Chevalier de Retz, was a most noble and powerful knight, a companion and fellow-soldier of Joan of Arc. After the tragic death of La Pucelle, he retired to his castle of Machecoul, in Brittany, and there gave himself up to the excesses and cruelties that have made his name infamous for all time. He did not, however, as told in the story, marry inquisitive maidens and murder them for gratifying their curiosity, but he did far worse, as will be seen by a letter produced below. We find the original text in a work by Julian Chevalier, on the *Inversion of Sexual Instinct, medico-legally considered*—a work already noticed in the *Journal* (February, '86, p. 87). After having murdered over eight hundred children in the gratification of his horrible passion, De Rays was finally brought before the Court of Brittany, tried, found guilty, and condemned to be burned at the stake. He appealed to the king for a commutation of sentence, in a letter of which the following is a partial translation. After the usual formalities, he says:

"I do not know how, but of my own self, without counsel of any one, I concluded to act thus (as detailed in the *acte d'acusation* and trial), solely for the pleasure and luxury it afforded me. In fact I found incomparable delight in murder, doubtless by the instigation of the devil. It is eight years now since this diabolical idea came to me. One day being by chance in the library of the castle, I found a Latin book describing the lives and customs of the Cæsars of Rome. It was written by a learned historian by the name of Suetonius. The said book was adorned with pictures very well painted, which showed how these Pagan emperors lived; and I read in this beautiful history how Tiberius, Caracalla, and other Cæsars, slaughtered children, and took pleasure in torturing them (*et prenaient plaisir a les martyrizer*). Upon this I determined to imitate the dead Cæsars, and on that very evening I commenced to follow up in earnest and carry out the text and the pictures of the book."

He goes on and recites how two of his retainers, Henriet and Pontou by name, were instructed as to his desires, and became the purveyors of victims for his horrid orgies. He continues: "I abused these children for the ardor and delectation of luxury which their sufferings caused me. Afterwards I caused them to be slain by these fellows. Sometimes I made them cut the throats of the children, severing the heads from the bodies. Sometimes I crushed their skulls by blows of a heavy stick. Sometimes I removed their limbs; removed their entrails, hung them on iron hooks to cause them to languish, and while they were languishing to death, I had connection with them. Sometimes I did the same after they were dead. Oh, I had great pleasure in seeing the most beautiful heads of these children after they were bloodied."

Further on he says: "As to those slain, their bodies were burned in my chamber, except some very beautiful heads which I kept for relics. I do not know how many were thus killed, except that the number was more than one hundred and twenty each year." Finally he appeals to the king thus: "I have often lamented that I left your service, most venerated Sire, when I did so, some six years ago; because if I had not done so, I would not have come to this; but I must confess that I was led to retire to my estate by a certain furious passion and desire which I felt toward your son, the Dauphin of France, such that I would not have failed to have slain him some day, as I have since slain so many innocent children, by the secret temptation of the devil. I conjure you, Sire, not to abandon me, your humble servant, your chamberlain, your marshal of France. Spare me, and let me expiate my crimes by retiring to a monastery, after the manner of the Carmelites."

The prayer was not granted. Condemned to death by the court, he was burned at the stake, along with his accomplices and tools, in the town of Nantes, in 1440. The ruins of his castle at Machecoul are still to be seen. As remarked by Chevalier, we have here an example of homicidal mania accompanied by perversion of sexual instinct exactly the counterpart of cases frequently seen nowadays. Fortunately, however, they do not have the opportunity of gratifying their mania to the same extent as did the horrible monster whose story is thus related. Those were days of demonomania, of sorcery, of beliefs in incubi and succubi, and an almost universal priapism. Crimes against nature could not fail to be the most common events, and the result was the monstrous phenomenon "Blue-Beard."

An Experimental Study of Mycotic or Malignant Ulcerative Endocarditis.

Malignant ulcerative endocarditis is a form of lesion always associated with some kind of bacteria. The causative relation of these bacteria to the lesions are points upon which Dr. T. Mitchell Prudden seeks to throw some light in a paper in the January number of the *American Journal of the Medical Sciences.*

Dr. Prudden shows that bacteria are frequent in a certain proportion of cases of acute ulcerative endocarditis in the cardiac, and, when these exist, in the peripheral lesions. These bacteria are small and of spheroidal form in almost all of the cases thus far described; but in a few cases the presence of bacilli has been noted. There are cases of ulcerative endocarditis with extensive destruction of tissue and large formation of thrombi, in which the lesions are entirely free from bacteria. In these cases, as a rule, the endocardium is the seat of an old inflammatory process, and the peripheral embolisms, infarctions, etc., do not contain bacteria. In many cases of acute ulcerative endocarditis associated with bacteria, the valves and endocardium are also the seat of old inflammation.

The destructive process and formation of thrombi in the heart-valve and endocardium may be as marked and extensive in the cases in which the bacteria are absent as in those in which they are present; but in the latter class of cases the embolic lesions which are apt to be developed are of an infectious nature, and the general course of the disease is apt to bear the stamp of an acute infectious disorder.

The gross appearance of the valvular lesion does not always or usually enable us to distinguish between these two forms of disease. Bacteria are sometimes present in cases of acute vegetative endocarditis, but in the lesions of chronic proliferative endocarditis they do not appear to occur at all. The bacteria which are present in the cardiac and peripheral lesions in cases of malignant ulcerative endocarditis are the causative factors in the disease. The bacteria apparently produce the cardiac lesions by lodgment on the surface of the valves and endocardium, when the latter are rendered vulnerable to their action either by mechanical or chemical injury; or by the presence of old inflammatory alterations; or by conditions unknown to us. Bacterial embolism of blood vessels of the heart-valves is apparently not of frequent occurrence, as was formerly believed.

The only bacteria which have been thus far absolutely identified as occurring in the lesions of malignant ulcerative endocarditis in man are streptococcus pyogenes and staphylococcus pyogenes aureus. This identification has been made in six cases. Dr. Prudden has demonstrated that other species of bacteria than those mentioned are capable of causing similar lesions in rabbits under similar experimental conditions.

Finally, Dr. Prudden points out that, in view of the significant relationship of the bacteria of pyæmia and suppuration to malignant ulcerative endocarditis in the cases thus far fully examined, it is evident that a demonstrably diseased condition of the heart-valves, or a previous history which would suggest the possibility of such a condition, should be an additional incentive to the practice of a vigilant antisepsis in operations, however simple, upon this class of cases.

Loose Cartilages in the Knee-joint.

Dr. William J. Shaw thus writes in the *Brit. Med. Jour.:*

W. W., aged 27, was admitted into Glasgow Royal Infirmary, September 6, 1886, suffering from loose bodies in the knee-joint. His occupation was that of a moulder, which he had followed for eleven years, during which time he has had to work almost continually on his knees. Twelve months ago his attention was drawn to his knee-joint, in which he felt a very severe pain, or, as he described it, "a kind of grip." The pain increasing in severity, he requested admission to the hospital for the purpose of getting something done, as neither by night nor day had he relief from the excessive agony he was suffering. Examination in hospital showed that the right knee-joint was very much swollen as compared with that of the left side; this swelling being due to the presence of a number of loose bodies of considerable size, one of them being nearly as large as the patella itself, and all being freely movable from one part of the joint to another. The feeling conveyed to the hand on grasping the joint and moving it, was the sensation produced by feeling a number of marbles in a bag. The affected joint was rather hotter to the feel than the healthy one. There was no signs of inflammation; and there was no history of rheumatism.

On September 12th, the joint was opened under strict antiseptic precautions, and twenty-two loose cartilages were removed. The total weight of these bodies amounted to 1,681 grains; they varied in weight from 230 grains to 20 grains. The largest body measured fully an inch and three quarters in length, by an inch in breadth, and an inch in thickness. The bodies were white in color, and were of different sizes, one or two being as small as a boy's marble, the majority of them being of considerable size, up to an inch and three-quarters in length, fully an inch broad, and an inch thick. All were formed alike of smaller rounded masses stuck together like the lobes of a conglomerated gland, each body being distinctly rounded on its outer surface, but flattened on its lateral, or inner adherent surface. A large part of the outer surface of one of the largest masses had undergone calcareous degeneration. On cross section, the surface presented a distinctly laminated character, the outer laminæ being firm, bluish white in color, and about a quarter of an inch in thickness. This disclosed a slightly darker and softer part, which occupied the centre; and the two parts might be distinguished as the cortical and medullary portions. Opaque spots were formed in both the cortical and medullary parts, which were obviously due to calcareous degeneration.

The microscope showed that the structure of the bodies was that of fibro-cartilage, in which the fibrous element was comparatively scanty and the hyaline was predominant. The cells of the latter were arranged in large irregular masses embedded in a granular matrix, which were surrounded and only slightly traversed by fibrous tissue. Numerous patches of calcareous degeneration were found which seemed to affect chiefly the granular matrix of the cartilage.

The individual bodies were carefully weighed by Dr. Du Moulin and myself, and subjoined I give the weight of each cartilage: 230, 200, 170, 90, 90, 90, 80, 75, 70, 60, 60, 57, 56, 51, 49, 50, 44, 40, 40, 37, 22, 20 grains—1,681 grains.

The patient made very satisfactory progress after the operation, his temperature remaining normal all through; the dressing was not changed till October 9th, twenty-two days after operation, when the wound was found to be healed, the drainage-tube (which was a decalcified chicken-bone) having become absorbed. Dry dressings were applied.

October 11th. The patient left the hospital able to walk perfectly well, but was advised to wear an elastic bandage for some time to support the joint.

Common Sense.

Before an English medical society (*Brit. Med. Jour.*, Nov. 6,) Mr. Lawson Tait gave an address on this subject. Commencing, he said that he regretted, during his struggles in early life, that there had been no teacher at Edinburgh in his time who had taught them the application of common sense in the practice of medicine. This was regarded as the most uncommon of all the senses, and that perhaps was as easy a definition and as accurate a one as any that could be formulated. A man possessed of sterling common sense seemed to him to be one who was best able to take in any matter, and particularly free from personal bias and prejudice; and as personal bias and prejudice can only be lessened by subjugation of self, it came to be really that the man who had most common sense was to the largest extent capable of subjugating his own interests to those of others. As with a man, so with a body of men; and very largely on this point humanity seemed to judge those who were banded in various subdivisions of the lines of life, as professions, corporations, or other methods by which were accomplished the multitudinous objects with which we are concerned. These bodies were frequently the subject of jests, and such jests! Whilst they were not by any possibility true of the bulk of men, constituting the particular walks of life in question, yet, even when deserved, they formed beacons and guides for action, pointing out the direction which correctness of conduct should avoid. Against our own profession, such criticisms were frequent enough, and, in some individual cases, they were unfortunately found to be deserved. As, for instance, when a member of our profession took advantage of his position of trust to destroy some fellow-being in whose removal he was interested. Then his professional brethren pursued him as relentlessly, and detected the poison with as much care, as if he were one for whom they were far less concerned. In fact, as bodies in such cases, we subjected all consideration of self to the establishment of the higher interests of others in the whole community. The result of this was that no set of men had such a complete hold on the public confidence as the medical profession. Passing from our corporative life to our individual existence, it was probably less true of us that we were able to subject our individual interests to the interests of others than it ought to be. The want of our capacity to do so involved us in the individual disputes with which nearly every individual life was chequered. In our youth, this fault was much more prominent than in our middle life or old age, for we were inclined to fall into two cardinal blunders in starting the race of life. The first of these was a tendency to look upon every patient who consults us as something in which we had a proprietary right; the second was a tendency to resent every kind of infringement of this right, especially in the matter of the patient being inclined to see some one else without our knowledge. The conclusions to be drawn from these errors are—first, that no one had any proprietary right to any patient. Every patient had a right to consult one man or twenty if he might be so disposed, without letting the other nineteen know that he had consulted any particular one. Secondly, that no one had a right to refuse to meet in consultation any practitioner of decent life and character to see whom it might be the wish of the patient. If these two errors were well taught, we should have less squabbles between consultants and general practitioners, such as had recently been evident in the medical journals to a very large extent.

A New Method of Excision of the Knee.

Before the Medical Society of London, December 6, 1886, Mr. Herbert Allingham read a paper and showed cases of a new method of excision of the knee. The operation consists in making a vertical incision over the joint in front, beginning two or three inches above the patella, and prolonged over the patella down to the tubercle of the tibia. The knife splits right through the quadriceps tendon above the patella into the synovial pouch there. The soft tissues over the patella are divided to the bone, the knee-cap sawn through, dividing it into two lateral halves, then the ligamentum patellæ is also split down to the tubercle of the tibia. By this means the joint may be thoroughly exposed by drawing outwards each half of the patella and associated structures to its corresponding side of the joint. The two halves of the patella are wired when the operation is finished. He claimed the following advantages for the operation:

1. The attachments of the fascia lata, the lateral ligaments, and the prolongation of the vasti to the tibia and fibula, are not divided, and consequently there is much more support to the joint during the healing process, and when the leg is well.

2. Above the patella the synovial pouches are well opened, and all the synovial membrane can be thoroughly removed.

3. Dislocation of the tibia backwards and tilting of the femur forwards, which commonly occur after the operation, are thus prevented.

4. The joint and the end of the bones can be thoroughly examined, which was not possible by the method of lateral incisions.

5. The undivided quadriceps is a strong antagonist to the ham-string muscles, and should the splint be left off the leg is much less likely to become bent.

6. Progression is greatly improved, the attachment of the quadriceps being neither divided nor the muscles shortened, as must necessarily take place when either the transverse **H** or **U**-shaped operation is performed.

7. And, above all, as we hope after excision to obtain movement in the knee-joint, the chances, Mr. Allingham thought, of such a result being brought about will be greatly facilitated by the operation described.

In future operations Mr. Allingham said he would remove thoroughly the whole synovial membrane, and only dig out with a gouge the diseased spots on the cartilage, and should not in any way interfere with any of the cartilage that looks healthy. If the crucial ligaments are not extremely diseased, they should be left undivided. The joint should be kept at absolute rest until the wound has healed, when passive motion may be commenced.

Mr. William Adams thought nothing could be better than the result in the case shown.

Mr. Edmund Owen considered that the hemorrhage would be less from the joint in Mr. Allingham's method, which he should certainly practice, but rather as erasion than excision of the joint.

Mr. J. H. Morgan always avoided excision as far as possible, and this would certainly be obtained by Mr. Allingham's method, which he hoped in future to try.

Mr. Allingham, in reply, said that a good view of the whole of the interior of the joint could be obtained.

On the Advantages of Gymnastic Exercises in the Horizontal Position, in the Treatment of Lateral Curvature of the Spine.

Mr. William Adams read a paper on this subject before the Medical Society of London, in which he recommended a combination of the various systems of treatment, such as recumbency, muscular exercises or gymnastics and mechanical support, in place of relying upon any one system exclusively. The degree in which they were combined must vary according to the case, age, and other circumstances. For gymnastic exercises in the horizontal position, he had recently employed an improved exercising plane, made by Mr. Ernst, at his suggestion; this apparatus he exhibited to the society. The plane was six feet in length, and made on an incline, having a sliding board, half the length, fitted with pulleys, and movable up and down the inclined plane in grooves at the side. The exercise consisted essentially in the patient drawing himself up the inclined plane, while the body was resting on the sliding board or movable stage. This movement might be repeated several times, say from five to ten times a day at the commencement, with intervals of rest, and gradually increased, but always avoiding fatigue. Dr. John Shaw was the earliest advocate of horizontal exercise, and gave an illustration of an exercising plane, in his work on the subject dated 1823. This was modified by Amesbury, but the plane exhibited comprised Mr. Shaw's plane, with several useful appliances for special exercises. By a combination of recumbency and gymnastic exercises, and the addition of mechanical support in some form best adapted to the requirements of each case, deformity might be remedied in the earlier stages, and its progress arrested.

Mr. Edmund Owen expressed some disappointment with the paper. He thought the use of mechanical supports tended to prevent the growth of muscles, and preferred rest and proper exercise carried on under surgical supervision.

Mr. Bernard Roth said that the methods advocated by Mr. Adams were neither new nor useful.

Mr. James Black mentioned two cases which had been markedly benefited by postural treatment and rest.

Mr. Walter Pye said that it could not be doubted that cases did exist which could be treated only by mechanical support, and therefore that it would not be justifiable to discard the treatment entirely.

Mr. Baker and Mr. Benham took part in the discussion, and, in reply, Mr. Adams maintained that in many cases where structural changes had taken place in the vertebræ, the treatment by muscular exercise was altogether inadmissible.

Goitre in the Himalayas.

Dr. Giles, of the Indian Medical Service, who is the medical officer to Colonel Lockhart's expedition, has contributed a short paper to the *Indian Med. Journal* on goitre in the Himalayan regions. He states that the disease is endemic throughout a large portion of the northwest Himalayas, and the Hindu-Kush ranges, and that in the endemic areas about five per cent. of the population are affected. As a general rule the disease first showed itself about puberty, but cases beginning in childhood, in early adult life, or even in middle age, were not uncommon. The most interesting point in the paper is an investigation of the question how short a residence in a goitrous district might be followed by goitre. The garrison of Gilghit afforded an opportunity of obtaining data, for the men were partly recruited from districts where goitre is endemic and partly from districts where it is not. Ganesha Singh, the medical officer of the Maharajah of Kashmir's "Ruddur" regiment, furnished Dr. Giles with statistics, which showed that sixty-one men out of a total of 800 were affected with goitre. This is equivalent to a little over 7.5 per cent. Twenty of these men came from districts where goitre was not endemic, and the condition had developed subsequently to their arrival in the Gilghit-Astor command. The average period of residence previous to the appearance of the goitre was 12.7 months, the shortest period being 5, and the longest about 19. Comparing these figures with those for recruits from goitrous districts, Dr. Giles comes to the conclusion that previous residence in such districts had no predisposing influence, for the average duration of residence in thirty-seven men in whom the disease had appeared after their arrival in Gilghit was 12.32 months. In discussing the etiology of the disease, Dr. Giles states that the most characteristic geological features of the district are ranges of granite and gneiss. The disease is most prevalent where timber is most scarce, and where the natives live in dark unventilated mud huts. Two apparent exceptions are explained by the fact that the houses are large, with good chimneys, and built of stone. No cases occurred among the members of Colonel Lockhart's expedition, who were well lodged, and lived under good sanitary conditions. Want of ventilation and, in general, unsanitary conditions are necessary antecedents, without which, Dr. Giles concluded, the specific cause of the disease is inoperative, and by attention to the former, the latter may be defied.

Cocaine for Morphiomania.

Two cases have recently been observed in Cairo of temporary hallucinations after prolonged subcutaneous use of cocaine, as recommended for abuse for abuse of morphia injections. The second case occurred in the person of a European doctor, and only lasted two days, during which it was believed that some harmless servants were persecuting him. It now appears that he was accustomed to take morphia injections himself, and was invited to take charge of the first case during his temporary restraint. This first case has been reported by a Greek, Dr. Comanos, in the *Berliner Klin. Wochenschrift* (No. 38), who watched the patient throughout. After being addicted to the morphia habit for several years, he recommended his patient, a middle-aged European of excitable temperament, to take as a substitute three-quarters of a grain of cocaine, hypodermically, three times a day. The pain and distress occasioned by the lack of morphia was relieved by this, but the patient gradually and privately increased the dose until he took every day eight and even twelve grains. This induced great mental irritability, singing in the ears, dyspnœa, and hallucinations, which all disappeared upon returning to injections of morphia. But, unfortunately, a painful attack of herpes zoster ensued, and the patient doubled his former cocaine injections to sixteen and afterwards twenty-three grains a day. The symptoms produced by these large doses were trembling of the limbs, lassitude, incontinence of urine, loss of sleep and appetite, excitement, hallucinations, injected conjunctivæ, and a very fixed expression. He believed that burglars lurked in his garden, and he fired revolver shots at imaginary figures by night, eventually nearly strangling one of his servants because he believed he had swallowed a lantern. He was then removed to a hospital, and, on being searched, cocaine, morphia, and many hypodermic syringes were found on him. His drug treatment consisted of three-quarters of a grain of morphia subcutaneously injected three times a day, and in forty-eight hours he was perfectly sane again, and prepared to explain away his hallucinations, especially those of sight and smell.

The Density of the Teeth as Influenced by the Food, etc.

Dr. W. D. Miller of Berlin, has recently communicated to the American Dental Soety of Europe the results of his experiments upon dogs, to show the effect upon the teeth produced by the absence or presence of lime salts in their food. Every dental surgeon knows that the hardness of the teeth may vary greatly in the same individuals at different periods; the most marked, although by no means the only cases, are those of pregnant women; and this cannot be explained solely on the ground that the secretions of the mouth are vitiated by reduced acid from gastric disturbance. There is undoubtedly an absolute softening of the whole tooth substance, due, probably, to the robbing of the teeth of the mother of their lime salts in order to build up the osseous system of the fœtus. Dr. Miller is endeavoring to show experimentally how far changes can be produced in teeth. His *modus operandi* is to extract a tooth from a healthy dog, and then to feed the animal upon food containing but little lime salts for three months; a second tooth being now removed, the food is changed to one containing an excess of salts. This is continued for four months, when a third tooth is extracted. From the results of chemical analysis, he finds that there is an appreciable loss of lime salts in the first stage, amounting in one case to more than 1 per cent., and during the second stages that the proportion of lime salts rises to normal. The number of experiments has not been sufficient to give absolutely conclusive results, and no microscopic examinations have been made. Dr. Miller himself points out that Zalesky and Hoppe-Seyler, in their similar researches, maintain that the bones are not only deficient in lime salts, but that there is an absolute rarefaction, so we should expect some similar change in the teeth. We should also like to hear of some experiments on pregnant animals.

Manaca in Muscular Rheumatism.

Dr. Thomas P. Gary thus writes in the *Med. Age:* I have treated quite a number of cases of muscular rheumatism, which is getting to be very common in this country, and in no instance have I had any reason to complain of the results obtained from the use of manaca.

It will only be necessary to give a history of one case, for its effects have been uniform throughout. The patient had been a sufferer for quite a number of years, and had tested the talents of distinguished physicians without receiving any material benefit. He had suffered much from malaria for four years, and physicians differed as to whether he had any syphilitic complication. If there was, it most probably was the result of vaccination during the war, as he presented no evidence of having contracted it in the usual way.

He was out shooting one day, during a small rainfall, and although he did not get very wet, a pain of a neuralgic character began in the region of his right nipple, and he became feverish and quite nervous. Subsequently he was under treatment by physicians, but was often annoyed by neuralgic pains in various portions of the body, but more particularly in the muscles of the chest and back, occasionally in legs and arms. Any extra exertion produced them, though subacute. He was subjected to constitutional treatment of iodide of potassium and mercury, without any material benefit, for several years, and finally came under my observation. I prescribed fluid extract of manaca in 35 and 40-drop doses three times a day. This he continued for two months, and the improvement was gradual and permanent, and to-day he expresses great confidence in being entirely cured. The duration of this "disease," the failure on the part of other physicians to relieve with standard medicines, his condition, and the great improvement under the use of manaca, certainly should encourage us to give this remedy further trial in these cases.

Spermatorrhœa.

In the *Boston M. and S. Jour.* (Dec. 2), Dr. M. A. Richardson reports a case: The patient has ejaculations on the slightest provocation, the touch of a razor to the face being enough to cause one. He also complains of ejaculation during defecation. A specimen of the fluid lost during this act had been secured and was shown to the meeting. It proved to contain spermatozoa. Before seeing Dr. Richardson, cold sounds had been used for three years, and deep injections, both without effect. The patient asks to have the prostatic urethra cauterized, and Dr. Richardson is inclined to make use of this treatment.

Dr. Watson said that he thought that physicians underrated the frequency and importance of true spermatorrhœa, which was generally treated as existing chiefly in the imagination of the patient, the thick, gummy discharge, of which they complained as occurring at the end of urination or during defecation, not being examined microscopically. If this be done, a certain number of specimens will be found to contain spermatozoa, generally dead, owing to having been passed back into the bladder and lain for some time in the urine. The mental depression and hypochondriasis associated with this condition, as well as a train of symptoms too long to enumerate here, that are generally observed in this malady, are very marked, and constitute its most difficult feature in treatment. The actual local condition, which consists in hyperæmia and disturbed innervation, is generally greatly improved by large cold steel sounds, or the hollow sound rendered cold by a current of water, and deep injections of nitrate of silver—never stronger than five grains to the ounce, and preferably one or two grains to the ounce. Dr. Watson did not believe in cauterizing the prostatic urethra in these cases, a practice originating with Lallemand, and thought that it might eventuate in stricture.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——Several lectures by Dr. Thomas G. Morton, of Philadelphia, on the Antiseptic Treatment of Wounds have been reprinted, and will be found of unusual interest.

——The *Pittsburgh Medical Review* began its career in December, 1886. It is a monthly, with twenty-eight reading pages; price, $1.00 a year.

——The "History of Medicine and Medical Men in Camden County, N. J," by Dr. J. R. Stevenson, of Camden, makes a large 8vo. of 39 pp. It is a careful summary.

——The *American Journal of Biology*, edited by Dr. H. D. Valin, is a quarterly which begins with a promising number. Price, $1.00 a year. The editor's address is 802 South Halsted street, Chicago.

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RUBELLA.

While the broad lines separating measles and scarlatina are universally recognized, there has been anything but harmony among writers concerning certain anomalous forms of eruptive fever prevailing from time to time which present mingled characters of the two affections, or which appear to present the features of an independent affection. Ever since the middle of the last century, they have attracted much attention, and while, for the most part, they have been considered as aberrant forms of measles or scarlatina, there can be noticed a constantly recurring disposition to gather together, under a special designation, certain cases occurring sporadically or epidemically, which seemed to offer peculiarities distinguishing them from these two diseases. Gradually all affections having a red macular eruption, and not recognizable as measles or scarlatina, came to be described as rötheln, and great confusion resulted, but within the last twenty years the question has assumed a phase that gives hopes of its satisfactory solution.

The last writer on the subject is Dr. I. E. Atkinson, who, in the January number of the *American Journal of the Medical Sciences,* studies the disease in a systematic manner, both historically and clinically. His conclusions are that

1. Rötheln is a specific, contagious, eruptive disorder.
2. While it possesses characteristics which, taken together, justify a reasonable degree of certainty in its diagnosis, it has no symptom that may not be and is not often assumed by measles.
3. A sporadic case, occurring in one who has never had measles and who affords no history of exposure to rötheln, may be diagnosticated with a fair degree of confidence, but not with absolute certainty.
4. The unqualified diagnosis of rötheln should only be made during an epidemic in which all persons exposed, irrespective of former attacks of measles, are liable to be affected, and in whom the symptoms follow a pretty uniform type. In the absence of a pronounced epidemic influence, a series of cases occurring in a household, a school, or an asylum, showing typical symptoms, may be diagnosticated as rötheln with a fair degree of confidence.
5. In sporadic cases, where neither measles nor rötheln has been experienced, a diagnosis of probable measles or rötheln must be made, as conditioned by the resemblance of the symptoms and course to the type of one or the other affection.

WHY BOVINE VIRUS SOMETIMES DISAPPOINTS.

We have recently become cognizant of a fact in connection with the traffic in bovine virus that tends to explain why it not infrequently happens that points procured from a reliable vaccine farm fail to give the satisfaction that is expected of them. It often happens that a druggist will buy a case of points, out of which he sells a few and then the demand temporarily ceases. He has been instructed that the virus will become inert after a certain time (two weeks, we believe), and he is told to return all points not used within that time, for which fresh ones will be forwarded. He thinks that he will not bother the parties from whom he has bought them, so he puts them away in his cellar, thinking that because it is cold there, they will retain their efficacy. After a while a doctor comes along who wants to vaccinate some one; he is furnished with one of these inert points, and, of course, the vaccination fails "to take." He tries again, with the same result; his patient blames him, he blames the druggist, and the latter determines to buy no more points from this particular farm; while in the minds of all who are cognizant of the transaction, a doubt is thrown upon the efficacy of bovine virus. See how much trouble and undeserved censure results from the druggist's failure to do that which he has been plainly directed to do. It is not right that good bovine virus should be thus unjustly brought into disrepute.

To prevent such mistakes in future, we would suggesst that wherever practicable the physician should order direct from the farm, or he should at least be sure that he uses only *fresh* points. There is no reason for the druggist to sell stale virus, because, as we have said, the reliable farms are not only willing, but anxious to supply fresh points for those that have become inert, for they know that only thus can their reputation be maintained. This is a very serious matter to all concerned—to the producer, the druggist, the doctor, the patient, and the whole community—and we wish to most earnestly impress it upon our readers.

A LESSON OF GENERAL LOGAN'S DEATH.

Of all statistics, certainly *vital* statistics are obviously the most valuable, since from them are to be gathered deductions of *vital* interest and value to humanity. *Reliable* vital statistics, we would say, are inestimably valuable, while those which are unreliable are worse than worthless—they are damaging, because they are misleading. Now then let us ask, have we any reliable vital statistics in this country? No, we certainly have not, and they are unreliable because in recording deaths physicians frequently fail to accurately state the cause of death. Thus in the case of the late General Logan, his death is attributed to "rheumatic fever." Now, it must be evident to any one who stops to reflect, that he did not *die directly* of "*rheumatic fever.*" He, no doubt, had rheumatism, and we take it for granted he had fever, as it is an accompaniment of acute rheumatism; therefore it is correct enough to say that he had "rheumatic fever," if you like the term, but it seems to us much more likely that his death was due to endo- or pericarditis; or, since he has been subject to rheumatism for some time, and, from rumor, has not been well for months, his death may have been due to cirrhotic kidneys, a frequent termination of the gouty diathesis, especially in those who have reached General Logan's age. How frequently do we see, in mortality reports, death attributed to *convulsions*, yet we all know that a convulsion is but a symptom of some cause. Occasionally we see *paralysis*, as a cause of death; is it not absurd to make such a statement? Uræmia is frequently given as a *cause*, when it is but an *effect* of the kidney disease that has caused the fatal issue. So we might go on, but we have said enough to illustrate the point, that when a physician assigns a *symptom* as the *cause* of death, he may satisfy the relatives of the deceased, but he is committing a sin against the community, by giving them false premises from which to draw their vital deductions.

A LESSON FOR MEDICAL MEN FROM THE MESSAROS CASE.

An exceedingly nasty scandal that was recently tried in this city contains a lesson of interest to physicians. The Rev. Waldo Messaros was the pastor of a church to which a certain woman belonged. There are many collateral circumstances in the case, but the one fact with which we have to deal is that this woman invited the clergyman to her house, and he went, unaccompanied by any one, and while the two were alone in the parlor she made an outcry, and declared that the man had assaulted her. The case was tried in court, and the minister was acquitted. His defence was that this was a conspiracy to have him removed from his charge. He claimed that he had suspicions of the woman's designs, yet he had the temerity to visit the woman alone. The lesson we wish to draw is the same we have pointed before. The physician who conducts his treatment of women privately is always liable to a similar difficulty. Of course, such a charge is very rarely made, when we consider the very large number of persons so treated; but the danger is ever-present, and no one knows at what moment it may become a reality, or who may be the victim. The lesson is that when a physician is obliged to treat a woman confidentially, he ought (if we may be pardoned the Hibernianism) to have a third party present.

NOTES AND COMMENTS.

Scald of the Larynx in a Child; Tracheotomy; Recovery.

For the following account we are indebted to Mr. Edward Harrison, house-surgeon, who reports it in *The Lancet:*

Charles C——, aged two years and four months, was admtted on Jan. 2d, 1886, at 6:30 p. m. At 2:30 p. m. on the day of admission he attempted to drink from the spout of a kettle containing boiling water.

On admission there was some cyanosis and sucking in of the lower ribs during inspiration. He was at once put into a tracheotomy cot, with a steam kettle, in a warm room. At 8 p. m. the symptoms were much relieved. At 9 p. m. he became much worse; there was much cyanosis and sucking in of the chest walls during inspiration, and the breathing was stridulous. Tracheotomy was performed, and at once relieved him.

On the following morning the temperature was 103.4° F. This came down gradually day by day. For the first few days there was much bronchial discharge, so that the tube had to be cleared with a feather about every five minutes. His pulse was 150, and respiration 60 to 80. He was treated with brandy, ipecacuanha wine, and aromatic spirits of ammonia, and had poultices applied to the chest. On the 19th the silver Bryant's tube was changed for an india rubber one, in which a hole was cut to allow of respiration through the larynx. On the 22d he wore a cork in the tube all day, and on the 23d the tube was removed and the wound allowed to heal. The after-progress was uninterruptedly good. He was discharged on Feb. 5th, well.

Purple Suffusion of the Extremities Alternating with Attacks of Hæmatinuria.

Dr. Tannahill thus writes in the *Brit. Med. Jour.*, December 18:

M. N., aged five, female, has been subject to attacks of hæmatinuria for three years. The attacks occur after a chill, and are more frequent in cold weather. Between the attacks the arms and legs become, as the parents say, black and cold, pain is complained of, and apparently some loss of power in the legs and feet. These interim attacks are also associated with chill. The hands and feet, as far as the ankles, become of a deep purple tint, equally diffused and not disappearing on pressure. There are pain and tenderness in the parts affected. No sweating or swelling. The skin assumes a healthy appearance, and the pain subsides in less than thirty minutes. The urine looks normal, and is free from albumen. There is no real loss of power in the legs, but movement is restricted to avoid pain. Ross describes a somewhat similar condition under plantar neuralgia (*Diseases of the Nervous System*, first edition, vol. 1, pp. 517–18), and he cites a case of Weir Mitchell's, in which the upper and lower extremities were affected. The alternation of hæmatinuria with vaso-motor disturbance of the extremities in this case suggests a common origin of both.

Bearing in mind the reciprocity of skin and kidneys, a vaso-motor paralysis, similar to that observed in the extremities, may occur in the kidney, great congestion would ensue, and the coloring matter might escape. The short duration of the attack, in each affection, is reconcilable with temporary vaso-motor disturbances.

A New Local Anæsthetic.

Drumine is the title of a new Australian local anæsthetic discovered and described by Dr. John Reid, of Port Germein, South Australia (*Lancet*, December 18, 1886). Euphorbia drummondii is the species from the milky juice of which the alkaloid drumine was prepared. Cocaine is known to have a mixed action on sensory and motor nerves, and causes preliminary excitement; whilst drumine is said to have an almost purely sensory paralyzing effect, and does not cause excitement. Experiments were made on cats and on the observer's tongue. It was injected into the legs of the former animals and caused general dullness, with marked impairment apparently of all forms of sensibility. Placed on the tongue, nostrils, and hand of the observer, the resulting anæsthesia was most marked. The alkaloid has no action on the pupil, and small doses given internally produce no constitutional effect. It has been employed successfully in subcutaneous injections for sciatica and sprains.

The experimentation has so far been imperfect and incomplete. We hope soon to have a fuller account of this new alkaloid, and to be able to give further information thereon. The amount injected subcutaneously was four minims of a four per cent. solution. Dr. Reid anticipates a brilliant future for the drug in the domain of nervous and cerebral diseases.

Contagion of Tetanus?

At the Société de Chirurgie an interesting paper, followed by discussion, was read by M. Larger, which seemed to show clearly that there were good grounds for believing in the contagiousness of tetanus. Four patients who had been treated in the Colmar Hospital were seized with tetanus at different intervals, and all died. The nature and severity of the wounds varied in each case from an amputation to a simple incised wound. The only thing common to them all was that the cases had all occupied contiguous beds. Tetanus is rare at Colmar. None of the patients had had anything to do with horses. A veterinary surgeon, M. Cagnat, had practiced castration on horses for twenty-five years without a single case of tetanus. At the end of 1884 he removed with an écraseur a tumor of the testicle in a horse; the animal died of tetanus. Operations for castration practiced with the same écraseur on five horses afterwards were followed by tetanus and death in all the animals. The écraseur was then submitted to disinfection by being heated to a high temperature. The instrument was afterwards used for fresh castrations, and without tetanus resulting in any of the animals operated on.

Chloride of Methyl in Neuralgic Affections.

Dr. Dudley Tait thus concludes an article in the *Kansas City Medical Index:*

1. Chloride of methyl spray may be used with great advantage in all neuralgic affections; its sole indication is *pain.*
2. It can be successfully resorted to in view of eradicating *pain* in the course of various pulmonary affections, in acute and chronic rheumatism, and also in affections similar to the writer's cramp, etc.
3. In trifacial neuralgia, precaution is of absolute necessity, but does not constitute a counter indication.
4. One application often suffices; however, two and exceptionally several applications are necessary.
5. The majority of neuralgic affections are definitely cured by this treatment: success has sometimes been obtained in neuralgias symptomatic of Pott's disease, pelvic tumors, etc.
6. The slight and *transient* pigmentation that sometimes follows this treatment is of no importance; it disappears in the space of two weeks.
7. Experiments seem to indicate that the analgesic properties of chloride of methyl are due to its action on the superficial terminal expansions of the nerves of the skin.

Bone Grafting.

At the French Congress of Surgery, M. Poncet expressed the belief that it would be possible to reconstruct a destroyed bone by means of osseous grafts. It is not after cicatrization that the grafting can be expected to succeed; it is at an anterior period, when active healing of the wound is taking place, that the grafting can be made under the most favorable conditions. M. Poncet then cited the case of a child of eleven, from whom a long sequestrum of the tibia had been removed after osteo-myelitis. This sequestrum measured twenty-five centimetres in length. One month after the operation the first attempt at grafting was made. The fragments were taken from a newly-born infant which had just died. Antiseptic dressing was used, and the limb was kept at rest with plaster splints. Twelve days later the dressing was changed; there was slight suppuration. New grafts, composed of four bony fragments, were then procured from a young kid. These were implanted in fleshy granulations and only one was eliminated. Six months after the operation there was a solid bony mass, thirty centimetres in length; the child became strong and able to walk.

Hydrocarbons in Hypodermic Injection.

Dr. Albin Meunier has made a communication to the Société des Sciences Médicales of Lyons, to which the *Semaine Médicale* calls attention, on the use of vaseline as a vehicle for the hypodermic injection of different essences. Eucalyptol, menthol, essence of cubebs, of sandal, of copaiba, and other substances, may be so administered, without untoward symptoms. It is said that these injections give rise to no local troubles and very little pain. For the drugs mentioned one part in five of vaseline is used after filtration repeated three times. For thymol the proportion is one in ten. It has also been found that vaseline dissolves creasote, iodine, camphor, sulphide of carbon, carbolic acid, iodoform (when in previous solution with the essences), and even the alkaloids. For some of these the quantities given are as follows: iodoform, one to eighty; sulphide of carbon, one to fifteen; creasote, one to twenty; iodine, one to twenty; cocaine, one to fifty; digitaline, one to a thousand.

Effects of Petroleum on Health.

Dr. Bielczyk publishes in a Polish medical journal the result of his experiences among the workers in petroleum wells. Very violent mental symptoms are produced by acute poisoning by the gaseous exhalations existing in the shafts of the wells, amounting to delirium of a maniacal character. These, however, always quickly cease when the patient is brought up to the earth's surface. Speaking generally, the mortality amongst the workmen is not particularly high; they seem to be remarkably free from diseases of the respiratory organs, both of an inflammatory and tubercular character, and also from infectious diseases. They are, however, subject to an eruption like acne, affecting the extremities. Dr. Bielczyk mentions that he has found raw petroleum an excellent application for fresh as well as for old and foul or torpid wounds.

Treatment of Whooping-Cough.

The following method of disinfection of sleeping and dwelling apartments and clothes is recommended by M. Mohn in the treatment of whooping-cough. It is said to cure the cases immediately. The children are washed and clothed in clean articles of dress and removed to another part of the town. The bed-room and sitting-room or nursery are then hermetically sealed; all the bedding, playthings, and other articles that cannot be washed are exposed freely in the room, in which sulphur is burnt in the proportion of twenty-five grammes to the cubic metre of space. The room remains thus charged with sulphurous acid for five hours, and is then freely ventilated. The children return the same day, and may sleep and play in the disinfected rooms.

Case of Menstruation after Removal of Pregnant Uterus and Appendages.

Lawson Tait thus writes in the *Lancet*, December 18:

E. P., aged thirty-three, menstruates somewhat profusely at irregular times, and has done so twice in the last three weeks. This has continued since I removed the uterus (at the fourth month of pregnancy) in August, 1884. A large soft sarcoma grew from the fundus, and the whole uterus was infiltrated with nodules of the same growth; therefore the clamp was made to include as much of the organ as could be pulled up, and I believe the whole of the organ was removed. Previous to the operation, she tells me that she never had any sexual enjoyment, but that now she has it occasionally. The vagina is now (Nov. 22, 1886,) greatly elongated, and a small pimple can be felt at the upper end of it, in the cicatrix.

Saccharine.

Saccharine, which has recently been introduced into therapeutics as an excessively sweet material, three hundred times sweeter than glucose, is likely to prove of considerable service. According to Aducco and Mosso it has very high antifermentative and antiseptic properties. It is recommended for internal administration to diabetics, with a view to rendering their food more palatable. It passes unchanged through the organism, and may be detected in the urine in its original condition. In cases of indigestion or where the intestines are the seat of abnormal fermentations and acidity, it is extolled as an antiseptic.

Antipyrin as a Hæmostatic.

At a meeting of the Geneva Medical Society, Dr. Goetz stated that, following the recommendation of Dr. Huchard, he used antipyrin as a hæmostatic in three cases of bleeding. One was a case of severe and prolonged epistaxis in a young man suffering from haemorrhagic purpura; the second was a case of bleeding from the gums after the extraction of a tooth; and the third was a case of metrorrhagia from uterine fibroid. In the two former cases the drug was employed locally in solution; in the third, one gramme of antipyrin was incorporated in a gelatine pessary.

Vaccination Scars.

A writer in the *Correspondenz-Blatt für Schweizer Aertze*, No. 18, 1886, who had a good opportunity of studying vaccination scars at the Basle Federal Athletic *Fête* (*Turnfest*), draws attention to the æsthetic aspect of the "art of vaccination." Very many of the men had ugly, thick, and broad scars, reaching sometimes down to the elbow. When spoken to about the matter, they expressed indignation at the disfigurement inflicted upon them by the vaccinator. The writer recommends that more attention should in future be paid to this matter, which, though trifling in itself, may sometimes strengthen the hands of anti-vaccinationists.

New Method of Employing Electricity in Neuralgia.

Dr. Adamkiewicz describes in the Polish journal *Przelad lekarski* an exceedingly effective way of applying electricity for the relief of neuralgia of various kinds. The apparatus he uses is a constant current battery, the cathode being a concave metal plate lined with electrical carbon, which is saturated with chloroform. This is then applied over the painful spot, and a current, weak at first but gradually increasing in strength, passed. One or two applications of this kind were found, says the author, sufficient entirely to relieve the severest cases.

Faradization in Jaundice.

Dr. Henri Secretan, of Geneva, Switzerland, recently treated a case of catarrhal jaundice in a child, aged 11, by faradization of the gall-bladder. The disease had not yielded to three weeks' treatment with ordinary cholagogues. The flow of bile was reestablished after three daily sittings, each of ten minutes' duration. A small cylindrical electrode was introduced into the rectum for the length of 8 centimetres, while another was applied in the region of the gall-bladder. In the intervals between the faradic sittings, large enemata, consisting of one litre of cold water, were administered.

Analysis of Urine in Abdominal Tumors.

At the French Congress of Surgery, M. Thiriar, of Brussels, speaking of the analysis of urine in cases of abdominal surgery, stated that in benign tumors the proportion of urea in urine is always more than twelve grammes, whilst in malignant tumors there is always hypo-azoturia. In support of this opinion he mentioned several cases in which he was able, by this indication alone, to diagnose a tumor as benign or malignant, which was afterwards confirmed by the operation, the necropsy, or the subsequent course of the tumor.

Transplantation.

M. Dubousquet recently related a case at the Biological Society in which he had used grafts from the epidermis of a frog to heal the ulcers resulting from severe burns on the foot, caused by molten metal. For the sake of comparison one ulcer was treated with grafts taken from the patient's own skin, the other from that of the frog. In both cases four cuttings were applied, about the size of a half-franc piece each. Cicatrization took place more rapidly in the ulcer treated with the skin of the frog, and the scar is more supple than the other.

Tin Oleate for the Nails.

Thomas H. Irquhart writes to the *Therapeutic Gazette:* "I used the tin oleate some months ago on my finger-nails, which commenced to split and break soon after I left the army, the result of scurvy contracted in the military service. I anointed the nails every day with the oleate, and at night applied it on a narrow flannel bandage. In about two months all the nails were sound and tough. I applied the oleate to the nails of a young lady friend with like success. It is also a beautiful polish for the nails."

Ecchinocœa for Typhoid.

Dr. H. C. F. Myer writes to the *Kansas City Medical Index* that no quinine, whisky, or opium would be required in the treatment of typhoid if the medical profession would give tincture of ecchinocœa angustifolia, or as it is commonly called, black samson root, a trial. The fever will be reduced by it, and it is antiseptic. By its external and internal use it will lower the temperature, will shorten the course of the disease, and will save the life of the patient.

CORRESPONDENCE.

Expulsion of Tape-worm.

EDS. MED. AND SURG. REPORTER:

In your issue of December 18 I notice an inquiry by "S. R. O., M. D.," as to the method employed by quacks to expel tapeworms. I do not know what charlatans use, but I have on my desk as I write a tænia solium, which was expelled recently after one dose of oil of pine needles, without any preliminary treatment or fasting. I believe the customary seventy-two hours' fast does more harm than good, and that the longer the fast is continued the more firmly the tænia attaches itself to the tissues, and that the patient will starve to death sooner than the worm will. I believe that to the prolonged fasting is due the irritable stomach, which sometimes seriously complicates the case and renders tæniacides inoperative and sometimes dangerous.

The case just alluded to was that of a

girl six years of age. She had been nearly starved to death, and fed on male fern and kamala nearly a year before without benefit. When I was consulted, I prescribed ʒss. of oil of pine needles and ʒss. of syrup of acacia at bedtime, eating nothing for supper except salt meat, and ordered the dose repeated the next morning before eating, the child to take a cathartic at 11 a. m., if its bowels did not move before that time. The next morning the father brought the worm to me in a bottle, and said it was passed the first thing in the morning, before the second dose was taken.

If "S. R. O." should try the oil, which can be obtained of any wholesale druggist, I should be pleased to hear whether he is successful with it or not. I used it one year ago on a woman thirty years of age, also successfully. E. O. BARDWELL, M. D.

Emporium, Pa.

Chloroform in Parturition.

EDS. MED. AND SURG. REPORTER:

In an interesting article in a late number of this journal, December 18, 1886, on "Chloroform in Parturition," by Dr. P. I. Farnsworth, this inquiry is made: "Who would do turning or *introduce* instruments without the aid of an anæsthetic?" I am as warm an advocate of the use of anæsthetics and instruments in labor, and employ them with as little trepidation, as most practitioners; but, if it is the doctrine and practice of the profession to anæsthetize patients to *introduce* instruments, I am not in harmony with them. I have always believed, and acted upon the idea, that it was desirable to have the liveliest sensitivity of patients to aid in guiding the direction of the blades of forceps, whilst *introducing* them.

From considerable experience during a somewhat extensive practice running through nearly forty years, I am impressed that the *introduction* of forceps is a delicate operation, which requires care, involving as it does the safety of both mother and child. Once forceps are safely introduced and securely locked, there is no danger except to the perineum. *Then* anæsthetics ought to be used to a degree to prevent consciousness of pain; and intermittent traction may be made with boldness.

There is involved in this discussion a principle of great practical importance, and I would be pleased to get the views of my friend, Dr. Goodell, and other recognized leaders of the profession, upon it.

GEO. TROUP MAXWELL, M. D.

Ocola, Florida, Dec. 30, 1886.

A Deficiency of the Lumbar Vertebræ.

EDS. MED. AND SURG. REPORTER:

Was called November 29, p. m., to see Mrs. K., who was then in labor; third child. Labor progressed favorably. She was soon delivered of a female child. The other two children being of the female persuasion, she was anxious that this one should be a son. Upon examining the child I found it a nice, hearty, well-featured and well-developed child, excepting a deficiency of three lumbar vertebræ, there being no connection with the lumbar vertebra and the sacrum. The space was occupied by a very thin and transparent membrane. A portion of either kidney was discernible through this membrane. It did not appear to be painful. The afternoon of the second day there was a collection of semi-transparent fluid under this thin membrane. The third day it was more of a muco-purulent character, with indications that pus might soon form. Matters thus progressed to the tenth day, when death came to its relief. Unfortunately, no post-mortem was obtained.

From the first the child had no use of its lower limbs. The bowels and kidneys were normal in action. It nursed well, and slept most of the time. It could not lie on its back without distressing it.

I report this because of the rare occurrence of such cases, at least in my practice.

J. A. INGLIS, M. D.

Morea, Ills., December 27, 1886.

Tape-worm Expelled by the Use of Turpentine and Pumpkin Seeds.

EDS. MED. AND SURG. REPORTER:

Samuel M., a robust lad, nine years of age, son of a farmer, commenced to pass segments of tape-worm in the spring of 1866. Late in February he came under my care. He was directed to fast twenty-four hours, and to take the following day oil of turpentine in mixture of pumpkin seeds. The patient, who varied his fast by filling his stomach with dried apples, vomited the medicine, and it failed for the time. On April 3, he fasted rigidly, and, on the morning of the day following, commenced taking the prescription given below, in divided doses—probably one or two ounces an hour. The worm, over ten feet long, was expelled in the afternoon of the same day. The prescription is as follows, except the direction for taking, which has not been preserved:

℞.	Olei terebinthinæ,	f℥j.
	Ol. cinnamomi,	f℥j.
	Mist. cucurb. peponis,	℥xj.

M. Sig.—To be given as directed.

The last ingredient was prepared by bruising the pumpkin-seeds in a mortar and adding water to form a mixture as thick as could be conveniently swallowed. It was strained through a coarse cloth, and the other materials were incorporated with it by trituration. The father reported the length of the worm at ten or twelve feet. He evidently overlooked the head and the filamentous neck. He presented it to me some time after, preserved in alcohol. After twenty years' immersion in this fluid it measures about five feet. The patient was henceforth free of the parasite.

E. T. Blackwell, M. D.
Cedarville, N. J.

News and Miscellany.

Inter-State Agricultural Convention, at Lake Charles.

Governor McEnery, of Louisiana, has issued a call for an inter-State convention in the interest of stock-raising, dairying, fruit-growing, and general agriculture, to be held at Lake Charles, La., on the 22d, 23d, and 24th of February, 1887.

The convention will be formally opened on Wednesday morning, after the close of Mardi Gras.

One of the most noteworthy indications of the great industrial progress of the Gulf States is the marked attention of their public men to agriculture and the efforts they are making to bring the theory and the methods of agriculture in those States into harmony with the teachings of science and the highest demands of a progressive civilization. Nature has been prodigal of her gifts to the State of Louisiana. For fertility of soil, salubrious climate, and for great variety of products, Louisiana ranks among the most favored countries of the globe.

Governor McEnery has shown commendable wisdom in thus giving the weight of his official influence to call a convention which cannot fail to be of inestimable value to the farm interest of that State and the country generally. We trust it may be widely noticed by the press, and that the results may be all the people anticipate.

This convention is so called that excursionists can remain in New Orleans till the close of Mardi Gras, and take the train for Lake Charles on Tuesday evening.

Full information in regard to the convention and the low rates of transportation, can be obtained by addressing the Secretary, S. A. Knapp, Lake Charles, La.

The Elimination of Virus from the Animal Organism.

The following is the result of observations made by Signor Trambusti on the elimination of virus from the animal organism, at the Institute of Pathological Anatomy at Pisa. The object was to clear up the still obscure point as to the elimination of the virus, and to make a special examination—(1) as to whether the elimination of a particular microbe is effected through all the secretory organs, or whether any particular organ has a predilection for a particular microbe; (2) as to whether the elimination takes place at any period of the infection; (3) as to whether the eliminated microbes still retain their pathogenic power, like those found in the blood, or whether they are expelled as dead bodies, or only modified in their pathogenic power. It being impossible to extend these complicated researches to all the diseases generated by microbes, the author confined himself to typhoid fever and malignant pustule. From numerous experiments, it appeared to result that the bacillary elements of malignant pustule and typhus are eliminated from the animal organism while retaining their full pathogenic power, and not as dead bodies. The author concludes—(1) that the pathogenic micro-organisms may be eliminated by the secretory glands of our organisms, through the epithelium and through the capillary vessels intact, and that some of these micro-organisms are eliminated by preference rather through one organ than through another; (2) that the elimination takes place whenever these organisms are found in the circulation, whatever may be the period of infection; (3) that the pathogenic micro-organisms which are eliminated by healthy organs always retain their infecting power.

Logan on His Own Disease.

By a peculiar coincidence, after we had written the editorial on General Logan's death, found elsewhere in this issue, we encountered the following in the *Baltimore Sun:*

"In certain quarters there seems to be some doubt as to the real cause of General Logan's death. A prominent Senator, who attended the funeral of the late President Arthur in company with General Logan, and who also occupied the same seat with the latter between Washington and New York, says that en route to New York General Logan referred to the incorrect diagnosis the eminent surgeons made in the Garfield case, and added that he believed the most skillful surgeons often found themselves baffled in treating what they originally supposed to be cases of no serious moment. Continuing, General Logan alluded to an illness which he had about two years ago, and which his family physician said was a severe attack of rheumatism, when, in fact, the general said, he was troubled with a disease of the kidneys. It now turns out that he was frequently troubled with this complaint, and the Senator says, with all deference to the skillful surgeons who attended the general during his fatal illness, it was more likely disease of the kidneys which caused the general's death than rheumatism."

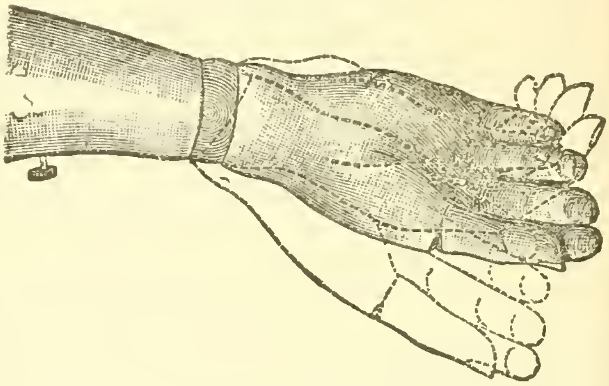
Medicinal Products of Afghanistan.

A paper was read recently before the Pharmaceutical Society of Great Britain by Dr. Aitchison, C. I. E., F. R. S., late naturalist with the Afghan Delimitation Commission, upon "Some Plants of Afghanistan, and their Medicinal Products." It appears that in Afghanistan umbelliferous plants form the characteristic type of the vegetation, the country in which they flourish consisting of great shingle and conglomerate plains lying between hills and river beds. Only about 1 out of 100 plants bear a flowering stem, and a native will assert that such a flower-bearing plant has nothing to do with the plants that yield asafœtida. The Dorema ammoniacum grows along with the asafœtida plant, and is equally abundant. Dr. Aitchison also describes as a new species (Ferula suaveolens, Aitch. and Helmsley) a plant the scented root of which, under the name of "sandal," is exported through Persia to the coast. Several kinds of manna are also produced, which are largely eaten by the people as a sweetmeat, and exported in quantity to Persia and India. Among other plants and plant products met with by Dr. Aitchison was a very handsome species of Rheum, the ripe fruit of which is used by the natives as a purgative, and Orchis latifolia (Linn.), the dried tubes of which are known as "salep."

The Transmission of Anthrax from the Mother to the Fœtus.

The *Brit. Med. Jour.* tells us that the question whether anthrax can be communicated by the mother to her offspring before birth is still undecided. Branell and others believe that the bacilli cannot pass by way of the placenta to the fœtus—the placenta, so to speak, acting as a filter, and preventing the passage of these organisms into the blood of the fœtus. He inoculated an animal during gestation with the virus of anthrax, and death ensued in two days. He then infected four healthy animals; one with blood from the dead mother, three with blood taken from the organs of a fœtus; the animal infected by the blood of the mother died next day, whilst those infected by the blood of the fœtus evinced no sign of the disorder. Strauss, on the other hand, states that he has found the bacilli in the fœtal blood, but admits that the number of bacilli found in the body of the fœtus is very small.

Artificial Arm.



The above cut represents an artificial arm with ball and socket wrist-joint, recently invented and manufactured by George R. Fuller, successor to the late Dr. Bly, of Rochester, N. Y.

The improvement admits of placing the artificial hand in any position that can be attained with the natural hand, and is an important advance in the progress of prosthesis.

An Idaho Journalist and a Burglar.

"We wish to return our sincere thanks," says the editor of an Idaho paper, "to the enterprising but misguided burglar who broke into our residence night before last, under the impression that he was cracking the crib of the druggist who lives next door. He entered at the window and carefully removed his boots, setting them down on the floor. To this circumstance, and to the fact that we saw him come in, we are indebted for the first good pair of boots we have had in ten years. While he was ransacking the house we quietly slipped out of bed, and exchanged our old boots for his, and then went back to bed and fell asleep. How long he was in the house we do not know, but the presumption is that when he went away he took the old boots. They have been missing ever since, and there was nothing else to take."

A Child's Faith in the Supernatural.

A lady living in this State is the mother of twins, little girls, about five years of age, rollicking, jolly little creatures, whom she has impressed with a degree of piety, which they carry with them in their play. Recently one of the sunny little creatures was strutting around the back yard with a rake over her shoulder, exclaiming in great glee:

"God come and take the rake! God come and take the rake!"

When her enthusiasm was at its height the teeth of the rake caught on a clothes-line, and it was switched up out of her hand. She turned pale, but without examining the circumstances, started on a run for the house, shouting at the top of her voice: "God's got it! He's got it! He's got it!"

Precautions against Cholera.

Surgeon-General Hamilton, of the Marine Hospital Service, returned to Washington last week, from a tour of inspection along the Atlantic and Gulf coast, with a view of ascertaining what safeguards are needed to prevent the introduction of cholera or yellow fever from the south. Dr. Hamilton was accompanied on the tour by the health officers of Charleston, Savannah, Tampa. Sanford, and Jacksonville. The Atlantic coast ports were found to be well protected, but the committee decided that a quarantine hospital is needed near Key West, Fla., and Dr. Hamilton will make a recommendation to that effect. Cuba was also visited, and its entire coast line was inspected.

Whisky by the Pailful.

A wedding celebration near Lancaster (this State), recently came to a tragic end in the death of one of the participants. After the wedding a party of young men serenaded the newly-married couple. The groom showed his generous disposition by giving them whisky by the pailful. A tin-cup was furnished from which to drink.

The deceased is said to have drunk two pints of the beverage. He soon became unconscious from its effects, and remained so until he died. He was a native of Harrisburg, and a pensioner of the late war. He leaves a wife and daughter. The coroner's jury found that he died from an overdose of alcoholic stimulants.

The Champion Eater of Iowa.

Camden, Preble county, Iowa (says the *Davenport Democrat*), has a young man who would be a terror to a boarding-house. He is a farmer lad, 16 years of age, and can do a man's work at the table. On Christmas Day he was weighed before taking dinner, then after eating and walking two miles was again weighed, and had increased his weight within a fraction of 11 pounds. He drinks a gallon and a half of milk with his meal. His friends will wager that he can do this any day, and it has been tested more than once. It is said that he is not particular what food is placed before him, so that there is enough of it. When he "falls to," everything within reach disappears as if by magic.

Rabies from the Bite of a Cat.

The death from hydrophobia of a man who was bitten by a cat in the month of August last, was the subject of an inquest at Manchester (England) recently. The man, since the bite, had complained of pains in his right arm. A medical man was sent for, and at once pronounced him to be suffering from hydrophobia. Upon this advice, the deceased was taken to an infirmary. When admitted, he was in a dying condition, and, after lingering for a short time in great agony, he expired. The verdict of the jury was in accordance with the medical evidence, namely, that the deceased died from hydrophobia, caused by the bite of a cat.

An Irish Health Resort.

Surgeon-General Gordon thus writes in the *Medical Press* calling attention to Lisdoonvarna, in County Clare, Ireland, as a health resort. He says it is delightfully situated on a high land exposed directly to the winds from the Atlantic Ocean. The wells are sulphurous and chalybeate, and the waters enjoy a high reputation in the neighborhood in the treatment of eczema and psoriasis, chronic rheumatism and gout, scrofula, chlorosis, and certain forms of dyspepsia.

Preventive Inoculation Against Phthisis.

M. Vittorio Cavagius has reported to the Académie des Sciences, November 29, that a two per cent. solution of carbolic acid destroys the infective power of tuberculous virus, that a weaker solution (1.25 per cent.) enfeebles or attenuates it. By inoculation of rabbits and guinea-pigs first with inert tuberculous matter, then with attenuated, he found that they were not made tuberculous, even when pure tuberculous matter was injected.

A Cruel and Fatal Joke.

A man in Reading recently met a friend on the street who had a bottle, which he jokingly said contained old rye, and offered him a drink. He placed the bottle to his mouth, and before he could be stopped, drank some of its contents, which proved to be ammonia. His stomach and intestines were so badly burned that he became unconscious at once. His injuries proved fatal.

An Easy Labor.

Dr. S. C. Bridgewater, of Dixon Springs, Tenn., writes to the *Med. Record* that not long ago a negro woman was walking along one of the streets of that town, when suddenly labor pains began, and before she could get out of town she gave birth to a large healthy child. She picked up the baby, and carried it in her apron about half a mile to her home. She had no medical attendance during or after the labor, and both mother and child did well.

Bottle Throwing.

The dangerous practice of hurling empty bottles from the compartments of railway carriages in England, to the imminent danger of workmen employed on the line, is so largely on the increase, that the General Manager of the Midland Railway Company has again found it necessary to warn the traveling community against this stupid practice, which has often been attended with serious consequences.

Suicide and Plumbing.

A citizen in St. Louis committed suicide because compelled by the city health department to make proper connections from his house with the sewer.

Personal.

—Dr. S. R. Knight, of the Episcopal Hospital, this city, entered the twenty-ninth year of his connection with that institution last Saturday. He received many congratulations, and a host of flowers, from his friends and subordinates. His career in hospital practice is the longest of any physician in the country.

Items.

—The disagreeable odor of benzine can be removed by shaking repeatedly with plumbate of soda, made by dissolving oxide of lead in caustic soda, and rectifying. Simply shaking with charcoal and filtering will partially remove the odor.

—Dip the fingers into a strong solution of cupric chloride. In about a minute the silver will be converted into chloride, and may then be washed off with hyposulphite of soda solution.

—"My pa," said one small boy, "is a preacher, and is sure to go to heaven." "Huh!" said the other small boy, "that ain't nothin'. My pa is a doctor, and can kill your old pa."

—A man who had not the best reputation for strict veracity died the other day, and the family were greatly incensed because some well-meaning friends sent in a broken lyre as a floral tribute.

—A customer called at a pharmacy in the Rue Grenelle, says a French paper. "Give me something to get rid of worms." "Yes; what kind of worms?" "They are in my wooden leg, and are eating it away."

—Pompous physician (to patient's wife)—"Why did you delay sending for me until he was out of his mind?"

Wife—"O, doctor, while he was in his right mind he wouldn't let me send for you."

—The Vienna professorial body, having been asked by the Minister of Education whether it would not be well to place a limit on the number of students of medicine received, has unanimously pronounced against the adoption of any rule of this kind.

—The cause of death of the late Professor Panum, the distinguished Danish physiologist, is said to have been thrombosis of the coronary artery, with consequent fatty degeneration, softening, and, finally, rupture of the ventricular wall. He died at the age of sixty-three.

—The scene is a young ladies' seminary: "Ah," said one young pupil to another in triumph, "my mamma gives me a penny every morning for taking a spoonful of cod-liver oil!" "And what do you buy with the penny?" eagerly returned the second girl, in a tone not devoid of envy. "Oh," returned the former speaker, "I do not spend it at all; mamma puts it away for me every day to buy more cod liver oil with."

—A cement for bottles containing very volatile liquids, which is easily prepared and applied, and which is said to prevent the escape of the most volatile liquids, is composed simply of very finely-ground litharge and glycerine; and it is merely painted around the joint between the bottle and the cork or stopper. It quickly dries, and becomes extremely hard, but can be easily scraped off with a knife when it is necessary to open the bottle.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

REST FOR PAINFUL EYES—IS THIS ADVICE ALWAYS GOOD?*

BY JULIAN J. CHISOLM, M. D.,
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When the eyes tire under much and long-continued use, relief naturally comes with rest, and we voluntarily desist from work so that the eyes may regain their normal condition of comfort; and this they rapidly do. This eye weariness, which comes on simultaneously with a tired feeling in the whole body, is not a painful condition. That it is a general discomfort which rest relieves, is familiar to us all as individuals, and hence we are ever ready to acquiesce in the proposal to rest our painful eyes, when such advice comes from the physician to whom we have appealed for treatment. *But is this advice always good?*

To answer correctly this very important question, eye troubles must be classified into two great divisions.

1. We have diseased states of the eyes, inflammatory in their nature, accompanied by pain with other evidences of congestion, and often associated with blurred vision.

2. This great division comprises faults in eye construction, defects in the focusing power, errors in refraction, unaccompanied by visible congestions, except on abusive use of the organ.

In one or the other of these two great classes most eye troubles can be placed.

When we see an eye that is red, watering, painful, and in many instances accompanied with blurred vision, whether this trouble be in one or in both eyes, we naturally and properly advise rest from eye work, while the inflammatory symptoms are being relieved by judicious medication. We even shut out the normal retinal stimulus, light, by smoked glasses or darkened rooms, and thereby add to the comfort of the patient.

All eyes, painful under use, are not necessarily inflamed ones. On the contrary, a very large number of the most annoying eye troubles are not dependent upon diseased conditions. The discomfort induced by the use of such eyes is occasioned by faults in the focusing power, necessitating over-use of the eye muscles, and subsequent pain in the eyes and head. Any disturbance of the system which causes temporarily general muscular debility, will diminish the force of the eye muscles and increase the tendency to head and eye pains. As these eye faults are most frequently congenital, starting with our very being, they often commence to show their injurious effects when young. Growing, and not necessarily over-strong eyes, are taxed in the acquisition of knowledge, and when the advice to rest these painful eyes for months at a time is a serious interference with school life and with education. Into this classification is brought a very large number of young persons, whose eyes are badly shaped, and hence pain in them on use.

A well-shaped eye should be nearly a sphere. In such a round eye the inner or retinal coat will receive the focused image, sharply defined, of distant objects, without aid from the muscles of accommodation. These important muscles, within such an eyeball, are called into use when the eye is viewing near objects. Writing, reading, and sewing are properly called eye-work, because they require the need of the accommodating eye muscles. All other uses to which the eyes are put, except the viewing of near objects, mean rest. This, of course, is not rest from retinal work, which is going on actively as long as our eyes are opened, for as a rule the retina does not seem to tire. It means rest from intra-ocular muscular work. Such a round eye is called *emmetropic*, and is the type of a good one. This is the kind of eye that nature should always supply to the human race.

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*Read before the Baltimore Academy of Medicine, December 21, 1886.

Unfortunately from this standard deviations, detrimental to the comfortable uses of the organ, are found in numbers. Many children are born with eyes flattened from before backwards, so that the retina is brought too near the lens and therefore in front of its normal focus plane. This flat eye is called over-sighted or *hyperopic*. Such a flat eye, when at rest, does not see even a distant object sharply. It needs muscular work for all purposes, to enable it to focus light from far as well as from near objects. Such an eye is never at rest during waking hours. As nature abhors a vacuum, so badly shaped eyes may be said to abhor badly-defined pictures on the retina. An effort is made involuntarily by the flat eye to sharpen outlines and perfect the focus. This is always a muscular effort. When required for distant vision, as is always the case with flat eyes, some of the muscular force of the eye is used up, leaving less for the accommodating power in viewing small near objects. If the eye be very flat and the demand upon the muscular apparatus necessarily very great for even distant objects, then the moderate use of the eyes for reading soon exhausts the remaing muscular power. After reading for a short time, the natural relaxation of the over-worked and tired muscles changes the focus of the lens, blurs the image upon the retina, and causes the letters to run together. A little rest enables the muscles to resume work and the printed page to be again clearly seen, but a very few more minutes' use of the tired muscles again blurs the page. If the effort to read be persisted in, pain in the eyes and in the head ensues. If the muscular force be weakened by any acute disease, then the eyes give out the sooner. We experience this in children after measles, diphtheria, etc. Children who could study with comfort before the attack, find themselves unable to read for any length of time afterwards. Often months are required before the eye muscles again become strong.

An eye may be so very short in its anterior-posterior diameter that all the intra-ocular muscular power is required for viewing distant objects, leaving none for near work. Children with such badly-shaped eyes can not study, because from deficiency in the focusing power of the crystalline lens they can not distinguish the shape of the small letters. The nervous apparatus of such an eye is good. The retina and optic nerve are perfect, but the picture thrown upon this retinal screen is blurred, solely for want of accurate focusing power. Add to the lens power, and perfect vision for small objects is at once obtained. The accidental use of their grandmother's glasses to aid the crystalline lens to focus a sharply defined image is a marvellous revelation to such an eye, and shows just what it requires to make it a strong, useful organ; viz., a pair of properly adjusted magnifying spectacles. With such scientific aid the child is in condition to undertake hard study, and seeing clearly becomes easy. Because over-exertion of the eye muscles is no longer required when the child wears properly selected glasses, no more pain in eyes and head is experienced during study hours.

Although rest from near work will always bring about relief from the pain consequent to over muscular exertion, the advice so often given to parents by the family physician, to take hyperopic children from school, and let them rest their eyes from study, for months at a time, is bad, because it is founded on ignorance of the cause producing the trouble. At the end of six or twelve months the eye is just as misshaped as it was before the rest was taken, and application for near work will surely bring back the former painful discomfort. This is a matter of every-day observation. Adjust proper glasses, correct the error of refraction, give the eye muscles less work to do by allowing the eye to do its work with spectacles on, and consequently without effort, is surely the rational course to be pursued. *With the aid of magnifying glasses for all uses, a flat eye will need no rest. To rest such eyes with the expectation that they will become strong is delusive, and is therefore bad advice.*

Again, an eye may be misshapen from the round standard by being longer than it ought to be. An eye long in its antero-posterior diameter is more oval than round, and is called near-sighted or *myopic*, because it only sees near objects clearly. The retina is so far from the lens in long eyes that a focus of light from distant objects is made before the retinal screen is reached. When the picture is finally thrown upon the nerve layer it is ill defined, and consequently blurred. Distant objects for such eyes are always befogged, unless the strength of the crystalline lens is weakened and its focus lengthened by the use of concave or near-sighted glasses. As flat eyes were always congenital, so long eyes may be found at birth. As a rule, however, eyes acquire this condition, and become misshapen by too much study in early school life. When an eye, previously good for seeing distant objects, changes shape and becomes near-sighted, the change indicates a yielding of the sclerotic or outer tough coat which is the sustaining wall of the eye-ball. This is a weakening and diseased condition of the organ, which will eventually be a serious injury if it becomes excessive.

When progressive near-sightedness is found in school children, in order to check the rapid deterioration in this very valuable organ, rest from eye work becomes a very important factor in the treatment. When the eye-ball is elongated, the cornea retaining its regular outlines, concave spherical glasses correct the defect in the focusing power of the lens and make vision better; but this aid for distant vision does not make such young and still growing eyes strong or capable of standing abusive work.

There is still a very important class of misshapen eyes, also starting usually with the very beginning of life. *It is to call attention to the headaches and eye pains caused by many such eyes that this paper is written.* In this large class of painful eyes the cause of trouble lies in irregularities of curvature of the surface of the cornea. The curvatures of the various meridians differ, as if the eye-ball had been flattened from its sides. In such eyes the misshapen cornea may be represented by the crystal of a watch, which has lost its true spherical form, from irregular pressure upon its edges when the substance of the glass was still soft. The curvatures of the short diameter, corresponding to the direction of pressure, must be greater than those of the longer ones, and this must necessarily vary the focus of light passing through these different convex surfaces. In some meridians light may pass through and focus correctly upon the retina; in other directions the focus of transmitted light will be made too rapidly or too tardily, in either case blurring the retinal image, and causing defective vision. Whether the cornea border be compressed vertically, horizontally, or obliquely, it so changes the surface of the cornea for that direction, that however perfectly the other surfaces of the cornea may focus, the faulty curvature acts as if it were a distinct lens of different focal power, and it will cast shadows over the sharply defined picture made by the correct portions of the cornea. This error of refraction is called *astigmatism*, and may be found in long, short, or round eyes; hence we find simple or mixed hyperopic or myopic astigmatism. Such irregular corneas are frequently met with. In all such eyes an effort is made automatically to correct this fault by changing the shape of the crystalline lens to correspond with the irregularities in the cornea. Fortunately the lens in young persons is so soft and jelly-like that very little action on the part of the eye muscles corrects the faulty lines of refraction, and a perfect focus is secured. For a time this succeeds well, and comfortable clear vision is enjoyed, provided the application of the eyes for near work is not too long continued. But unfortunately the lens is hardening steadily with advancing age, and the muscular effort has to be continually increased till it becomes irksome and finally painful. The discomfort produced does not restrict itself to the eyes alone, but diffuses itself over the brow, forehead, and temples, causing headache more or less persistent. In some cases the pain invades the whole head, back of neck, and even spine. These headaches can always be brought on by eye use. To some very sensitive astigmatic patients eye use refers to their whole waking life. They arise in the morning with comfortable heads, but before they are dressed the headache has been started by the necessary toilet preparations, and it increases in severity with the advancing day. Sunrise and all day headaches they are, with some of these very susceptible persons, whose eyes see differently for the different curvatures of their cornea.

Every object in nature will radiate light from every exposed surface, and the eye catches some of these rays. Where the cornea is regularly curved, light from any and all directions is accurately focused on the retina, and while we see every thing perfectly we are not aware that we have eyes, so painlessly do they functionate. To the abnormally sensitive astigmatic eye this varied direction of light beams, transmitted through and irregularly refracted by the varied curvatures of the cornea, necessitates nearly a choreic action of the ciliary muscles. From this perpetual changing of focus, now for one part of the cornea and then for another, fatigue of the muscles and pain in the eyes must soon be induced, even to the extent of making sunlight annoying.

This irregular shape of the cornea can be detected if the eye views a drawing similar to a clock dial, traversed by groups of black radiating lines of equal size and distinctness. By a well formed eye these groups of lines are seen with equal sharpness of outline and of the same degree of blackness. By an astigmatic eye some of these groups of lines are brought out much more boldly than others. While some remain black, others of these black lines may appear gray, and at times even red or blue; and instead of standing out boldly in the group, they run together as if they were one solid line. The faulty lines are always at right angles to those most closely seen. With the clock dial card, if the lines running from 12 to 6 o'clock are brightest, those from 3 to 9 o'clock will be most blurred. If those from 10 to 4 are the most clearly defined, the blurred lines will be in the direction of 1 to 7 o'clock, and so on for any other series of lines. If a cylinder lens be selected, which will make the dull lines as bright as the clear ones, this peculiar eye-glass, when carefully set at the proper angle, will equalize vision, and will remove the discomfort which the use of the eyes had formerly produced.

The ordinary spectacles. worn by the masses, are called spherical lenses, being sections of a sphere or ball. Such are the glasses worn by near-sighted and by old persons. The peculiar glasses which correct irregularities of corneal refraction are called cylinder lenses, because they represent a slice of glass taken from the length of a round bar or cylinder. The spherical and cylinder glasses bear the same relation to each other as would an open umbrella to a wagon top. The cylinder lens has, as it were, a ridge pole over which the curvatures of the lens are made, while the spherical lens curves in all directions from a central point. In the use of cylinder glasses the ridge pole or plain surface is always set in the direction corresponding to the clearest lines of the clock dial, and the curved surfaces of the lens are put necessarily in the direction of the blurred or discolored lines of the dial. Such cylinder glasses alone can give rest to the weary muscles in astigmatic eyes, for without them these irregularly curved eyes cannot secure rest except during sleep.

A very useful law can be laid down for the guidance of physicians in the treatment of their eye complaining patients, viz., that headaches which come on with the use of the eyes, and which disappear during the rest which a night's sleep brings to the weary eyes, do not usually depend upon gastric, hepatic, cerebral, or uterine troubles, as is so commonly believed.

When school girls from 12 to 18 years of age complain of eyes and head aching, after hours of close application, and are not annoyed in this way during vacations or times of eye rest, inquiry is yet made by the family physician concerning the menstrual functions. Any tardiness in the appearance of this discharge, or any deviation in its amount or frequency from what the physician has established in his own mind as the normal, is deemed too often a sufficient and satisfactory explanation for all the head and eye discomforts. According to their theory, when the monthly discharge becomes regular the head and eye troubles will disappear; but permanent relief does not come as was expected. When young men complain of these identical symptoms of eye pains and headache after hours of study, I sometimes wonder why, from professional habit, their menstrual functions should not be also inquired about, for the same explanation might as truthfully be accepted for them.

In this connection I will also say that these eye headaches, disappearing after sleep, have their origin neither in malaria nor in a bilious derangement, notwithstanding the fact that these terms are used every day in connection with them by patients and physicians. Neither quinine, calomel, morphine, nor pessaries will prevent this kind of eye headache, although building up the system in feeble persons will help the eye muscles and relieve them. The careful adjustment of proper glasses, by correcting the painful muscular effort, alone will cure them. Rest is a very frequent prescription with physicians for such painful eyes. It will quiet temporarily the pain, but what permanent good can it possibly secure? When upon the use of the eyes the head aches, and when painless heads are made painful by reading, with very few exceptions, it is the abnormal curvature of the cornea which causes the eye and head pains. How can rest bring about a correction in these faulty curvatures? Might as well expect rest from walking to make a shortened leg grow to the length of the other, as to expect a shorter curve in one direction of the cornea to grow out to the dimensions of the other longer meridians by resting the eyes from reading or sewing. We can readily see the absurdity in the leg suggestion, and yet many physicians do not see that the expectation from the eye rest is equally preposterous.

How many thousands in this country to-day are impatiently and uselessly resting eyes that pain when put to near work, when a pair of properly adjusted spectacles will correct the evil?

Nearly every day I restore some restless patient to his work who had sought in vain relief from eye pains in rest; or I assist some ambitious person, who having acquired an enviable start in life, feels that his painful eyes have become barriers to further study and prospective promotion. Daily, by the use of properly selected glasses, I cure headaches, often of years' duration, and which have resisted every species of medication. In so doing I have often been able to satisfy anxious patients that their brains, stomachs, livers, kidneys, or uteri, have been accused wrongfully of producing the headaches, and that these have ever been innocent and healthy organs. The following remarks I have frequently heard from patients to whom I had recently prescribed astigmatic glasses: "For one week, ever since I put on the spectacles, I have been free from headache, and it is a freedom that I have not had before for years."

Although most astigmatic eyes cause headache and eye pains, if the eyes are much used in fine work, especially by artificial light, I find cases of faulty refraction from astigmatism in which headache is not and has never been an annoying symptom.

In some astigmatic persons a strong muscular development enables them to conceal the corneal irregularity. Should any disturbance of the system temporarily weaken this muscular power, the eye muscles, along with the other muscles of the body, are weakened and unable to keep up their work; then are pains induced. If it be a bilious or gastric disturbance, its temporary influence over the muscles is mistaken for the actual cause of the headache, when it is only the indirect cause, permitting the latent trouble to become manifest. If the astigmatism did not exist in a concealed form, there would be no headache on use of the eyes during these general disturbances.

Again, in nervous persons, especially in females, I have found great suffering about the head and eyes, clearly traceable to a small degree of irregular refraction, and promptly corrected by the constant use of carefully adjusted cylinder lenses.

The case with a report of which I will close this paper is one of unusual severity in effects, although a high degree of astigmatism did not exist. Such extreme discomfort as this lady suffered is fortunately not often found. The case is also peculiar from the length of time that she suffered before her eyes were suspected of being the source of the trouble. In this age of diffusion of medical knowledge by means of many medical journals, physicians are on the alert to distinguish eye headaches from the headaches caused by other organic disturbances, and usually at an early day invoke the aid of the specialist in eye diseases to remedy the evil. In her own case several years elapsed in testing newspaper remedies for headache, having lost faith in physicians from her earlier medical experiences. The case, however, will illustrate the efficacy of proper glasses in relieving even years of suffering.

Mrs. F., aged 38, the mother of several children, has been a martyr to headaches since childhood; and during the past thirteen years, since her married life, has been often nearly crazy from them. Any close eye work, continued for even a short time, would send her to bed with a raging headache. On an average she has spent one day out of every week in a dark room, and that has been kept up for months at a time. If she felt bright and applied herself to complete any needle-work, so necessary with a growing family, she never failed to pay the penalty in severe head and eye suffering. When she came first to my office, she frankly told me that she had come because she had been advised, not that she expected any benefit, for she had no faith in any curative agent whatever, having years since exhausted them all without finding any relief. She gave me this very clear history of her case: "Dr. A. has always been my family physician, and in him I have every confidence. Having in my early married life exhausted his skill in vain attempts at relieving me of suffering, he gave up treating me for these headaches many years ago. Under his advice I had consulted Prof. B.; you know him to be one of our leading practitioners. He acknowledged that I had a good family doctor, but thought that something might have been overlooked, and he hoped to find me a remedy. He varied his medicines, as one after another failed to procure me relief, and finally he advised a visit to the sea-shore. I spent six weeks at Cape May, and while there rested my eyes from all work, eschewing both reading and sewing. I returned home with body invigorated by the salt baths, and was free from pain. As soon as I commenced using my eyes in sewing all the old distressing symptoms returned. My family physician and friend, seeing me in some of these terrible attacks, advised me to consult another physician, Prof. C., who you know has the reputation of being a very skillful physician. He had me under his professional care all winter and spring. Summer found me no better. Any use of the eyes in sewing or reading sent me to bed with twenty-four hours of suffering before me. He finally advised a course of mineral waters, and sent me to the White Sulphur Springs of Virginia. There I spent two months, which improved me much in health. In the fall I returned to Baltimore, looking and feeling well. A very few days of housekeeping showed me that the long rest at the springs and the drinking of sulphur waters had brought me no permanent good. My head at times ached as badly as ever.

"I now despaired of ever getting relief, because I had sought the best medical advice at my command and all to no purpose. Some of my friends, in their anxiety to see me cured of the daily suffering, advised me to try homœopathy. I accepted the suggestion, and sent for Dr. D———. He examined carefully into my case, and said that he could cure me. With these assurances from the new physician, my feeling barometer at once went up, and my future prospects brightened. I entered actively into the course of medication mapped out by him. I took his mixtures hour by hour, for days and weeks, my faith growing unfortunately less and less with the monotony of the dosing. Finally, as my headaches were not mitigated even by the long-continued treatment, I gave up all hope, and dismissed the homœopathic physician.

"I felt that my case was now beyond medical cure, and I became despondent and rash. In my anxiety to secure relief I have tried anything that any one would suggest. I believe that during the last six years I have taken every quack remedy warranted to cure headaches that I could hear of, as published in the newspapers, and my many friends have kept me well supplied with this kind of information. Recently I have heard how Miss E——— has been cured of constant headaches by wearing glasses, and my friends have suggested that I have my eyes examined. On the principle that, in my desire to escape this bodily torment, I have been willing to try every treatment that has been brought to my notice, I have come to have you examine my painful eyes; but I must tell you candidly that I expect no benefit, and have given up all hope of obtaining relief."

Upon examination, I found that she could read the finest print, but only for a few lines. Her distant vision was also acute. Fixing the eyes upon the clock dial trial card for a short time caused pain in the head and eyes, and also induced a feeling of nausea. I found that she could clearly see the vertical lines of the test card, but only dimly those which were horizontally placed. I selected from the trial case a magnifying lens which would make these blurred lines perfectly clear for each eye, and finding the corresponding cylinders, adjusted them at the proper angle in a trial frame. These I placed before her eyes. To her surprise, not only did all the lines come out with equal boldness of color and of definition, but she found herself able to stare at them without inconvenience. After she had worn the glasses for some minutes, feeling great comfort from them, I removed the frames, when immediately the nausea previously experienced came on. The restoration of the glasses brought back strength of vision and comfort. I prescribed for her the proper cylinder lenses set at an angle of 180° in spectacle frames, to be constantly worn. So anxious was she to test these spectacles that on her way home from my office she called at the optician's and remained in the store while the glasses were being fitted to the frames which she had selected. When they were ready she put them on at once and sallied forth. Before getting home she found herself walking with a degree of comfort which she had not known for months.

The rapid improvement commenced from that hour. Her headache disappeared within three weeks by the rest which her eyes enjoyed from the constant wearing of the spectacles. Now she makes her eyes do just what she pleases. Her constant headaches are bygones, and are only remembered from the years of torture through which she had passed. Her face has become bright and free from care as her head is free from pains. Her relief by such apparently simple means, and without medicines, is called a miracle by herself, and is a marvel to her friends. No amount of rest without these cylinder glasses could have effected this cure from suffering. It had been thoroughly tested, and had been found as useless as the many prescriptions with which during many years her body had been drugged. *Cylinder glasses alone could, and they have cured her.*

TREATMENT OF CHOREA.

BY JAMES E. FREE, M. D.,

Of Emporium, Pa.

When I was a boy thirteen years old I had an attack of chorea, which commenced in March and lasted until September. During the preceding fall I had been troubled with rheumatism, and from the date of a polyarthritis, accompanied with heart complication, I was more or less inclined to disorder of the nervous system. But it was the beginning of spring before I left school to undergo special treatment.

There were at the time two cases of chorea in the neighborhood, and it was the opinion of some that I had acquired the disease by either contagion or imitation. The suspicion was unfounded, because it is a fact demonstrated by experience that association (which did not take place) cannot produce chorea, and as a special germ has not been discovered in the blood with the microscope, there is no proof of contagion. The cause in the other cases was undoubtedly sexual indulgence; the female, who was one of the subjects, gave birth to an illegitimate child at the age of sixteen about two years afterwards.

Several plans of treatment were tried unsuccessfully, and as a last resort, I was placed on a farm and allowed to run wild. My experience there taught me something about chorea which I have ever since regarded as indispensable in its treatment.

The first thing that struck me as being necessary in my case was freedom from observation. When satisfied that nobody was watching me I had much greater control over the muscles of voluntary motion than at other times. I could take a glass of water at a certain spring without much inconvenience, but at the table I was liable to make the most awkward and fantastic motions. The reason for the increased difficulty when in the presence of others was my morbid sensibility, and the tension of an effort to appear unconscious of observation brought on a second stage of relaxation and motor excitement. Sustained mental activity was impossible; some of my attempts at writing are still preserved. The letters of an occasional word are fairly well formed, although the greater portion appear to have been constructed by a hand which did not know in what direction it would move next. Sitting still was absolute torture in the presence of others; if alone, I could sit down in a chair and be comparatively quiet; but the moment a footstep was heard, I was completely unstrung, and would be compelled to vibrate like a toy suspended by a piece of rubber. The will had lost the power to exact obedience from the muscular system; trying to do anything that required complex motion, or the effort to sit still, would cause chilly sensations to fly over me, my skin would itch, and there would be creeping feelings and subsultus and tic. And like a chill, these sensations would be followed by a stage of excitement; my pulse would run up high and become irregular; my heart would not pulsate synchronously with the radial artery, and respiration would not be rhythmical, and my legs and arms and head would fly off at a tangent.

Another thing which I found to be useful was a support for the back. The recumbent position abolished the muscular tremor to a marked degree, and after a night's rest there was absence of symptoms until attempts at coördination brought them back.

Sometimes when worn out by a hard day's work, if compelled to watch by the side of a patient, I feel the same restlessness. Every physician knows that nameless longing to stretch and yawn, accompanied with tingling and pricking sensations, which overtake the weary watches during his vigils; they are the same the choreic patient experiences. Another peculiar sensation in my case was connected with the larger blood-vessels. I can compare it to nothing better than the emptying of a bottle of water. The way the water escapes reminds me of the sudden emptying of blood out of an artery; and although not distinctly audible, I imagined that the sounds of the two actions resembled each other.

From what I experienced, I think the circulatory apparatus is the seat of the trouble. I had an attack of rheumatism previously, and there was implication of the cardiac structures, and that fact may be sufficient to account for the irritation of nerve-centres by molecular particles of fibrin set free from an inflamed endocardium. Hughlings Jackson claims that in chorea there is a minute embolism of vessels in the convolutions near the corpus striatum; that portion of the striatum, as the anatomist knows, is supplied with blood by the branches of the middle cerebral artery, and interference with its nutrition would account in some measure at least for the muscular instability.

There are numerous causes for chorea; thus tenia, a fœtus, masturbation, etc., may serve as samples. By some writers fright has been placed at the head of the list, but how it can produce the effects which morbid anatomy proves to exist, is an unsettled question. Masturbation is a cause the frequency of which is hard to estimate, because the secret is almost sure to be concealed with great cunning as long as possible; however, genital congestion is a frequent post-mortem appearance. The situation in a case of chorea seems to be this: there has been an exhausting drain upon the nervous system, the centres which control the circulatory function are not supplied with their normal food, and consequently deterioration of tissue results.

In the REPORTER recently a contributor commends to the notice of the profession cimicifuga as the tonic par excellence in this disease, and says that it is used much less than it ought to be. One reason for its want of popularity may be its nauseous taste.

I remember that its use was recommended in my case, but owing to its constant rejection by the stomach, it had to be discontinued. There is no other drug in the materia medica that has a similar effect upon me, but it is utterly impossible to keep snake-root in my stomach. Another writer observes that arsenic is the main reliance of practitioners in chorea. If it is true, it is unfortunate, for it does not deserve to be.

Thorough oxygenation of the blood always made me bright and hopeful, and I soon learned that the close atmosphere of a house aggravated the disease, while outdoor exercise, and especially expansion of the chest, produced a tonic effect. The cause of the morbid manifestation settles the question of the applicability of arsenic. A friend of mine, who practices in a malarious district, extols the following:

℞. Strychnia sulph.,
Acid arsenious, āā gr. j.
Hydrarg. bichlor., gr. ij.
Quinia sulph., ʒj.
Gentian q. s. ft. pil. No. xxx.
One pill to be taken three times a day.

Cases of chorea that do not show a tendency to recovery when their surroundings are favorable should if possible be placed in a secluded spot where freedom from observation and plenty of fresh air can be obtained. Those who have not realized the morbid sensibility of choreic patients cannot appreciate the necessity for withdrawing them from the contact of society, and also the foolishness and futility of attempts to overcome that feeling of timidity by such devices as are common in dealing with hysteria.

Every morning the patient should have a nourishing breakfast, and afterwards a bath and thorough rubbing. "Suppose the patient will not eat?" you say. Yes, but he will eat when once he begins to feel properly oxygenated blood coursing through his body, unless his disability is so great as to interfere with mastication and deglutition. If he refuses food, there is probably some disorder of function that can be reached by means of our art. The problem is to obtain the best substitute possible for nature while we encourage and educate the sluggish faculties to resume their sway.

Bathing and rubbing are important. Chorea is a disease that makes the surface of the body uncomfortable. Subsultus is common, and a bath in water of a comfortable temperature, in a comfortable apartment, to be followed by rubbing with dry towels, brings the blood to the surface, and causes a grateful sensation of ease instead of the itching, uneasy feeling.

After the bath some method of gentle exercise should be practiced. What is indicated is something to cause a shaking-up of the entire system. Nothing violent should be tried. Motion, such as is obtained by moving down stairs, will suit patients who are large and intelligent enough to practice it. A regular lesson in calisthenics is not desirable; neither are dumb-bells and Indian-clubs, because to obtain the supposed benefit a certain power of concentration of the mental faculty is demanded when perfect abandon is the desideratum. Executing a dance is good—not the intricate parlor figures, but only the jumping, up and down motion—by which, especially, the muscles of the extremities are thoroughly used, and the entire body shaken. The greatest caution is necessary in commencing these lessons, because to one unaccustomed to them only a few minutes' exercise is sufficient to cause stiffness and pain in the over-worked muscles, along with headache, nausea, etc., the following day.

I am in the habit of insisting upon a gradual increase in the amount of exercise. Beginning with a short lesson, say twenty to fifty jumps, the number is increased until two or three hundred is reached. This need not take more than ten minutes daily, and when once habituated to it, as the patient is likely to be in a short time, no interference with digestion need be feared. Instead of becoming irksome, these daily lessons are enjoyed, and I have several times had to restrict the number and amount of each.

IS CHLOROFORM MORE DANGEROUS TO ANIMAL LIFE THAN THE BROMIDE OF ETHYL?

BY LAURENCE TURNBULL, M. D.,
Of Philadelphia.

Dr. Laurence Turnbull read a paper at the conversational meeting of Philadelphia County Medical Society, December 22, 1886, containing a series of experiments by Drs. Turnbull, E. J. Reichert, and Robert M. Thomas, to prove that chloroform is more fatal to animal life than bromide of ethyl or hydrobromic ether. He also gave a history of the so-called fatal cases attributed to bromide of ethyl, and proved by a careful study of each that the first two were the result of disease of the kidney and phthisis, and the last from not using the prop between the teeth and having no one at hand to use artificial respiration, and also using a mixture of the bromide of ethyl with something else, under a false name. The reader of the paper also alluded to the danger of a mixture of chloroform and nitrous oxide in London, France, and this country, and the death of one or more individuals whilst under its influence. He, in conjunction with his friends, had made a number of experiments on the sedative effect of chloroform upon the heart's action and the reflex phenomena, on irritation of the sensory filaments of the fifth nerve, thereby showing that a small dose of chloroform is much more dangerous than the bromide of ethyl, when the heart power is most seriously reduced by its action, and is incapable of supplying the brain properly, unless the patient is in the recumbent posture.

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MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Reported by WILLIAM H. MORRISON, M. D.

Discussion on "Is Bromide of Ethyl as Dangerous to Life as Chloroform?"

(See above.)

Dr. James M. Barton in the chair.

Dr. William H. Pancoast: "I have had very little experience with bromide of ethyl, having used it but a few times. From my own experience, I would say that where an operation requires any length of time, ether is the most effective anæsthetic. My plan is to give ether without allowing the patient to be held, and if the patient becomes excited, to throw on the towel about a teaspoonful of chloroform, and after the stage of excitement has passed, to continue the use of ether. In office practice I use occasionally chloroform in slight operations, or nitrous oxide gas. When I employ chloroform, I direct the patient to hold up his hands, and the moment he begins to feel the effect of the anæsthetic, the hands will drop, and at that moment any slight operation may be performed. I am satisfied that when ether is given patients are often ether-logged. In many cases where death is attributed to shock, I think that it is due to the excessive use of ether. Ether and chloroform should not be mixed. The mixture of ether, chloroform, and alcohol is very dangerous. With such a mixture, you are giving chloroform without the precautions which chloroform requires. I have given ether in cases of phthisis and in cardiac disease, and in the last, have found the heart become steadier under its proper administration."

Dr. W. Joseph Hearn: "I have not had a large experience in the use of bromide of ethyl, but I believe that it must be watched as closely as chloroform. I believe that by the careful and gradual inhalation of chloroform, every case can be anæsthetized safely. In private practice I frequently use chloroform. I believe that there is less shock from its use than from ether. In cases where there has been great shock I have used chloroform with satisfactory results. Where a person is much debilitated, it does not require much of any anæsthetic to produce anæsthesia. I think that we can make no comparison between the effects of an anæsthetic on animals and on man. I have frequently given chloroform to dogs, although it has invariably resulted in death."

Dr. Laurence Turnbull: "With the utmost care, dogs can be put under the influence of chloroform, but if we are careless, in an instant the dog is dead. The late Dr. Griswold recently stated that ethyl bromide would kill dogs quicker than chloroform. This is not the case, as the observations in my paper will show. Dr. John B. Roberts has reported four deaths from the use of ether, where the fatal result was due to engorgement of the bronchii and paralysis. Ether is frequently continued much longer and in larger quantity in the lungs than there is any necessity for. This is especially true in regard to Squibb's ether, which contains very little water. In using this, it is well to moisten the sponge with warm water before applying the ether."

Dr. Laurence Turnbull exhibited a preparation of

Peroxide of Hydrogen, which he stated was discovered in 1818, by Thénard, and introduced to the medical profession in 1858 by Dr. B. W. Richardson, of London. The first knowledge of its reintroduction into practical medicine was from a pamphlet received from a friend, Dr. Landolt,[*] of Paris, who employed it with success in ophthalmic practice, more especially in purulent ophthalmia and ophthalmia neonatorum. This was followed by experiments with it by R. J. Nunn, of Savannah,[†] in the treatment of diphtheria. Its use in ear diseases was first reported by Dr. Bethman in a paper read before the Chicago Medical Society, in February, 1885,[‡] and then by W. A. Dayton, M. D., of New York, who was very eulogistic, stating "that the article has a future among the most trusted resources in the materia medica." Our experiments were made with it in 1886 in diseases of the ear.[§]

Hydrogen peroxide is a syrup-like liquid prepared when any of the peroxides are treated with an acid; the excess of oxygen is passed over to a portion of distilled water, and is converted into a solution of hydrogen peroxide. In this concentrated form it is stated to be a powerful vesicant and irritant; but in the solution in which we employ it, a twelve to fifteen vol., it is non-irritating as a rule, and yet it acts as a disinfectant and bleaching agent, destroying pus, blood, and all products of the disintegration of tissue. It acts by setting free the extra equivalent of oxygen, which attacking the septic material and disinfecting it.

In our detailed experiments[||] we have found it useful in mastoid abscess, ulceration and caries of the ossicles, in acute and chronic suppurative inflammation of the middle ear. When applied warm it leaves a clean granulating surface, which is to be treated by powdered boracic acid and other gently stimulating and protecting agents, so as to facilitate the healing process of nature. When fresh it is neutral to litmus paper and has no odor. It should be kept covered and in a cool dark closet. If by any means any organic agent comes in contact with it, it is destroyed, and should not be employed. It resembles a solution of permanganate of potassium in all its actions, and yet a test of its purity is that it should dispel a weak solution of this agent. It is stated by chemists who make the preparation that there is an erroneous impression prevalent, regarding the difference between the percentage and volume solution, the latter often being mistaken for the former. The preparation which I obtained from Morgan, of this city, and made by Sheppard, of Boston, is a fifteen volume solution of about 3 to 3½ per cent.

The pure substance is 100 per cent. strong, and yields four hundred and seventy-five volumes of gas. A 1 per cent. solution then is equal to a 4.75 volume solution.

Owing to the article being unstable, it is stated that the preparations usually found in the market are acidulated with sulphuric acid. This free acid should be neutralized by adding baryta water, drop by drop, until a precipitate of the sulphate ceases to form, then filter or allow it to stand, and decant the clear liquid. The medicinal dose of the hydrogen peroxide is from one to three teaspoonfuls of the two-volume solution three times a day.

Dr. S. Solis Cohen: "I have had considerable experience with hydrogen dioxide during the last four years, and am willing to go further than Dr. Turnbull in regard to its value as a topical cleansing, disinfecting, and stimulating agent. It has a distinctly solvent effect on effete matters, such as devitalized epithelium. In a recent case of lingual psoriasis this effect was very marked. I have even thought I could notice a change in living but horny epithelium, though this particular observation is too recent to be positive. Its internal use, in conjunction with super-alimenation, greatly improves nutrition, especially in phthisis, anæmia, and wasting diseases generally. This I have attributed to the introduction of oxygen into the blood. It may, however, be due to a stimulating action on the digestive processes. The internal administration of the drug has been neglected in this country. The best form in which to administer it is that which is known as ozonic ether, introduced, of course, by Dr. Benjamin Ward Richardson, long ago. It is but very recently, however, that I have been able to secure a preparation of this, and then only by importing it from Robins, of London, Dr. Richardson's chemist, which I could have done in the first instance. This contains thirty volumes of the gas, while the aqueous solution contains but about ten volumes. The dose of ozonic ether is one drachm three or four times a day. It may be given undiluted or with some appropriate mixture. The aqueous solution must be given well diluted. One result of the administration of this drug in certain individuals is a slowing of the pulse. Where this occurs, the remedy must be used with caution."

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[*] See also notice in London Medical Record, March, 1883.

[†] New York Medical Record, 1884.

[‡] New York Medical Journal, April 25, 1885.

[§] Manual of Diseases of the Ear, 2d edition, 1887.

[||] Manual of Diseases of the Ear, new edition, 1887. J. B. Lippincott & Co., Philadelphia.

CLINICAL SOCIETY OF MARYLAND.

(*Continued from page* 78.)

Aluminium Probe for Dilating the Nasal Duct.

Dr. Samuel Theobald showed a probe made for him by Charles Willms, of aluminium, for dilating the nasal duct. The special advantages were that it was very much lighter and somewhat stiffer than that made of pure silver, and the surface has a peculiar slipping quality, rendering its passage through the duct more easy than either the pure silver or nickle-plated probe. Although he uses styles very seldom, in exceptional cases he is obliged to, and finds the extreme lightness of those made of aluminium a very great advantage.

A Case of Squint.

Dr. Herbert Harlan related a case of squint in which the left eye turned downward. He cut the inferior rectus of that eye, and, as a result, very nearly corrected the deformity. He then cut the superior rectus of the other eye and thus got the two eyes on the same plane. At first the deformity was nearly as great as before, owing to the fact that the eyelids did not at once change their relative position to suit the respective eyes. This is being gradually accomplished, however, and he thinks that in a little while the edges of the eyelids will take their usual position in relation to the pupils. The case was complicated by a myopia of $-\frac{5}{D}$ in the right and a compound myopia astigmatism in the left. The left required a correcting lens of $-\frac{6}{D}=\frac{1}{D}$ eye 180°.

DISCUSSION.

Dr. Theobald had a case somewhat similar. When both eyes were used, there was binocular fixation, but if one eye was covered there was a movement of the other eye up or down, according to the eye examined. The condition was relieved by using prisms of only 1°, the base of one being downward and the other up. The patient, a boy of about 10 years, was very dependent upon his glasses.

Dr. A. Friedenwald had lately seen a case of downward squint in one eye, which, being congenital and combined with ptosis, he considered could not be cured by operation.

He had also seen a case of a lady who had a small vascular growth connected with the upper eyelid. He cut it off, but failed to check the hemorrhage with persulphate of iron or nitrate of silver, succeeding only with pressure applied for several days. He afterwards tried electrolysis, the immediate effect of which seemed to be to exaggerate the growth; but, after an interval of about three months, he found that the tumor had shrunk up very remarkably. He desired to call attention to the fact that electrolysis did not in all cases promptly destroy such growths.

Dr. R. Winslow had had electrolysis used for the removal of some small vascular growths on his own body; had found that there was a very decided amount of pain connected with the procedure. He thought its effect was due to its caustic action.

Dr. I. E. Atkinson said that electrolysis was effective in only a certain proportion of cases. Its action is not generally that of a caustic, as there is not enough heat generated to cause such action. He considered it the only reliable method for the removal of superfluous hairs. When it fails for this purpose, it is owing to the fact that the needle does not follow the course of the hair follicle. If properly used, it does not leave a scar. This much is seen only when the needle has to be repeatedly introduced into the same hole. The amount of pain experienced depends both upon the person and the manner in which it is used. The proper way is to introduce the needle attached to the negative pole, and then let the patient squeeze the sponge. When froth shows itself around the needle, the work is done. If the needle is withdrawn without breaking the current a shock is felt, otherwise none.

He had used electrolysis in certain other cases without success. In acne rosacea, introduction of the needle along the line of the blood-vessels will blanch the surface, but the vessels are not destroyed. He thinks excision of the vessels a better plan. Very small nævi can be removed successfully, but if large the operation has to be repeated so frequently as to be of no advantage. In the very small branching red spots, "spider cancers," so called, this method has been used by others with success.

If we set up a destructive action in parts of an area the pressure of the scar-tissue, so formed, may cause disappearance of the morbid growth. He thinks the electrolysis has no other action than that which is immediate.

Dr. Harlan had used electrolysis for the destruction of hairs. He thinks the degree of pain depends upon the situation of the hairs. Had found but little signs of pain when used upon the thicker portions of the skin, but considerable when the skin was thin and delicate, as about the eyelids.

Dr. Theobald had found that a single zinc-carbon cell, with electropion fluid, would raise a fine platinium wire to a white heat. He considers that a similar result would follow the use of a fine steel needle, and that the action is practically that of a galvano-cautery.

Dr. I. E. Atkinson considers that if the action was that of a caustic there would be an eschar formed. In electrolysis a froth is found and no eschar. He thinks that it has been demonstrated that it is a true electrolytic and not a caustic action.

Dr. R. Winslow said his experience was that it did form first a white and then a black eschar.

Dr. T. S. Latimer said he was skeptical regarding the ability of any one to follow, with a needle, the track of a fine hair. He thinks the effect is on the circulation in the immediate neighborhood of the hair follicle.

Dr. G. H. Rohé thinks the experience of dermatologists both here and abroad has clearly demonstrated that one can enter the hair follicle with a needle. He had done it with a needle, the point of which had been purposely broken off. There is no heat produced when a small quantity current is used. He had demonstrated this by holding the needle between his thumb and finger. It is a decomposing effect, as when both poles are placed in water. He believes that in vascular growths a change is brought about by which, although the growth does not immediately disappear, it gradually shrivels up. This may be brought about by an increase in the fibrous tissue. The same treatment has been successfully used in hypertrophic scars, a number of punctures being made in the line of the scar. It has also been successfully used in keloids.

Heart Displaced by Pleuritic Effusion.

Dr. William H. Norris exhibited a patient in whom the heart had been pushed completely over to the right side by effusion in left thoracic cavity, and held in that position by adhesions; the apex beat was below the right nipple. There was flatness over the region of the left lung. The patient, a lad of about nineteen, said the trouble had existed for some four years.

Dr. I. E. Atkinson doubted very much that the fluid had remained in the chest that length of time. The left pleural cavity was now evidently full of blood.

Several gentlemen recognized the patient as one who had been the round of the hospitals and dispensaries, but had always disappeared before any fluid could be drawn off.

Dr. W. T. Councilman read a paper entitled

Further Investigations on Blood in Malaria.

Dr. J. E. Atkinson said it had been his privilege to see some of Dr. Councilman's specimens, and to examine some of his cases. One patient, especially, demonstrated the value of microscopical examination of the blood in suspected cases of malarial poisoning. This man came from a malarious district and had suffered from chills, but there was no increase in the size of his spleen, and his liver was rather smaller than normal. Quinia had no effect to reduce the temperature, and the patient developed a hyperæsthetic condition about one of his shoulders. Examination of his blood failed to demonstrate any malarial organisms. A diagnosis of syphilis was made, the treatment changed to iodide of potash, and within twenty-four hours there was a very marked improvement in the condition of the patient.

NEW YORK COUNTY MEDICAL ASSOCIATION.

Stated meeting, December 20, 1886.
Charles A. Leale, M. D., President.

The Pathology of Scarlatinal Nephritis.

Dr. F. Grauer read a paper with this title, in which he said that the forms of scarlatinal nephritis may be classified according to Friedlander into three varieties, the first being an initial catarrhal nephritis, the second the large flabby hæmorrhagic kidney, and the third acute glomerulo-nephritis, or nephritis post-scarlatinosa. The first variety occurs during the first week, is of short duration, and seldom causes death; the urine contains hyaline and mucous casts, rarely red and white corpuscles, renal, epithelial and granular casts. The second form occurs less frequently than the other two, and its time of invasion is from the first to the fourth week; its course is rapid; it is rarely attended by œdema. It is most likely to occur in the cases of scarlatina with marked angina, and diphtheritic inflammation. The tubules contain various forms of casts, degenerated epithelium, increase in connective tissue. being a round-celled infiltration mainly about the Malpighian bodies and between the tubules; red blood-corpuscles are present. The kidneys are enlarged and soft, the cortical substance thickened, grayish-red, showing ecchymoses.

Nephritis post-scarlatinosa develops during the third and fourth weeks, œdema making its appearance when the patient seems to be convalescent. The urine is diminished in amount, is of high specific gravity, and contains albumen; also red and white blood corpuscles, renal epithelium, hyaline, blood, and granular casts. Fluid accumulates in the serous cavities; in some cases there is suppression of urine and death. The kidneys are enlarged, hyperæmic, the cortical substance slightly thickened, the glomeruli pale, and more or less enlarged. The tubules are normal; in some there is a slight parenchymatous change, the capillary loops dilated, filled with a mass of nuclei, being those of proliferated endothelial cells; swelling and proliferation of the glomerular epithelium. He thinks it is the proliferation and thickening of the endothelial cells which causes an obstruction to the circulation of blood through the capillaries, and not proliferation of the glomerular epithelium.

Laparotomy in Acute Peritonitis.

Dr. Joseph D. Bryant presented the vermiform appendix, the seat of three perforations, removed by laparotomy from a man about forty years of age, who had the symptoms of intestinal obstruction, severe pain, and great distension. The vermiform appendix was erect, looked like a distended leech, contained three perforations, two the size of a pea, and contained a small mass of soft fæces. It was tied at the base, removed, and the abdominal wound closed, antiseptic precautions being observed as far as possible under the circumstances. The surroundings and conditions were unfavorable, and the patient died.

NEW YORK ACADEMY OF MEDICINE.

Regular meeting, December 16, 1886. Abraham Jacobi, M. D., President, in the chair.

Fermentation, Putrefaction, and Suppuration.

Dr. Herman Knapp read the paper, which he had been led to prepare from the fact that there was a very wide difference of opinion among physicians as to the importance of bacteriology, some claiming that the great majority of all diseases were of bacterial origin, while others claimed the contrary, and that bacteriology was of interest only from a scientific and not from a practical point of view. Dr. Knapp quoted the statistics of mortality of several of the cities of the United States for a recent week, as reported in the *Boston Medical and Surgical Journal*, in which it was stated that the percentage of deaths from infectious diseases was thirty-three; yet this did not include the deaths from consumption, diphtheria, croup, diarrhœal affections, pneumonia, peritonitis, endocarditis, malaria, gonorrhœa, typhoid fever, skin diseases, and surgical affections. After a fair calculation, Dr. Knapp thought we were justified in drawing the conclusion, which at first surprised him, that of the total number of deaths ninety per cent. were from diseases of bacterial origin. The greatest practical advance which had been made in any department of medicine of recent years was to be seen in surgery, due to the introduction of antiseptic methods, or the prevention of suppuration, which he proceeded to show took place only through the agency of germs or bacteria.

Dr. Knapp presented some flasks in which he had repeated the experiments of Schultze, Schwam, and others, demonstrating the manner in which fermentation takes place. If germs were rigidly excluded from a fermentescible substance, fermentation would not occur; fermentation was the decomposition of corro-hydrates by the action of the yeast plant. He further showed that putrefaction is the splitting up of nitrogenous substances into simpler elements through the agency of germs, the germs, however, differing from those at work in the process of fermentation.

The author then proceeded to show that suppuration is also dependent upon the agency of bacteria, the substance acted upon being living nitrogenous matter, while in putrefaction the substance acted upon is dead nitrogenous matter. He asked: Does mere traumatism produce suppuration? Do foreign bodies produce suppuration? Do chemical agents of any nature produce suppuration? To each of these questions he gave a negative reply, based upon experimentation with rabbits. That traumatism would not produce suppuration was proven by operations upon the eyes of rabbits—upon one eye with a perfectly clean instrument, suppuration following in no case; upon the other eye with an infected instrument, suppuration following in every instance. Simple fracture would never be attended by suppuration unless there was a suppurating point at some other part of the body, the germs being transported through the circulating medium.

To prove that foreign bodies would not cause suppuration, he had left the end of a rusty hair-pin brought to a glow (thus killing all germs) in the eye of a rabbit, and suppuration had not followed; the end of the same hair-pin not brought to a glow produced suppuration.

It was generally claimed, and by the highest authority, that chemical substances will produce suppuration. Dr. Knapp thought this was an erroneous belief due to the great difficulty of experimenting antiseptically with these agents. This was especially true of croton oil, which was extremely irritating in the smallest quantity. Yet he had been able to inject a drop of this substance into the eye of rabbits and not produce suppuration. Signs of irritation within the eye followed, but not suppuration, nor were germs present. In the other eye, however, precautions against the entrance of germs with the oil not being taken, suppuration ensued. The animals were shown.

Dr. Charles Heitzman made some remarks, and said that he had examined the eye of the rabbit into which croton oil had been injected with precautions against the entrance of germs, and while he saw signs of inflammation, he could find neither pus nor germs. Yet it seemed difficult to explain the development in a person otherwise healthy of, for instance, suppurative osteo-myelitis.

EDITORIAL DEPARTMENT.

PERISCOPE.

A Case of Fæcal Accumulation in the Rectum and Colon: Complete Obstruction of Bowels Supervening: Operation: Recovery.

Dr. Price Morris thus writes in the *Brit. Med. Jour.*:

During the month of August, 1877, I was consulted by a young lady, aged 24, who complained of symptoms of indigestion, occasional vomiting, etc., for which I prescribed. Finding, on passing her home about a week afterwards, that she was no better, I asked her to undress herself, so that I might properly examine her. To my great astonishment, I found that she had large, nodulated, firm, painless, movable tumors, occupying the lower part (and chiefly the left side) of the abdominal cavity. There was no gastric tenderness, menstruation had been regular, the bowels were being moved—in fact, there existed a kind of spurious diarrhœa. I considered it advisable at once to examine the rectum, when I found that this was tremendously distended, and packed full of dry, nodulated, earthy, fæcal matter, the anus being in a continual state of patency, due to the paralysis of the sphincter by mechanical distension. So much was the rectum distended, that a child at full period could easily have passed through it. Before going any further, I had better state that this individual, when a child, was in the Denbigh Infirmary, under the care, I believe, of Dr. Turnour, for accumulation in the bowels.

Getting the patient on the edge of the bed, covered with a sheet of oil-cloth, and using plenty of soaped warm water, I diligently dug away at this mass with my finger (which I think better and safer than a spoon) for a considerable length of time, finding that the mass was gradually descending as it was being removed below. Suffice it to say, that in this way the whole masses in the colon and rectum were cleared.

I cautioned the patient now about taking occasional aperients, and an enema to prevent a recurrence; but this she failed to do, so that after losing sight of her for about eighteen months, I was called to her again. This time I found her just in the same state, applied the same treatment, but not with the same result, inasmuch as a mass was left in the sigmoid flexure of the colon, which would not descend into the pelvis. This could be felt by introducing a long tube, against which the point would impinge, but which would give way under a little pressure. Injections were of no avail, coming out as administered, owing to the compactness of the mass. After this attempt to clean the bowels, symptoms of complete obstruction supervened, as evidenced by her vomiting every meal she took, as well as a total stoppage of any fæcal discharge from the bowels.

These symptoms were not accompanied by any greater distension or tenderness of the abdomen, neither was there any additional pain; and in spite of the administration of various kinds of purgatives and medicines, as well as enemas, they continued persistently for several weeks. The patient, in the meantime, was getting rapidly emaciated, so much so that, before long, death from starvation must take place.

At this critical period her parents asked me one day if I would have any objection for her to see a very eminent provincial surgeon, which, of course, I gladly consented to. I wrote a full history of the case for her to take with her, which the above gentleman kindly acknowledged, with the remark that it was a very extraordinary case, and that he had not made up his mind what to do. In a few days more I received another communication, stating that, upon further examination, he found that the case was beyond the reach of surgery, and recommending a trial of large doses of aloes. The patient returned home, and tried the above doses for a fortnight, but each dose came back.

Whilst she was away, an idea on one occasion suggested itself to my mind of doing something for her. The idea was to introduce my hand into the gut, and to push it up as far as possible, with the intention of getting at and removing the obstruction. After apprising her and her parents of this —stating that, if it was not successful, she would be left in the same state as at present —I operated, with the assistance of my old master, Dr. Davies, of Llanfair Talhaiarn, and Dr. Roberts. My intention was to dilate the anus; but, finding this impracticable, under chloroform, I divided the whole structures back to the coccyx. Now I could easily pass my hand; and Dr. Roberts passed a long tube in by my wrist, through which warm soaped water was injected. At the top of the pelvis I came across the big mass which I had so often felt and vainly attempted to remove, but now I could easily crush it. The arm was now withdrawn, when the whole was expelled. After reintroducing the arm, I found that the colon was in a very abnormal condition, because, instead of there being an ascending, transverse, and descending colon, it was one tremendously distended chamber, and with my whole arm introduced up to the axilla, I could, on account of her great emaciation, investigate and manipulate every part of the abdominal cavity, with the other hand externally. Strange to say, in the neighborhood of the right iliac fossa I found an opening of an oval shape, large enough to allow the passage of a good-sized plum (an inch and a half long), with a well-defined margin. This was plugged with a lump of hard fæcal matter, which was removed and crushed in the large amount of water which had by this time been injected. Every part was now thoroughly examined; and, after satisfying myself that there could be nothing more, the arm was withdrawn. Sutures were carefully inserted, a soft elastic catheter placed in the bladder, and by-and-by a large dose of opium given. Vomiting occurred next day, due, no doubt, to chloroform; after which she went on for a fortnight, fed upon liquid nourishment, without any vomiting. At the end of this time, I detected a doughy kind of swelling in the left iliac fossa, which, I thought, must be the result of what she had been eating; and in a few days more, upon removing the sutures and catheter from the bladder, fæcal matter was found in the rectum, which was all easily removed by an enema.

After this, she got up, gradually resumed her ordinary diet, and I took care to watch her carefully for some time, with the satisfaction to find that the bowels gradually resumed their normal functions without the use of aperients or enemas; the bowel, no doubt, as time went on, in spite of its extraordinary distension, resuming its tone and contractile power; whilst the inestimable advantage of a sphincter capable of discharging its functions has been regained. In this way the patient has kept for over seven years. Lastly, what the above opening was, unless it was the ileo-cæcal valve, I am at a loss to know.

A Case of Supposed Fracture of Neck of Scapula.

Dr. G. Y. Eales thus writes in the *Lancet:*

Last September R. B., aged fifteen, a spare, delicate-looking lad, came to me with an injury to the left shoulder. He was playing with several boys, butting at each other with folded arms, when he was knocked over and fell on his left shoulder. On examination I found the following points of observation:

1. Considerable bruising of the deltoid.
2. The acromion process prominent, with depression underneath, and outer third of the deltoid flattened.
3. Arm lengthened about an inch and a half, and drawn away slightly from the side.
4. A rough object high up in the axilla in the neighborhood of the neck of the scapula.
5. Humerus rotated freely and smoothly, and with but little pain.
6. A round projection in front and below the shoulder, which proved to be the head of the humerus on rotating that bone.
7. On raising this projection upwards,

outwards, and backwards, crepitus was produced; the contour of the shoulder was restored, with disappearance of the deformity.

8. Slight increase of vertical measurement around the joint.

9. Great freedom of passive motion, with but little pain.

Owing to the bruising, I was unable to manipulate the coracoid process; I therefore put the arm up with a pad in the axilla, with the elbow raised and bandaged to the chest. Five days afterwards, the bruising and swelling having partially subsided, I took off the bandages and found the same condition of things as when I first saw him, but much more plainly. On raising the head of the humerus all the symptoms disappeared, accompanied by loud bony crepitus audible to the bystander; and on removing the reduction force all the above-named symptoms again appeared. I was struck with the ease and comparative absence of pain with which the fracture could be reduced, also the readiness with which it became displaced on removing the reduction force. The rough object in the axilla was now more distinct, and disappeared on reducing the fracture, and was apparently the scapular neck. I now noticed also that the coracoid process did not appear to move on reducing the fracture.

Remarks.—The noteworthy features of the case were—

1. The ease with which the fracture could be reduced, together with the ensuing deformity on removing the reduction force.

2. The great freedom of passive motion.

3. The striking resemblance to dislocation into the axilla.

With regard to this latter, the lengthening of the arm, the freedom of passive motion, and the easy reduction of the deformity in the way I have mentioned were sufficient to exclude simple dislocation into the axilla. The other lesions which this injury simulates appear to be—

1. Dislocation of the humerus into the axilla, with fracture of its neck.

2. Separation of the epiphysis of the humerus.

3. Dislocation of the humerus into the axilla, with fracture of a portion of the glenoid cavity of the scapula.

The lengthening of the arm and the movement of the head of the humerus on rotation are against the first two. Holmes, in his "System of Surgery," states that it is the opinion of most modern writers on surgery that a simple fracture of the anatomical neck of the scapula never occurs, and that Malgaigne has shown that the symptoms of the supposed lesion are identical with those of dislocation of the humerus into the axilla, with fracture of a portion of the glenoid cavity of the scapula. In another place Holmes admits that the two lesions are indistinguishable during life. I hardly dare to express an opinion in the face of such high authority; but why should not a simple fracture of the anatomical neck of the scapula occur as readily as the more complicated injury?—because the force to produce either must be of the same nature and very considerable. It appears to me that the symptoms of this case are so analogous to those quoted by Dr. Lotzbeck, of Munich, and that recorded by Spence, and bearing in mind the fact of the coracoid process being apparently stationary, that I feel justified in saying that in all probability this was a case of fracture through the anatomical neck of the scapula.

The lad having passed from my care and observation for treatment by another surgeon, I am unable to give any details of the progress of the case, but I afterwards ascertained that he eventually gained very good use of the arm.

The Oculist, the Optician, and the Public.

Drs. L. Webster Fox and George M. Gould, of Philadelphia, thus write in the *Philadelphia Medical Times* for December 25, 1886:

It has in all civilized countries been found not only conducive to the public good, but also necessary to the public welfare, to limit the traffic in drugs to such persons as have pursued a special course of study, fitting them to dispense the materia medica intelligently, and who are in other respects qualified to deal wisely in matters which are of so highly important and delicate a character.

It is our conviction that the business of supplying the community with spectacles is, in its way, and to a degree, a function of as profound importance to the community at large; that at present this office is shamelessly prostituted to money-making; and that similar legal restrictions should be set about it as have been found beneficial in the case of drug-selling. Our contention is that the optician should be placed on precisely the same legal standing as the druggist; that is, he should by education, both general and technical, and by the restriction of his duty to his legitimate function, be placed before the community with a guarantee by the proper authority that he is qualified to do what he pretends to do, and that he shall not pretend to do what is wholly beyond and outside his province.

Just as the druggist *quâ* druggist is not a physician, so should the optician not pretend by his practice to be an oculist. If the professions of medicine and pharmacy are distinct, it is beyond all cavil that the profession of ophthalmology is quite as different from that of manufacturing and selling optical instruments.

We speak thus strongly because the reason for the faith that is in us is derived from the memory of a long series of cases where irreparable injury and years of suffering have been the result of the common foolish habit of sufferers from eye troubles relying on the optician—respectable or quack—to do the work they should have been legally protected from seeking or getting, or, yet more correctly, from being deceived in the getting.

We had intended citing a number of our own cases in detail, but are warned that our limited space forbids, and we must with regret omit them. We cannot leave the subject, however, without referring to a recent case. It was that of a lady past 55, who relied on the optician to fit her with "old age" spectacles. Her dimness of vision, however, was only temporarily benefited by the spectacles, and they were soon changed by the obliging dealer. But there was before long a dimness of vision, and again a change. Finally, after many changes—we forget how many—and when the precious time of possible relief had been wasted, the patient came under observation with a typical glaucoma chronica, wholly beyond cure. No astigmatic correction had been added to the presbyopic glasses; and, if not absolutely induced, it is far more than probable that the glaucoma had been increased and its progress hastened by the irritation resulting from the glasses. At least, and this is the most important, the patient's reliance on the optician cost her the terrible penalty. Had the law directed her to a physician, as it does in other forms of illness, no such result would have taken place. No optician ever thinks for a moment of any but refractive errors, and, of course, not of the remote bearings of a supposed correction of these. Indeed, it may be added that perhaps many oculists are far from properly appreciating the persistently intimate co-relations of the errors of refraction (with their correction) and general ocular and cerebral disorders. So that it is no exaggeration to say that in writing a prescription for glasses, the judgment must be guided by a multitude of considerations that only the physician plus the ophthalmologist can for a moment be supposed to consider and estimate aright. How far soever from perfection the oculist may be critically adjudged, there can be no question that the peddler, the jeweler, and often the optician, are yet farther from it, and that some legal process of culling and gleaning in this field would be a great benefit to the community.

Puerperal Eclampsia Treated with Pilocarpine.

Dr. T. Coke Squance thus writes in the *Lancet:*

Early on the morning of Septemper 8 I was called to attend Mrs. L——, aged twenty-two, in her first confinement, her ordinary medical attendant being from home. I was informed that the "pains were slow," that she had been very sick, and complained of severe "pain in the head." On examination, I found the os well dilated, head presenting, and membranes (which were very tough) unruptured. I ruptured the membranes and applied a binder, but after waiting for some time the pains became very feeble, and the patient showed such signs of exhaustion that I proceeded to deliver her with the forceps, subsequently removing the placenta, which was partially adherent. There was no hemorrhage worth speaking of, and half an hour after the patient expressed herself as "feeling well." Her pulse when I left her was 72. Later on, I received a message to the effect that she was "going from one fit into another." On my arrival I found her quite unconscious, face flushed, pupils widely dilated, skin harsh and dry, abdomen tympanitic, bladder empty, feet œdematous, pulse 120 and full, and temperature 100°. Her friends informed me that she had had about a dozen exceedingly severe fits, during some of which they thought she was dead. During the "fits" she had passed fæces and urine. As an attack was evidently just commencing, I gave her a hypodermic injection of pilocarpine (¼ grain). The head was then being turned from side to side, the eyelids and eyeballs were moving rapidly, the mouth was drawn up towards the right ear, and the head turned towards the right shoulder, the countenance being of a livid hue. The fingers and thumbs were then flexed on the hands, the latter being strongly flexed on the arms, which were also somewhat flexed; the trunk and legs became rigid. The left leg was raised from the bed, and remained extended for fifteen seconds. There was a peculiar hissing sound on respiration, with convulsive movements of the larynx, the face becoming blue-black in color, and the patient seemingly on the verge of suffocation. The rigidity, which lasted for fifteen seconds, was followed by clonic convulsions, the face was frightfully distorted, and large quantities of frothy foam, slightly tinged with blood, came from the mouth. Respiration became restored and the convulsion ceased, with the exception of a little twitching, at the end of three minutes, by which time the patient was in a profuse perspiration. The attendant told me that this attack was barely half the duration of the previous ones. There was no further seizure until shortly before I saw her the next morning, when there was a slight attack. I repeated the pilocarpine then and once subsequently, and no further seizures occurred. She remained unconscious for three days, during which time urine was passed in large quantities. There was an abundant secretion of milk. When I terminated my attendance at the end of a week, her own medical attendant having returned home, she was making most favorable progress. In addition to the pilocarpine, I ordered her a mixture containing chloral hydrate and bromide of potassium, and pessaries of eucalyptus and perchloride of mercury per vaginam.

On Some Forms of Albuminuria Not Dangerous to Life.

The gravity of albuminuria, as a symptom, has been differently estimated at different times, but gradually it has come, in recent years, to be known that albumen often appears in the urine, even in considerable quantity and very persistently, in persons free from important organic malady. Indeed, it may be maintained that some patients with persistent albuminuria are yet eligible to life insurance at little, if at all, above ordinary rates.

It is, therefore, important to know the characteristic features of these non-dangerous albuminurias.

Dr. Grainger Stewart, in the January issue of *The American Journal of Medical Sciences*, studies the following varieties:

1. Paroxysmal albuminuria.
2. Dietetic albuminuria.
3. Albuminuria from muscular exertion; and,
4. Simple persistent albuminuria; and illustrates each with reports of cases which are markedly characteristic.

The diagnostic features of paroxysmal albuminuria are the sudden and copious occurrence of albumen in the urine with numerous casts, the process lasting only a short time and occurring at intervals with or without a perceptible exciting cause. The exciting cause, according to Dr. Stewart, is irritation of the kidneys from blood-changes. The treatment should be directed, on the one hand, to the avoidance or diminution of renal irritation; and, on the other, to the regulation of the hepatic function, and of the chemical processes in the body. Happily, the attacks are usually of brief duration, and he has never known them prove permanently injurious.

Dietetic albuminuria is a variety which has long been more or less distinctly recognized. Some people suffer from it whenever they indulge in certain articles of diet. In some cases one kind of food, in others many, require to be proscribed; cheese, pastry, and eggs are among the more common offenders. Of this group our present knowledge does not suffice to afford a satisfactory explanation.

Those cases of *albuminuria following upon muscular exertion* Dr. Stewart is disposed to attribute to a general change in vascular activity. The prnicipal indications for their treatment are met by rest, judicious diet, and attention to the general health. Those remedies which act upon the muscular fibres of the vessels deserve trial.

The features of *simple persistent albuminuria* are the constant presence of albumen, usually in small quantity, unattended by tube-casts, diminution of urea, by increased muscular tension, cardiac hypertrophy, or other consequence of renal malady, persisting for a period of months or years, and little influenced by diet or exercise.

Dr. Stewart concludes his study with a consideration of the prognosis of these groups.

Intra-peritoneal Hemorrhage in a Newly-born Infant.

Before a recent meeting of an English medical society, Dr. Keser read notes of a case of intra-peritoneal hemorrhage in a newly-born infant of the male sex. The child was born at full term on April 29, and the labor was normal. The child was in a state of apparent asphyxia, but respiration was easily established. There was slight subconjunctival hemorrhage on the right side. On May 1 swelling of the scrotum was observed, and the penis was œdematous. On May 4 the scrotum was much more swollen. The temperature in the rectum was 98°. The abdomen became swollen, and the lips were pale. The cord separated on that day without hemorrhage. The child died on the ninth day. There was an ecchymosis in the middle of the back. Melæna or hæmatemesis was not observed. The spleen was enlarged, and measured 9 cm. in length, 5 cm. in breadth, and 2 cm. in thickness. The upper half was swollen and congested, and very dark from hemorrhage, which seemed to have come from a lesion that looked like an infarct. According to Birch-Hirschfeld, the size of the spleen in a child eight days old was 4 cm. by 3 cm. The peritoneal cavity was full of dark fluid blood, the amount escaping being about eight ounces. The splenic artery appeared to be normal, as well as the other branches of the aorta. There was no hemorrhage or infarct in any other organs. The mother had had eight pregnancies. The first child died at the age of eighteen days, but the cause of death was unknown. After this child five still-births occurred. The seventh child was born at full term, was nursed by the mother, and remained well until the end of the fourth week, when epistaxis set in, followed by hæmatemesis and melæna; large ecchymoses appeared on the trunk and limbs, and death ensued after a week's illness. The mother had no tendency to metrorrhagia or to any other form of hemorrhage. There was no hæmophilic history so far as could be obtained. Spontaneous rupture, as probably occurred in the case recorded, was very rare. Ritter, who collected 132 cases of hemorrhage in new-born children, had never observed it. Grandidier had observed intra-peritoneal hemorrhage, but the source of the blood was not discovered. Steffen found a rent in the convex surface of a soft spleen in one case of intra-peritoneal hemorrhage. Billard found at the necropsy of a child six days old a large quantity of blood in the stomach and intestine, and an enlargement of the spleen, which was ruptured; there was but a tablespoonful of blood in the peritoneal cavity. Dr. Keser could not detect the source of embolism, but believed that there was an infarct in the spleen as the result of arterial obstruction. Dr. J. H. Morgan related a case of icterus neonatorum attended with severe hemorrhages, and due to congenital obliteration of bile ducts.

Gastric Ulcer.

Before the Clinical Society of London, Dr. Montagu Murray read a paper on a case of gastric ulcer with unusual complications. An anæmic girl, aged twenty-three, was admitted on February 15 with indefinite gastric symptoms. On the 16th, the temperature rose suddenly to 103.6° F., a sharp pain was experienced in the left side, and a pleuritic rub could be heard. On the 17th, the abdomen was found to be tender and swollen. During the 17th and 18th there was severe vomiting. Hæmatemesis began on the 19th. At first the blood was bright red, and the amount ten ounces, but subsequently the quantities were smaller and the color much darker. Patient rapidly became weaker, and died on the 22d. Vomiting ceased four hours before death. At the post-mortem, acute left pleurisy and acute peritonitis were found. On opening the stomach, a small ulcer was seen at the cardiac end; its outline was roughly circular, its diameter an inch, its wall thickened and precipitous, and its floor composed of peritoneum, perforated in the centre by an aperture one-eighth of an inch in diameter. Three questions were discussed:

1. The age of the ulcer.
2. The time of the perforation.
3. The connection between the ulcer and the inflammation of the serous membranes.

1. It was argued that while the symptoms on admission did not clearly point to ulceration, yet when considered with the subsequent history and the post-mortem appearances, it was clear that the ulcer must have been present at that time. The immediate cause of the hæmatemesis was probably the straining during the severe vomiting which preceded it.

2. That perforation was a cause of the pleurisy and the peritonitis, was rejected on the ground that the hæmatemesis did not begin until after the onset of the three complications; that the vomiting did not cease until four hours before death; and that there was no evidence of extravasation from, or of inflammation in the neighborhood of, the perforation, which was believed to have coincided with the cessation of vomiting.

3. The connection of the ulcer with the pleurisy and peritonitis was rendered probable because of the existence of communicating lymphatics; the occurrence of left pleurisy with an ulcer at the cardiac end; the rarity of the two conditions occurring simultaneously; and the absence of any other discoverable cause.

Dr. Mitchell Bruce said that cases of perforation and peritonitis were of great interest, not only to the physician, but also the surgeon. In Dr. Murray's case it seemed clear that peritonitis preceded perforation.

A Case of Transverse Fracture of the Scapula Below the Spine.

Dr. G. E. Dobson thus writes in the *Lancet:*

Bombardier G. J——, Royal Horse Artillery, was admitted to hospital suffering from pain in the right scapular region, increased by motion of any kind, and especially so by motion of the right arm outwards and forwards. While engaged in assisting to move a heavy iron target he slipped and fell, and was immediately conscious of a sharp pain in the back of the right shoulder-blade, so much increased when he attempted to move the right arm that he was unable to continue to perform his duties. He was quite sure that the target had not fallen on him; while helping to carry it he had slipped on some round stones, and he believed that the weight of the target on his arm when he tried to prevent himself from falling had caused something to give way behind his shoulder.

On examination, there was not the slightest sign of a contusion, or of any external violence. The form of the right shoulder and scapular region did not differ from that of the corresponding parts on the opposite side. The patient was able to place (though with pain) the fingers of the right hand on the left shoulder. On moving the right arm outward from the side, loud crepitus could be heard in the right scapula, and this, with the aid of a stethoscope, could be easily localized to the infra-spinous fossa. The case was diagnosed as a transverse fracture of the body of the scapula below the spine.

The right arm was supported in a sling and fixed by a bandage to the side of the body. A piece of gutta-percha, softened in warm water, was closely applied to, and accurately moulded over, the scapula and shoulder, and maintained in position by a bandage. Fourteen days afterwards the bandages and gutta-percha were removed, when some slight crepitus could still be detected with the aid of a stethoscope. The gutta-percha and bandages were replaced and allowed to remain for ten days, at the expiration of which period the crepitus was found to have altogether ceased; the patient had full use of the limb without pain, and he was discharged to duty.

The injury in question was evidently occasioned by muscular force. The patient slipped when engaged in sustaining a heavy weight, and in trying to make good his foothold and also sustain the weight the latissimus dorsi muscle was brought suddenly into violent action, when the inferior angle of the scapula, across which it extends, was also forcibly moved outwards and backwards against the tense body of the muscle, and, the upper part of the bone being fixed, fracture took place at a point between the opposing forces.

Partially Consolidated Aneurism of the Aorta.

Before the Medical Society of London, October 25, 1886, Dr. Theodore Williams exhibited a case of partially consolidated aneurism of the transverse portion of the arch of the aorta. The patient, a man (who was shown), aged forty-two, a waiter, with a history of rheumatic fever, had complained for one year of pain in the chest, cough, and more recently of short breath and slight dysphagia. He was admitted into the Brompton Hospital in July, 1885, and the diagnosis was aneurism of the transverse portion of the aortic arch pointing in front, pulsation being visible in the upper three intercostal spaces on the left side. Under treatment by rest and iodide of potassium, the patient greatly improved; the dysphagia ceased, and the pulsation became less visible, but irregularity of the size of the pupils was noted before he left the hospital, which he did four months later. He resumed his occupation to a limited extent, but, being attacked with fainting fits, was readmitted in October, 1886, with stridulous breathing, dysphagia, and some dyspnœa, unequal pulses and pupils, the left pupil being widely dilated. Dr. Williams found the aneurism still tolerably solid in front; it had extended backwards, and involved the recurrent laryngeal nerve, giving rise to fixation of the left vocal cord and great stridor of breath. There was also evidence that the trachea was pressed on. The points of interest in the case were—

1. The rapid consolidation of the sac in front, and the cessation of the dysphagia during the patient's residence in hospital.
2. The stability of the clot, even under the unfavorable circumstances of his occupation.
3. The rapid extension of the aneurism posteriorly at a later date.

Dr. Symes Thompson referred to treatment other than iodide of potassium; complete rest in the recumbent posture, and very low diet.

Dr. A. Money asked what the position of the vocal cord was.

Mr. James Black inquired for the presence of cough in this case.

The President referred to the works of

Tufnell, who advocated measures calculated to give the body the most complete rest.

Dr. Williams, in reply, said that the left vocal cord was in the cadaveric position. The patient had a cough of laryngeal quality.

A Case of Hernia into the Umbilical Cord.

Mr. J. Frail Harries reports this case in the *Lancet*, October 23:

In the afternoon of August 25th Mr. Harries was summoned to the Labor ward to see a child just born, who, the nurse said, had a swelling at the umbilicus. The child was a healthy-looking boy who, with the exception of the rare congenital malformation described, was in every respect well developed, and weighed 7¼ pounds. A hernial protrusion into the umbilical cord was found, about the size of a hen's egg. Upon examination Mr. Harries concluded that he had to deal with a partially reducible enterocele, with a sac the neck of which was formed by the skin and the fundus by the coverings of the cord, and with the umbilical vessels spread out over the right side of it. In the absence of the visiting physician, Dr. Hope, he decided upon the following operation. Mindful of the inevitable results of separation of the cord and the exposure of the enclosed intestines, the child having been anæsthetized with chloroform, the sac was opened. The contents of the sac were both large and small intestine, of which five inches of the latter were adherent to the interior of the sac. The bowel beyond, being slightly congested, was quite healthy, and was dissected off without any great difficulty. What he believes to have been the vermiform appendix was so intimately fused with the tissues of the cord as to render dissecting it off impossible; it was therefore ligatured with fine carbolized catgut, and divided close to the sac. After slightly enlarging the hernial opening, the whole contents of the sac were returned into the abdominal cavity. The opening was then closed with a double ligature of thick catgut, in exactly the same way as a nævus is strangulated by Liston's method. The cord with the sac was then cut off about half an inch from the umbilicus. The operation was performed with every antiseptic precaution, and the wound dressed with corrosive sublimate gauze.

During the next fourteen days the wound was dressed twice, and each looked quite healthy; at the end of that time the small remaining portion of the cord separated, and the ligature was removed, the opening being firmly closed. After the operation the bowels acted naturally, and the child took its nourishment freely, some slight sickness being the only trouble. During a rapid convalescence no symptoms of importance were manifested.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Transactions of the Medical Association for the State of Missouri for 1886. Pp. 118.

Transactions of the Medico-Chirurgical Faculty of Maryland for 1886. Pp. 254.

Transactions of the Medical Association of Georgia for 1886. Pp. 376.

Transactions of the State Medical Society of Wisconsin for 1886. Pp. 254.

Annual Report of the State Board of Health of New York for 1886. Pp. 579.

This seemly pile of annual reports from active medical bodies in different parts of our Union speaks in self-evident terms of the activity of the American profession. Our space does not allow us to do these volumes justice. Every one of them bears abundant proof of careful observation, carefully put forward; of intelligent and extensive reading; and of a true desire on the side of writers to impart the knowledge obtained by laborious work to others in the same field, and thus to make it the common heritage of the profession.

When such an enlightened spirit pervades the practitioners of any art it cannot but make rapid progress; and these volumes are therefore doubly cheering to the student of medicine, first, by reason of their contents, and next, and not less important, as witnessing to the liberal spirit which pervades all departments of the American profession.

A Manual of the Diseases of the Skin. Fourth edition. J. & A. Churchill, London. Pp. 194.

This small work is a convenient sort of pocket edition of the larger volume of the same author, and is calculated to be serviceable as a reminder for those who wish to refresh their memory on the leading points of this specialty.

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—A correspondent writes us that he was attending an Irishman recently, and asked his wife if her husband had any movement of the bowels. "Oh, yes," she said, "he had a 'change of inside' yesterday."

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SCLEROSIS OF THE COLUMNS OF GOLL.

The columns of Goll (median posterior columns) constitute two triangular columns lying next to the posterior median fissure of the spinal cord. These tracts were described by Cruveilhier, and later still by Goll, as a continuation of the posterior pyramids of the medulla oblongata. They are in fact composed of bundles of nerve fibres quite distinct from the posterior columns so-called, both by their course and mode of development. While the columns of Burdach (the posterior columns properly so called) establish commissural connections between regions of the cord that are contiguous, these posterior median tracts connect portions of the cord that are remote (bulbar and medullary centres); and secondary degeneration of these tracts, when occurring simultaneously with that of other portions of the posterior columns, is propagated much farther upward, and may involve the entire continuity of these tracts.

With regard to their mode of development, the posterior median columns have been shown to have a somewhat later development than the columns of Burdach.

There have thus far been but few observations of systematic leucomyelitis of the median posterior columns. In the description which follows we shall take our data from Vulpian's admirable work recently published.*

One of the first observations was reported by Pierret, in 1873. It concerned a woman sixty years of age at the time of her death. This patient had experienced the first symptoms of an affection of the spinal cord fifteen years before. These consisted in numbness and formications in the hands and feet, principally in the superior extremities, and these phenomena were accompanied by deep, severe pains and sensations of heat. The patient also suffered from pains in the loins and constriction of the thorax. There were added still later anæsthesia of the soles of the feet, and walking became difficult; the patient had attacks of vertigo. Amelioration followed applications of the actual cautery to the lumbo-dorsal region, but the numbness of the extremities persisted.

The symptoms becoming worse the patient was admitted to the Salpetrière. At this period the patient could walk only with the help of a crutch, and she hopped rather than walked; the feet detached themselves with difficulty from the ground, and there seemed to be sometimes propulsion, sometimes retropulsion, sometimes *left latero-pulsion* in her movements. With the eyes shut she could stand erect, but when she attempted to walk she would stagger and fall. Any attempt at walking was followed by speedy fatigue and intolerable pain in the legs.

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* Maladies du Syst. Nerveux, t. ii., 1886.

In January, 1866, girdling pains were for the first time noticed in the lower part of the trunk, and a little later pains of a similar character in the anterior part of the thighs. Cutaneous sensibility was weakened throughout the whole extent of the inferior members, but the reflexes seemed normal.

Death took place in 1870 by pneumonia. The autopsy disclosed as the only lesion in the nervous centres, sclerosis of the median parts of the posterior columns of the spinal cord. With regard to the symptoms of this case, Vulpian remarks that only the tendency to propulsion or retropulsion can be considered as foreign to the symptomatic aggregate by which ordinarily progressive locomotor ataxia is known. As this tendency is exceptionally observed in cases of tabes dorsalis, Vulpian is inclined to refer it to some encephalic complication, of which it might have been the expression. Certainly none of the symptoms above described can be ascribed absolutely to any loss of function entailed by destruction of the columns of Goll. It is a fact that lesion of the median posterior columns so commonly observed in the upper parts of the cord when the tabetic sclerosis occupies the dorso-lumbar and inferior dorsal region ot the posterior columns does not reveal itself by any particular characteristic troubles in the superior members. Vulpian has observed instances of sclerosis of Goll's columns in the cervical region in cases of diffuse peri-encephalitis, without any motor or sensory disturbances of medullary origin.

In a case reported in 1874 by Du Castel of primitive sclerosis of the columns of Goll, in which these columns were affected throughout their whole extent, the symptoms observed during life were incomplete paraplegia, with trembling of the head and of the superior members, but without lightning pains and anæsthesia.

In another case reported more recently (*Progrès Medical*, 1884,) by Camuset, the leading symptoms were paresis of the lower limbs, some enfeeblement of the mental faculties, delirium of grandeur, and an attack of acute mania just before death; there were no symptoms of ataxia. The autopsy disclosed, besides a marked sclerosis of the columns of Goll confined to these tracts in the cervical region, and invading a small portion of the posterior columns lower down, the lesions of chronic cerebral meningitis. The symptoms noticed in this case seemed referable chiefly to these latter lesions. Vulpian concludes an interesting chapter by the remark that thus far clinical observations leave the functions of the columns of Goll enveloped in profound obscurity. Certainly lesions of these tracts do not manifest themselves by any particular morbid phenomena.

"I have," he says, "undertaken on several occasions to study this question by means of physiological experimentation. I have endeavored to cut transversely, or to destroy at a certain point by attrition, the posterior median columns in chloralized dogs. But always when the experimental lesions have affected only the part of the posterior columns bounding on each side the posterior median fissure, I have not been able, in dogs subjected to these vivisections, to note any special symptom apart from the ordinary effects of prickings, or incisions, or lacerations of the posterior columns. Moreover, it is very difficult to destroy entirely and singly this internal part of the posterior columns, so that I have never succeeded in obtaining any significant results. Despite all that may be conceded to observations already published, I believe that if we are ever to know the symptoms peculiar to alterations of the median posterior columns, we must look to clinical medicine for such light, and not to experimental physiology."

SOMETHING MORE ABOUT COCAINE.

Dr. Witzel is one of the most experienced dentists in Germany. That the reader may know how much credit to give to any statement of W., we will mention that he is not only an M. D., but an author, who in Germany is looked upon as the representative of scientific dentistry.

W. recommends the subgingival injection of muriate of cocaine for the painless extraction of teeth. About nine minutes after the injection into the gums of seven drops of a 20 per cent. solution—we see that the dentists in Europe are no longer satisfied with a 2 or 4 per cent. solution—an increase in the action of the heart is suddenly noticed. Then is the time to extract the tooth. The patient is said to feel the application of the forceps, and also the pulling of the tooth, but to show by no exclamation of any kind that the operation is at all painful to him.

W. made some interesting observations which fully coincided with Claude Bernard's researches. The latter, as well known, demonstrated by his experiments that cocaine in its action on the cerebral circulation was exactly the antagonist of nitrite of amyl. Under the effect of amyl, the cerebral arteries contract, anæmia of the brain develops, the arterial pressure is increased, and the face looks pale. Cocaine causes a dilatation of the vessels of the heart, hyperæmia with diminished arterial pressure sets in in the encephalon, and the face appears flushed and in a general state of venous congestion.

To at once end the anæsthetic condition produced by cocaine, the inhalation of a few drops of nitrite of amyl is the best remedy. In this connection it may be well to remind dentists who may be desirous of employing subgingival injections of twenty per cent. solutions of cocaine that the remedy, at least in this strength, is not without its danger. Dr. Knabe, of Berlin, records the case of a girl, aged eleven, who, after a severe attack of scarlatina, suffered from fatty degeneration of the heart. In her case, the hypodermic injection of cocaine was recommended as a tonic to remedy the frequent fainting fits to which she was subject. Certainly the physician advising such a procedure could have had no idea of the morbid condition underlying these attacks of syncope, nor must he have possessed any knowledge of the physiological action of cocaine. Four or twelve drops—they were never able to discover the exact dose—of a four per cent. solution of cocaine were injected under the skin over the deltoid muscle of the left arm. Scarcely forty seconds later the girl took a deep breath, became deadly pale in the face, and dropped down unconscious. She never recovered consciousness, death ensuing a minute later. In this case nitrite of amyl would have been the remedy indicated.

As not all dentists are graduated physicians, they had better be careful in the administration of such strong solutions of muriate of cocaine. Nitrous oxide gas answers all their purposes, and brings less danger than any other anæsthetic.

NOTES AND COMMENTS.

A Pathognomonic Sign of Cancer of the Stomach.

A patient was shown at a recent meeting of the Société Médicale des Hôpitaux who exemplifies the condition said by German writers to be characteristic of cancer of the stomach, a condition found by M. Debove to be constant in such cases, and which he proposes as a pathognomonic sign of the disease. In malignant disease of the stomach it will be found that hydrochloric acid is always wanting, whereas it lasts constantly during digestion in every other case. In M. Debove's patient this absence of hydrochloric acid enabled a diagnosis to be made at a period when there was no other symptom of cancer, and the disease was looked upon as dyspepsia, an opinion shared by M. Debove himself until he had ascertained the composition of the gastric juice. Since the beginning of the year the man has been under observation, and the real nature of his disease, now constituted by a characteristic tumor the size of an egg, is no longer doubtful. In reply to questions M. Debove said that he obtained the liquid for examination by means of the œsophageal tube, and that the tests used for distinguishing the acids were those recommended by the Germans. A solution of gentian violet (1 to 5000) gives a blue coloration with HCl. "L'orange Poirier" in saturated solution gives a red reaction with the same acid. Lactic acid is recognized by the increased yellowing of perchloride of iron, and by change in color of a mixture of perchloride of iron and carbolic acid, from amethyst blue to yellow.

Pelletierine in Infantile Disorders.

M. F. Meplain, bearing in mind the difficulty of giving children vermifuge medicine in sufficient doses, and the fact that Dr. Bétancés had administered six centigrammes of pelletierine, which had expelled a tænia, resolved to try this remedy on an infant thirty-two months old, which was suffering from convulsions. M. Béranger Féraud and other writers recommend that pelletierine should not be given to children, on account of the symptoms of congestion of the brain which it occasionally causes in adults. Be that as it may, M. F. Méplain administered to his little patient a large teaspoonful of solution of Tanret's pelletierine, which represents about six centigrammes of the alkaloid; twenty minutes later, twenty grammes of manna, dissolved in a cup of milk, were given. The expulsion was tardy, owing to the insufficiency of the purgatives used, but was, nevertheless, complete. M. F. Méplain, who remained several hours with the patient, observed no alarming symptom. From the observations of MM. Bétancés and F. Méplain, it appears, therefore, that whilst a small dose of pelletierine is sufficient to expel the tænia, the use of the drug is, in the case of children, unattended with the risks which might have been expected from its physiological action and from the effects observed in adults.

A New "Cure for Cancer."

Dr. Velloso lays claim to having cured several cases of epithelioma of the face and lips with the juice of alvelos (says the *Brit. Med. Jour.*), a plant which belongs to the family of Euphorbiaceæ. It acted as an irritant, and destroyed the diseased tissue, which was quickly replaced by healthy granulations. Of the three different kinds of alvelos (male, female, and wild), the second is considered the most efficacious. It is found at Pernambuco, and although the natives have employed the juice for some time, it has not come into extensive use on account of the severe pain which it causes. The best results were obtained with the juice in a concentrated solid form, and with the addition of vaseline or lanoline. This preparation should be applied with a brush to the affected part (previously washed with a solution of carbolic acid), which should then be left exposed to the air for at least an hour. It should afterwards be covered with lint. This treatment should, as a rule, be repeated every two or three days, and never more than once in twenty-four hours, as the pain of the application is severe, The treatment was more speedily successful when begun before ulceration had occurred.

Pereirine as a Tonic.

The bark of the pao-pereiro tree is said to be a tonic and febrifuge. It contains an alkaloid which was first isolated by Ezequiel in 1838. The name of pereirine has been given to it. The product of that name used in Brazil is an amorphous yellow powder, which is not a pure alkaloid, but contains a compound of amyl, a bitter coloring substance insoluble in water, analogous to glucose, a hydrocarburet, and another crystallized substance, probably a glycosid. Pereirine is very slightly soluble in water, to which it communicates a bitter flavor, but dissolves easily in ether. M. Guimaraes has proved that pereirine produces the following effects:

1. A period of agitation characterized by slight convulsive trembling of the skin, irregular respiratory movements, decrease of the central and peripheral temperature and of the pulse-beat.
2. A period of functional paralysis, consisting in aphonia, diminution in the number of respirations, elevation of temperature, paralysis of voluntary movements.
3. A period of complete paralysis ending in death.

Pereirine, as sold commonly, is impure. M. Fereira has administered doses of two grammes a day in cases of persistent paludal infection.

Aseptol; a New Disinfectant.

This substance is orthophenol-sulphuric acid, and has been known since the year 1841. It has been lately brought forward in France as a disinfectant, and Dr. Hüppe (*Centralb. f. d. Med. Wiss.*, No. 50, 1886,) has made experiments with it which have led him to the opinion that it possesses advantages entitling it to rank beside carbolic acid and bichloride of mercury. Commercial aseptol is a syrupy liquid, having a faint odor of carbolic acid. It is soluble in all proportions in water, alcohol, and glycerine, and even in a 10 per cent. solution has no caustic action upon the skin. Such a solution kills spores of anthrax in thirty minutes, whilst a 5 per cent. carbolic acid solution requires at least twenty-four hours to produce the same effect. A 3 or 5 per cent. solution of aseptol is a true disinfectant for spore-free micro-organisms, or for such as do not form endogenous spores. A 3 per cent. solution was found quite sufficient to disinfect the (previously cleansed) hands. Solutions of aseptol in alcohol, glycerine, or oil (in the last-named no permanent solution takes place) showed no disinfectant power. By heat it is changed into the corresponding para-combination.

External Application of the Juice of Euphorbia.

Since hypodermic injections of papain have been used in diphtheria and cancer, without accident of any kind resulting, the juice of euphorbia has been tried. The results were not very satisfactory. M. Baudry published in the *Bulletin Médical du Nord* the case of a patient suffering from cancroid of the right lower lid, who had himself applied a kind of poultice made of crushed twigs and leaves of the euphorbia (E. helioscopia), a plant containing a milky corrosive juice, employed by country people as a preventive of warts. Two hours afterwards the pain became so intense as to oblige the patient to remove the poultice; he was also attacked by acute conjunctivitis. When first seen eight days afterwards, a whitish ulceration occupied the lower third of the cornea, which threatened to spread rapidly; this was followed by iritis, and hypopyon ensued. Sæmisch's operation was done the next day, and the patient recovered, with a large adhering leucoma, for which iridectomy will be performed later on. M. Baudry mentions the communication made by M. Landowski, at Grenoble, in 1885, on the destructive action of the juice of euphorbia.

Mirrors for Ophthalmic and other Operations.

During the winter months, the usual daylight is frequently not sufficient for ophthalmic and other operations, nor are operations confined to the few hours during which daylight is present. When operations are performed under such disadvantages, the use of a large concave mirror, of eight or more inches focus, placed upon the brow, will be found of great service, says Dr. W. L. Purves in the *Brit. Med. Jour.* By its means the operator may use artificial light of weak intensity to greater advantage, and regulate its degree and position in a manner he cannot otherwise do.

By using a mirror with two apertures, the ametrope may arrange the lenses he requires behind the mirror; so that he avoids creating the silly impression which sometimes possesses the patient, that any one requiring lenses to operate by is not so reliable as one who can act without them. Presbyops may find this especially useful. A parallelogram form of mirror is, for this purpose, probably better than the round.

Radical Cure after Strangulated Hernia.

Mr. Barling showed a man aged thirty-five on whom he had operated for congenital inguinal hernia eighteen months ago to the Midland Medical Society, December 8. At the operation blood was found in the sac and walls of the intestine, in which there was also a slight laceration. After the strangulation was relieved a tunica vaginalis was made from the lower part of the sac, and the upper part was ligatured and left in the inguinal canal. Two short wire sutures were then passed through the pillars of the ring and walls of the inguinal canal; these were tightened up and cut short. The wound healed by first intention; the patient got up with a truss on in three weeks, and has since worn a truss, until a month ago, when he was instructed to discard it. At the present time there is no return of the hernia, and the external ring is tightly closed; the wire sutures can be felt *in situ*, the testicle feels normal, and slides easily in its tunica vaginalis.

Cholera During Pregnancy.

At a recent meeting of the Académie Medécine, M. Queirel, of Marseilles, read paper entitled "Cholera During Pregnancy in which he stated that, whilst pregnancy not a predisposing cause of cholera, it appea to make the prognosis less favorable. It h not yet been ascertained whether the disea is transmitted by the mother to the fœtu but it proves fatal to children at the breas It is also a frequent cause of abortion. Da ger to the mother is greater during the se ond period of pregnancy, though, should sh contract the disease near the end of he time, the child may be born alive, only t die, as often happens, from cholera, a fe days after birth. Cholera is more dangerou after delivery, and arrests lactation. Fro a clinical point of view, the only fact wort recording is, that a severe form of rickets i frequently met with in cases where th mother has had cholera during pregnancy.

Bright's Disease without Albuminuria.

At a recent meeting of the Société Médicale des Hôpitaux, M. Dieulafoy, who ha already drawn attention to a form of Bright' disease in which there is no albuminuria communicated the details of a case whic had been verified by post-mortem examination. The patient was a man of 63, suffering from headache and dyspnœa. Neithe alcoholism nor syphilis was detected. Dyspnœa dated from several months back, an was characterized by attacks of oppression o a character differing from those which occu in asthma and emphysema. There was slight transient œdema below the malleoli; no albumen in the urine. Soon after admission the patient was attacked with violent delirium and fever. Albumen was then discovered in the urine, and death took place on the eleventh day. The two kidneys presented characteristic lesions.

Case of Snake Bite.

At a recent meeting of the Paris Surgical Society, M. Terrier communicated the case of a showman at a menagerie who was bitten by a snake. Immediately after the bite, the patient tied a ligature tightly round his arm. The wound was afterwards cauterized, but considerable œdema followed. M. Pluzette (Marseilles) injected tincture of iodine locally, and gave an emetico-cathartic, followed by the administration of stimulants, etc. Antiseptic baths were also ordered. The œdema increased, and serious systemic disturbance ensued twelve hours after the accident. The general symptoms improved; but the œdema continued, and gangrene appeared imminent. Eventually, however, the patient recovered, only slight œdema of the arm remaining.

Hereditary Syphilis of the Tongue.

Before the Medical Society of London, Dr. Orwin showed a lad with a curious disease of the tongue. No very clear history of syphilis could be made out, except that he had "snuffles" when a baby. When admitted, the tongue was three times the natural size, and very painful. Under iodide of potassium and nitrate of silver, applied locally, a very good recovery had taken place.

Dr. Angel Money said he had seen several similar cases at the Children's Hospital.

Mr. W. Pye suggested that, in the absence of a history of syphilis in the parents, it might possibly have been primary.

Acetanilide, or Antifebrine.

M. R. Lépine has published in the *Lyon Médicale* an account of a number of observations he has made both on animals and on patients of the action of this drug. He finds that it is a very valuable "nervine" in doses of seven and a half grains, producing as great an effect on the lightning pains of patients suffering from locomotor ataxy as a drachm or so of antipyrin. Like the latter, it lowers the temperature in fevers, and is preferred to antipyrine by patients because it does not produce a condition of semi-intoxication, as antipyrine in large doses is apt to do.

Bicarbonate of Soda in Tonsillitis.

The treatment of tonsillitis by frequent local applications of carbonate of soda, which has been practiced and recommended by Dr. D. Juan Giné, has been put to a series of tests by another Spanish physician, Dr. D. Rovira y Oliver, who deduces from them the opinion that, though it is often beneficial in cases where the parenchyma of the tonsil is affected, it is of much less value than many other applications in cases which are merely superficial and catarrhal.

Trichinosis of Sheep.

At a recent meeting of the Academy of Medicine, M. Johannès Chatin read a paper on trichinosis in sheep (measly mutton). M. Chatin concludes, from his investigations on this subject, that this parasitical affection is not so important as has been supposed. The cysticerci rarely breed in sufficient numbers to cause true trichinosis; and, even should this be the case, there is no danger of their being transmitted to human beings.

Treatment of Erysipelas.

For the treatment of erysipelas Dr. Archangelski has tried a number of applications, and finds that their comparative efficiency is represented by arranging them in the following order: (1) benzoic acid; (2) tincture of iodine and turpentine, as ointment; (3) sulphate of copper; (4) sulphate of iron; (5) oxide of zinc; (6) naphthalin; (7) solution of perchloride of mercury, 1 to 300; (8) chloride of zinc; (9) iodoform.

Quillaja Saponaria as an Expectorant.

Dr. Maslovski has used the root of quillaja saponaria, which was recommended by Kobert, as a substitute for senega in a number of different pulmonary affections, and finds that it is a valuable expectorant. It is, however, contra-indicated where hæmoptysis is present.

Benzoin Resin in Ulcers.

Dr. Woskresenski, writing in the *Russkaya Meditsina* on the use of benzoin resin as a popular remedy for ulcers, says that he has frequently employed an ointment of the strength of four drachms to the ounce spread on lint, and renewed twice a day, with excellent results.

CORRESPONDENCE.

Midwifery in the Country.

EDS. MED. AND SURG. REPORTER:

An article on this subject in a recent number of the REPORTER by me seems to have attracted *some* attention at least, since I have received letters from different practitioners, and seen notices in at least one journal besides yours. Dr. Manchester refers to it in a recent communication, and for fear my position may not be altogether understood, with your permission I will add a few thoughts.

Dr. M.'s obstetrical practice must have been exceptionally good if he had four or five hundred cases in seven years. Not many practitioners meet with so many cases in so short a time. Some great man has said, "Nothing succeeds like success," which is as true in the practice of medicine in its various branches as in politics or business; and since my success according to the methods I have adopted in my obstetrical practice has been universal, so far as the mother was concerned, except in the single instance mentioned in my communication, I see no reason why I at least should not consider it the best.

As I said, I do not condemn the use of forceps, for the occasion will sometimes arise when they are the *sine qua non*, but I *do* contend they are used many, many times to the detriment of both mother and child, and the everlasting chagrin and disgrace of the medical attendant. I know quite a number of young physicians who were enthusiasts on the subject of the use of the forceps, and others who were, in a measure, forced into their use by the clamor of the public, who to-day would give anything in reason if they could undo the bloody work accomplished by their hands. It looks and sounds a great deal better on paper for some one to give elaborate directions how to operate on a torn perineum, than does the reality of the great, gaping wound staring you in the face, as it were, a monument of your want of skill or judgment.

How much better would it be for a woman to have to undergo twelve or even twenty-four hours' suffering, than to be almost literally butchered, as they sometimes are. Besides this, my experience teaches me that in one of these protracted cases of labor the use of the forceps would be utterly impossible until the os is sufficiently dilated for their introduction, and when dilation does come on, if the physician would "possess his soul in patience" awhile longer, in forty-nine out of fifty cases there would be no necessity for their introduction at all. A great many times I have been called into the country some miles to an obstetrical case where I would be detained as long as twenty-four hours, not because labor had commenced, not because my presence was of any especial use to the patient, but because her mother, or some one who was in charge, supposed the doctor should be sent for; and I would almost necessarily be compelled to stay and wait, Micawber-like, for "something to turn up," fearing if I would go away another doctor would be sent for. What good would all the forceps in the world do in these cases? Some women imagine themselves in labor almost from the time they know they are pregnant. I remember one case where I was sent for every night for nearly a week, and wh labor finally began I did not get there time; and in another case the mother of ha a dozen children sent for me one month b fore labor actually came on. So then I co tend because a labor is protracted or eve painful, we are not justified in resorting the use of the forceps, only in exception cases.

I do not know that any statistics of t matter were ever kept in any of our ho pitals, but I will venture the opinion th the vast majority of operations our specia ists are called on to do, for lacerated cervi torn perineum, etc., are caused by the inj dicious use of the forceps, and no man, care not who he is, is justified in entailing lifetime of misery on a woman merely f the sake, as is many a time the case, of bei considered skillful in the use of the forcep and that he may count one more in his li of operations. How many conscientio men, "in chewing the cud of bitter refle tion," after discovering the irreparable inju done a confiding woman, have rued the da when their hasty zeal led them astray. have attended a good many women upo whom the forceps had been used, and hav attended some upon whom the forceps we used by other physicians subsequent to m attendance, and no trouble arose whateve except the unpleasantness naturally follo ing an old rent in the cervix. In the earlie years of my practice I have very frequentl used a solution of tartarized antimony i rigidity of the os.

In convulsions I would much rather r verse Dr. Manchester's practice, that is, giv the hydrate of chloral, combined with potas bromid. and the morphia in undilatable o

I cannot believe that any beneficial resu could be derived from scratching the cor like os, as recommended by Dr. M.

Chloroform certainly gives relief whe there are no indications against its use, bu it just as certainly retards labor, in most i stances, because of its well-known propert of relaxing the muscular system, as can b seen when it is administered for the purpos of reducing a hernia or dislocation.

I intended to mention in the beginning this article, and forgot it, that I had a lette from Dr. Batchelder, of Pelham, N. H commendatory of my former communicatio and which contains so many good thing that I am almost tempted to send it to yo for publication, only that it is a private le ter. Dr. B. has been in practice fifty-tw years, long before I was born, and with a the vast experience crowded into more tha half a century, he has only used the forceps "perhaps a dozen times," and for that, or some other reason, he has only lost one woman in confinement, away back in 1838.

WM. F. MITCHELL, M. D.

Addison, Pa., Jan. 10, 1887.

Intra-Ocular Cancer.

EDS. MED. AND SURG. REPORTER:

Upon reading the article in a recent issue of your journal on "Intra-Ocular Cancer" of a child, I am forcibly reminded of a similar case occurring in my practice a few years ago. I will briefly state the circumstance and treatment, with the results.

Patient, child, female, aged four years, was brought to my office, in good state of general health, with a defect noticeable in the left eye—parents said of recent origin. Upon a close examination I was able to discover a small spot, seemingly of a whitish character, with great defect in vision. Suspecting serious trouble, I at once directed them to an oculist, advising its removal. With that I lost sight of the case. But to my great surprise, about two months later, the child was again brought to my office with eye fairly bulging out of the orbit. Upon inquiry as to why an operation had not been performed, they gave some flimsy excuse, and ended with the request that I do what was necessary in the case. I at once advised the complete enucleation of eye, and removal of the entire contents of the orbital cavity, which was immediately agreed to, and selecting a day suitable, I carefully removed the eye, and scraped the orbital cavity as clean as I could, in fact applying caustic as completely as possible. The little one bore the operation nobly, and, barring the unfavorable prognosis, all seemingly looked well. But, as was not unexpected, in just one month from the date of the first operation, there was such a renewal of the growth as to require a second operation, which was accordingly done, removing this time a growth as large as an ordinary hen's egg. The same scraping and cauterizing as before was indulged in, and the same prompt recovery. Again the little child made an attempt to live, but again the horrible disease manifested itself in the shape of a growth as large or larger than the former one, this time with a general dropping of the vital forces; but as the strength was sufficient, and as previous operations were well borne, I again operated, and again extended to the little sufferer a short lease of life. But when the next time, in the short space of six weeks, a cancerous mass hung out upon the cheek the size of a large goose egg, the little one succumbed to the constitutional contamination, and with no further attempt at surgical relief, quietly sunk away and was released from her suffering. Such a continual recurrence, such tolerance of surgical treatment, is seldom witnessed; and it was, as may be imagined, almost a relief to me to see the poor little child at last free from pain and the surgeon's knife.

C. G. HOLLISTER, M. D.

Union City, Pa.

Causes of the Uncertainty of Bovine Virus.

EDS. MED. AND SURG. REPORTER:

I noticed in the MEDICAL AND SURGICAL REPORTER of last week that you explain the frequent non-success of vaccination with bovine virus by the fact that the virus becomes too stale before it is used. For the last ten years, with the exception of a very few cases, I have used exclusively cow-lymph for vaccination, procured from different vaccine farms. Within the last year or two, however, I notice that it becomes more and more difficult to successfully vaccinate primary cases with this virus. In primary cases, I no longer expect more than one out of four or five children to take the vaccination, even when the virus is apparently perfectly fresh. The cause, it seems to me, must lie in the mode of charging the points or quills—either in too great attenuation of the original lymph, from the desire to prepare too great a number of points from one successful cow-scab, or in some defect in preserving the points at the vaccine farms. It is true, bovine virus, owing to the difference between the epidermis of man and oxen, does not take as readily as humanized virus, but the most frequent cause of failure, from my experience, is the worthlessness of the points. Yours truly,

W. F. MUHLENBERG, M. D.

Reading, Pa.

NEWS AND MISCELLANY.

The Surgeon and the Jockey.

The *Pall Mall Gazette* says that Archer, having been bitten or otherwise injured by a horse on one occasion, called on Sir James Paget. The eminent surgeon having bound up his wound, Archer requested to know how long it would take to heal. "Oh," said Sir James, "I think in three or four weeks you will be all right."

"But shall I be fit for the Derby?" asked Archer.

"Ye-es," was the reply. "Oh, yes! I think you may go to the Derby."

"No, but you don't quite understand me, Sir James," persisted the jockey. "I mean, shall I be fit to ride?"

"Well, I don't know," was the answer. "Better drive; better drive!"

Archer, rather taken aback by this very innocent and unexpected rejoinder, had to explain. "I am afraid, Sir James; you scarcely realize who I am?"

"No," said the surgeon, politely, referring to the patient's visiting card. "I see I have the honor of receiving Mr. Archer, but—"

"Well," said Archer. "I suppose I may say that what you are in your profession, Sir James, that I am in mine," and proceeded to tell him what that profession was.

The famous surgeon, on learning the status of his visitor, was at once greatly interested, and asked him eagerly many questions, among others, what would be his loss supposing he should be unable to fulfil the Derby engagement? to which Archer replied: "About $10,000." His average annual income he stated (if I mistake not) to be about $40,000; upon which Sir James is said to have remarked: "You may well say that what I am in my profession, that you are in yours. I only wish that my profession were as profitable as yours."

A Six-Fingered Family.

An interesting communication, having reference to twenty-seven individuals and five generations, is summarized as follows in the *Rev. Internat. des Sci. Méd.*, November, 1886. First generation: Man, born in the year 1752, had six toes on one foot. Second generation: A son with six toes on one foot; a daughter, normal. Third generation: This daughter had five children, amongst whom were a son and daughter each having six fingers on each hand. Fourth generation: The daughter last mentioned had eight children, including one son having six toes on one foot, another son and two daughters each having six fingers on each hand, and one daughter having both six fingers on each hand, and six toes on each foot. Fifth generation: The daughter last mentioned (the *Revue* makes a mistake here) had three children, including a son, doubly deformed like his mother, and a son with six fingers on each hand, the feet being normal. Moreover, one of the two daughters of the fourth generation (with only the hands affected) had eight children, several of whom were normally developed, but the rest were deformed as follows: One daughter had an osseous thickening at the digital extremity and on the outer border of the fifth metacarpal; one son had six fingers on each hand, and six toes on each foot; and another son had six fingers on each hand. Thus, in the first generation one person was affected, and in the second also one; in the third, there were two cases of deformity; in the fourth, five; and, in the fifth, in all five, that is, fourteen deformed persons altogether during five generations of this interesting family.

Cholera and Quarantine in Buenos Ayres.

According to the latest advices from Buenos Ayres, the existence of cholera in that town was officially admitted early in November last, and in accordance with the traditions of the States in that locality, the outbreak was the signal for the immediate imposition of quarantine of the harshest and most grotesque character. The adjoining provinces refused to admit anything or anybody from Buenos Ayres; whilst the latter retaliated by refusing to allow even correspondence from the other provinces to cross its borders. Monte Video absolutely prohibited any communication, even in writing, with its rival, Buenos Ayres, and we are not sure whether even telegraphic messages did not come within this prohibition. And yet, according to recent newspaper reports, it would seem as if cholera has invaded Monte Video itself. Meanwhile, the foul blots in the sanitary condition of the neighborhood remain unheeded and unremedied, the shipping and commerce are deranged, and the immigrants to the district are huddled together in the lazaretto, or have to remain on board their respective vessels.

Accidental Inoculation of Anthrax.

A case of a healthy farm-laborer contracting anthrax from a bull affected with the disease, has recently occurred in Shropshire, England. It appears that, on November 25, this man was required to slaughter a bull that had taken suddenly ill, and was apparently in a dying condition. During the operation his arm became smeared with the animal's blood. On December 2, a small "boil" appeared on the arm. Other similar lesions subsequently developed, and the man became weak and ill; he was admitted into the Salop Infirmary on December 8. After excision of one sore and cauterization of the others, the patient recovered, and by December 17 he regained his usual health. How the bull became affected with anthrax does not seem to have been as yet satisfactorily explained, but that it was anthrax from which it suffered has been established by competent examination of the animal's blood.

Local Celebrity of a New York Medical Editor.

As Dr. Geo. F. Shrady, of New York, editor of the New York *Medical Record*, is such a stickler for keeping the names of his fellow editors out of the newspapers, we respectfully ask his explanation of the following felicitous tribute to his skill printed in the *New York Tribune* of recent date:

> Dr. Geo. F. Shrady, of New York city, performed a noticeable surgical operation upon a young son of Mr. W. MacRussell, of Saugerties, N. Y., on Saturday last. The child's leg had been broken some time since, and it had become united so improperly that he had lost all use of it. The doctor removed a portion of the defective bone and reset the limb successfully. Various prominent surgeons witnessed the operation. The patient is doing well.

Will not our brother editor relieve us by stating that it was "without his knowledge" and "contrary to his wishes?"

The London Hospitals in 1886.

Mr. E. W. Taye, the editor of the *Charity Record*, has summarized a few salient facts showing how far-reaching are the benefits conferred by the London hospitals and dispensaries, which depend chiefly upon the voluntary generosity of the public. Last year, about 120 of these charities had a total accommodation of between 6,000 and 7,000 beds—of which the London had 790; the Metropolitan Convalescent, 500; St. George's, 350; Brompton Consumption, 320; St. Mary's and Middlesex, about 250 each; Westminster, University College, King's College, and London Fever, about 200 each; City of London Chest, 164; Royal Free, 160; Charing Cross, 154; and Seamen's Hospital, 126. Relief was given at the 120 institutions to upwards of one million patients—that is, in round figures, about 60,000 in-and 940,000 out-patients.

Medical Literature.

Under this general title Mr. Howard Challen, of 150 Nassau street, New York, is preparing for publication the lists of books issued by medical book publishers in uniform octavo style. It will have an index of all medical, surgical, dental, and sanitary books, arranged alphabetically, under author, subject, and title, and all periodicals, with subscription price relating thereto, making it indispensable to book-buyers, for whom it is especially intended.

Authors and book-buyers will obtain further information by addressing the publisher.

Ants' Jaws to Hold Wounds Together.

The *San Francisco Argonaut* says that a citizen of Valrosia, Florida, wants to send some of the big red ants of that region, called "bull-dog" ants, to surgeons for use in fastening wounds of the intestines. He says that if the edges of two pieces of soft paper are held together and a bull-dog ant held so that he will clutch both sides, and his head be then quickly twisted off, the ant becomes a fixture in that position. He says that Spanish surgeons use the bull-dog ants as sutures in that way.

Therapeutic Jottings.

Dr. George H. Horn, of this city, has found that lanoline, in combination with iodoform, reduces very materially the generally so offensive odor of the latter.

He has also observed that the addition of a small quantity of common salt to a solution of the bichloride of mercury holds the latter effectually in suspension, an end much to be desired in dealing with a drug of such potency.

The Cholera in Europe.

No fresh cases of cholera have been reported, says a telegram from Rustchuk, of December 22, since the first eight deaths, which occurred about nine days ago. The sanitary cordon established around the infected village is still maintained. The Roumanian Government, having taken precautionary measures against arrivals from Bulgaria, the Bulgarian authorities, not admitting the prevalence of cholera in the country, have adopted similar measures as regards arrivals from Roumania.

Beri-Beri in the Dutch Indies.

It is officially stated that during the year 1885 there were 5,388 persons in the Atchin colony treated for beri-beri, of whom 235 died and 842 were incapacitated for duty. Up to the present time no regulations seem to have had any effect on the ravages of this strange malady.

The Vaccination of the Austro-Hungarian Army.

Struck by the wonderful fact that in the German army the compulsory vaccination had reduced the mortality from small-pox to *nil*, the Crown Prince Rudolph of Austria had been led to urge a similar precaution for the Austro-Hungarian army, and within the last few months, the *Evening Standard* observes, every soldier has been compulsorily vaccinated. The result is that whereas in Pesth a small-pox epidemic of great severity has been raging among the civil population (who are under no compulsion), there has not been a single case among the numerous troops of the garrison at Pesth. Of course all this will be explained away by our anti-vaccination friends, and the many who died of small-pox will be regarded as better off than those who have been saved by vaccination. But the majority of people will not go wrong over such plain facts.

Oleomargarine.

The French Chamber of Deputies has adopted a measure prohibiting offering for sale, importing, or exporting oleomargarine or any substance bearing the name of margarine, intended as a substitute for butter. The adulteration of butter with margarine, grease, oil, or any other substance whatever, is also forbidden.

Items.

—Dr. Alfred Meadows, of London, has been elected an honorary member of the Washington Obstetrical and Gynecological Society.

—Prof. Pajot, of the Paris Faculté de Médecine, recently attained his seventieth birthday, the time at which all professors in French institutions must retire.

—One of our readers was called to see a baby, and found the mother holding it. "Is your baby troublesome?" he asked. "Yes, very," she said; "I have had to 'sit under' him all day."

—A piece of sacred music has recently been composed and performed in private by one of the professors of the medical faculty of Madrid, which is highly spoken of by the press of that capital.

—Charles James Fox, M. D., of Willimantic, Conn., has been appointed Surgeon-General of the State of Connecticut, and entered upon his duties as a member of Governor Loundsbury's staff on the 7th inst.

—Dr. Albert Burckhardt-Merian, Professor of Otology in the University of Basle, and one of the editors of the *Correspondenz-Blatt für Schweitzer Aerzte*, died recently, after a prolonged and extremely painful illness.

—An action has been brought by order of the German Chancellor against Dr. Oidtmann, editor of the *Impfzwanggegner* (Anti-compulsory vaccinationist), for libeling Prof. Koch and Privy Councilor Köhler.

—The Sacramento *Medical Times* is the title of a new monthly journal, the first number of which will appear in March, under the editorship of James H. Parkinson, L. R. C. S., and Wallace A. Briggs, M. D., of Sacramento, Cal.

—We are requested by Dr. Casper to state that the original communication which appeared under his name in the Reporter for November 21, 1885, was by Dr. Kadner, and was merely forwarded to us by Dr. Casper. The mistake was our own in crediting it to the latter instead of the former.

—The Committee on Hygiene of the Medical Society of the County of New York have waited upon the Board of Health in a body for the purpose of urging upon them the passage of an ordinance requiring the baling of all stable-manure in the city; the Board has as yet arrived at no decision in the matter.

—The members of the National Wholesale Druggists' Association have been supplied with petitions to Congress for the repeal of the internal revenue on alcohol. This is in accordance with a resolution adopted at the last meeting. There is considerable prospect, says the *National Druggist*, of the object being accomplished.

—About three hundred students of the Jefferson Medical College in this city have united in a petition to the Faculty of that institution, asking that the eminent ophthalmologist, Dr. William Thomson, now professor of that branch in the Jefferson, shall deliver a didactic course of lectures on the eye and its diseases in addition to the clinical instruction already provided.

QUERIES AND REPLIES.

Does Freezing Ruin Lead Water?

Eds. Med. and Surg. Reporter:

In your Query column of the Reporter, will you please tell me if liq. plumb. subacet. is ruined after freezing? Mine did so recently, and after thawing refuses to make solution again. What is best to do with it? E. I. P.

Campte, La.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

WORM-LIKE BODIES FROM THE HUMAN THROAT AND MOUTH.

BY CHARLES E. FAIRMAN, A. M., M. D.,
Of Lyndonville, N. Y.

February 6, 1883, Mrs. J. G. consulted me for various aches and pains, which, she thought, resulted from some grave internal troubles, but which seemed to me purely imaginary. Among many symptoms narrated, she said that at different times she had taken "worms" from her mouth and throat, which were hair-like in form, transparent, long, and a source of great annoyance. She was, apparently, anxious to ascertain their nature. I thought at once of MERMIS ACUMINATA, and asked her if she had eaten freely of apples of late and was informed that "she never ate apples." I therefore requested her to save some of the worms, bring them to me, and I would examine them microscopically and report.

February 12, 1883, Mr. G. brought one of the worms, nicely wrapped in thin paper, to my office. Upon examination, I found it to be a *cotton fibre*. The microscope showed adherent starch grains, oil globules, muscular fibres, and general salivary debris.

I immediately told Mr. G. that his wife was mistaken, or feigning her sickness; that the "worm" was a fibre from a cotton handkerchief (or similar fabric) which she had put in her mouth after dinner, accidentally or otherwise, and that she had eaten "meat and potatoes" for dinner.

Some time subsequently the husband admitted the substantial truth of my hypothesis. I expected to hear no more from the case. But I was mistaken. On July 12, 1884, Mr. G. came to my office and said that his wife *had passed*, by the bowels, a *strange* animal, and that it *did* have hairs all over its body. She desired me to bring my microscope to their residence so that she also could see the "animal." I accordingly made the visit, and found that the animal which passed the bowels was the larva of a blow-fly. The maggot was still alive. I took the specimen and, after preparatory treatment, mounted it in Canada balsam, and still retain it. If the reader will refer to the fourth edition of Beale's "Microscope in Medicine," plate XLIII., fig. 1, an exact representation of my specimen will be found. One will see, also, the appendages which Mrs. G. took for the hair-like worms. After this failure to convince me, Mrs. G. gave up the idea of "worms." Old ladies are wont to say, "You doctors, I know, don't believe in worms."

The practical lesson which may be drawn from the above is that the physician should familiarize himself with the microscopic appearance of common food materials, fibres of textile fabrics, common insects, etc. When he has so familiarized himself, he will be armed against deception in many instances.

MERMIS ACUMINATA RUDOLPHI, to which I have referred, is a thread-like worm, a parasite of the larva of Carpocapsa Pomonella (a fruit moth of the apple). In the proceedings of the Academy of Natural Sciences, Philadelphia, for February, 1875, Dr. Leidy remarked that "twenty-five years ago (*Proc.* 1850, p. 117), he had described a worm belonging to the collection of the Academy, and labeled as having been obtained from a child's mouth, which was evidently the same species.

It having been in a child's mouth is probably to be explained by supposing that the child had eaten an affected apple. It was described as filaria hominis oris. Body white. opaque, linear, thread-like, mouth round, simple, posterior, extremity obtuse, furnished with a short curved epidermal hooklet $\frac{1}{500}$ inch in length by $\frac{1}{2000}$ inch in diameter at base. Length five inches, seven lines; greatest breadth $\frac{1}{66}$ inch; breadth at mouth $\frac{1}{250}$ inch; at posterior extremity $\frac{1}{80}$ inch.

Mermis is a genus allied to Gordius, the "hair-snake," which may be often seen in pools of water. It belongs to the Nematoidea or "Thread worms," of which order Ascaris, Oxyuris, and Tricocephalus are well known to physicians. Huxley classes it with the group Holomyaria, which he says includes several aberrant forms. "Thus *Tricocephalus* has no anus; *Mermis* has no anus, and the alimentary canal is rudimentary, though it possesses the lateral areas, and the males have spicula. *Gordius* has no lateral areas."

Mermis has been found quite a number of times in apples, and has always excited no little alarm in those unfamiliar with its history.

According to Ransom, there can be no doubt that ascaris lumbricoides spontaneously wanders toward the external apertures, and may escape from the mouth or nose. According to Huxley, Ascaris nigrovenosa is parasitic in the lungs of frogs and toads; and that Cucullanus Elegans, in its sexual condition, inhabits certain fresh water fishes, such as perch, etc.

I have alluded to the two last Nematoidia for the following reason: It will do no harm to the general practitioner to acquaint himself with the entozoa of common animals, as well as human entozoa. They are often consulted with reference to parasites found in various food articles. Thus the farmer asks you for information on anguilla scandens, a nematoid which infects his wheat. In dissecting a cat for histological purposes it may happen, as it has to the author, to meet with ascaris myspox (Zeder), the common round worm of the cat.

In 1885 some fishermen in my locality were peddling fish called "siscoes," taken from Lake Ontario. One day some person found a worm in a siscoe, and straightway terrible tales of trichina-like forms in those siscoes were started. Some of the fish were handed me for examination, but being unable to tell the genus, I sent specimens to Dr. Leidy, of Philadelphia, for name. He wrote me as follows, under date of March 8, 1886:

"The two letters of January 20th and 30th, and the bottle with the specimens of the parasites of the sisconet, were duly received. The worms are a species of 'thorn head,' echinorrhyncus, but I am uncertain whether it is a described form. To determine the question, the worm should be examined living or fresh, so as to ascertain color and other characters."

Those who are interested in following up the subject are referred to the following bibliography on mermis:

(1) Leidy, loc. cit.; (2) Gardener's Monthly, N. Y., May, 1872; (3) Riley's Fifth Report of the Insects of Missouri, page 49.

J. A. Lintner in (4) 30th Report N. Y. State Museum, pp. 116–127.

Dr. Packard's "Report on the Rocky Mountain Locust," in (5) Hayden's Geolog. and Geograph. Survey of Colorado, 1875, pp. 663–667.

(6) Huxley, Anatomy of Invertebrated Animals, page 545 *et seq.*

Monographie des Dragonneux (Genre Gordies Dujardin) par (7) A Villot (in) Archives de Zoologie Experimentale et Generale, tome 3, Nos. 1, 2, 1874. Paris.

On Echinorrhyncus (8) Huxley, Anat. Invert. Animals, page 553 *et seq.*

MEDICO-LEGAL NOTES.

BY HENRY A. RILEY, ESQ.,

Of New York.

CAPITAL PUNISHMENT IN NEW YORK.

The commission appointed by the Legislature of New York at the session of 1886 to consider the question of capital punishment will soon make its report. and it will be awaited with some interest, especially in view of the effort made by some sentimentalists to induce Governor Hill to commute the death sentence of Mrs. Druse. The murder of Mr. Druse by his wife was one of the most fiendish crimes committed in recent years, the wife literally chopping her husband to pieces and forcing her children to aid her in disposing of the remains. It is thought by some that no woman should ever be hanged for murder, and but two have ever been put to death in this manner in the history of the State of New York, but there is no valid reason why an exception should be made in the case of women so long as the statute makes no difference between the sexes. If an exception were ever to be made, this case seems the most inappropriate to take advantage of, by reason of the very enormity and barbarity of the crime. Governor Hill has not yielded to the clamor in favor of the commutation of punishment to life imprisonment, but has reprieved Mrs. Druse so that the Legislature will have an opportunity to consider the question and abolish capital punishment in the case of all women if it desires to. There is likely to be quite a discussion of the question when the Legislature meets.

MEDICAL EXPERT TESTIMONY.

An interesting point in medical expert testimony was recently decided in the Supreme Court of Wisconsin, and we will give the opinion of the court in full : "The deficiency in the nervous system of a child, with which a woman who was wrongfully imprisoned was quick at the time she was arrested, is not a proper element of damages in an action by the woman for malicious prosecution; and testimony of a physician who attended the woman while in jail, and assisted at the delivery, but who had not seen the child for more than a year thereafter, is not competent to show that the neurasthenic condition of the child at that time was due to the nervous shock inflicted upon the mother by the arrest and imprisonment. At the time plaintiff was confined in prison she was with child, and was delivered thereof in the following December. Dr. Robinson attended her in prison, and officiated at the birth of her child. He testified that he found her in prison, suffering nervous prostration, followed by indigestion and debility, and the drift of his testimony is that in his opinion such condition was produced by the nervous shock caused by her arrest and incarceration, and still continues to some extent; and that while she may recover, he does not look for a speedy recovery. He also testified that a pregnant woman in that condition would be liable to give birth to a monstrosity or a deficiency ; also that the plaintiff's child when born was perfect so far as he then knew ; but that at the time of the trial nearly two years later it was defective in the brain, spinal cord, and nervous system. Dr. Robinson went to Europe in April, 1884, and about four months after the birth of the child, and did not return to Wisconsin until May, 1885. It does not appear that he knew or suspected the child was deficient until after his return. He was permitted to testify, against the objection of defendant, as to the nervous prostate condition in which he found the plaintiff in July, 1883. Dr. Robinson was a competent witness to the condition of the plaintiff when he saw her in jail and afterward. He was competent also to give his opinion as an expert as to the nature and probable future effects of her condition upon herself and perhaps upon her unborn child. But in view of the fact that it is a common knowledge that there are numerous causes for physical, mental, or nervous deficiency in children; that healthy women do sometimes give birth to deficient children; that nervous or otherwise unhealthy women often bear healthy children ; and that Dr. Robinson detected no defect in the plaintiff's child until it was nearly a year and a half old, we think the authorized limits of expert testimony were greatly exceeded when he was allowed to give his opinion that the deficiency in the plaintiff's child was caused by the nervous prostration of the plaintiff during her pregnancy. The testimony should have been excluded. This testimony may have been and probably was prejudicial to the defendant."

PROHIBITION IN KANSAS.

The Attorney General of Kansas, in his report to the Governor of the State, makes some statements and recommendations which will be of interest to the druggists of that State. Since the prohibitory liquor law went into operation in Kansas, a considerable part of the trade of the saloons has gone to the drug stores, which were excepted by the statute from the ordinary penalties of liquor selling. It has been claimed that many of the drug stores were little else than saloons, and an effort has been made to curtail the rights of sale now held by them. The Attorney General sides with those who would force the apothecaries to keep to their legitimate calling, and suggests an amendment which, "in addition to the affidavit now made by the druggist that the statements filed by him each month represent all the liquor sold by him, requires him to state, under oath, that the persons applying for the same were persons known to him, were identified, and that the liquors sold were desired for legitimate purposes, and that in addition thereto the applicant sign his own name and not a fictitious one to the statement."

THE LIABILITY OF WIDOWS.

The Probate Court of St. Louis has recently been considering the question whether a merchant who sold goods for mourning apparel to a widow to enable her to attend her husband's funeral had a claim against her or the estate of the husband. The administrator of the estate, which was insolvent, claimed that the purchase was a personal matter. The judge took a contrary view, however, and held as follows: "So far as the articles furnished were necessary to enable the widow to appear in decent costume at the obsequies to pay the last tribute demanded by the solemn occasion of putting to rest the remains of a departed husband, they seem clearly to constitute 'reasonable funeral expenses' which the statute directs to be allowed against the estate whether it be solvent or otherwise. In the case under consideration the evidence shows that the goods were reasonable and suitable to the occasion, and that the widow could not have appeared at the funeral without them, without disregarding public custom and offending public sentiment."

WHO MUST PAY THE NURSE.

The Supreme Court of Iowa has just decided that where an employee of a railroad company was injured by an accident, for which the company was responsible, it will not be liable for services and meals furnished nurses and others in attendance by the physician's orders, unless he was expressly authorized to make a contract for them.

ON PRIMARY LATERAL SCLEROSIS.

BY PROFESSOR A. VULPIAN.

Dean of the Faculty of Medicine, Paris, France.

Does the affection named "spasmodic spinal paralysis," by Erb, "spasmodic tabes dorsalis," by Charcot, really exist with all the attributes of a distinct disease? To be able to respond affirmatively to this question, one would have to show that the aggregate of morbid phenomena grouped under such particular denomination is the symptomatic expression of a constant pathological process, uniform, or nearly so, always undergoing evolution in a definite part of the constituent elements of the spinal cord. In other words, there must in every case be the same medullary lesion, with identical and pretty nearly invariable localization.

Now the cases recorded of this disease are thus far very few, and what shows that the diagnosis is not always easy, is that in one of the observations recently taken from reports of Charcot's cases, and given in Beton's thesis as a typical case of spasmodic dorsal tabes, the microscopic examination revealed the existence of disseminated sclerosis.

In a case recorded by Madder, under the name of spastic spinal paralysis, the postmortem disclosed softening of the dorsal region of the cord; there was no sclerosis.

Naturally, then, various authorities have expressed doubts as to the legitimacy of the nosological creation of Erb and Charcot. Leyden, among others, has endeavored to show that the symptomatic aggregate of spastic spinal paralysis has nothing which is characteristic, and that all these symptoms may be observed in a certain number of cases of varied affections of the cord, when the lesion is seated in the dorsal region of this nervous centre. Among the affections in the course of which he claims to have noted this train of symptoms, he cites traumatic myelitis, myelitis by compression, spinal paralysis consecutive to acute diseases, syphilitic paralysis, and peri-myelitis.

R. Schulz alleges that one may observe all the symptoms of this affection in cases where the disease is not primary but secondary. He reports two cases in which were observed the characteristic symptoms of spasmodic spinal paralysis; progressive paresis of the extremities, rigid muscular contractions, sensibility intact, a normal state of the genital and urinary functions, augmentation of the tendinous reflexes. In the one case, there was sclerosis of the lateral columns, secondary to a tumor of the medulla oblongata. In the second, the spinal cord was healthy, but there was a colossal internal hydrocephalus. Schulz concludes that the sum of symptoms described as peculiar to lateral sclerosis is produced whenever the pyramidal tracts are affected in a certain region of the cord, or whenever these tracts become the seat of a functional excitation, even without the least material alteration.

Two cases of a similar nature to those given by Schulz are recorded in *Brain*, a journal of neurology, January, 1884; with the symptoms ordinarily ascribed to spasmodic spinal paralysis there was lack of the lesions of lateral sclerosis.

With these exceptions the fact must not be lost sight of that there are cases on record, though few in number, in which, with the clinical syndroma described by Charcot and Erb, the autopsy has disclosed lesions of a primary nature limited to the lateral columns of the cord. The sum of the symptoms observed during life corresponded exactly to the *tabes spasmodique* of the above-mentioned authors. I may, for instance, cite an observation by M. Stoffela.* This case offers a particular interest in that it concerns a patient in whom the affection had commenced at the age of 75 or 76 years, and who had all the symptoms of spasmodic tabes well marked when examined at the age of 78 years. There was notable enfeeblement of the inferior extremities; he walked without raising the feet, which simply shuffled along the ground; the knees were stiff, and the thighs were rigidly drawn together; often when attempting to walk there were cramps in the muscles of the calves and thighs. The uncertainty of gait was noticed in the patient when his eyes were shut.

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*Thesis of Jubeneau, 1883.

During the two years which elapsed between this period and the death of the patient by pneumonia, there were no indications of muscular atrophy; the contracture persisted. There was neither diminution nor perversion of cutaneous sensibility; micturition and defecation were normal. The cutaneous and tendinous reflexes were exaggerated; the spastic symptoms had become more frequent and more intense.

At the autopsy was found a sclerosis of the lateral columns the whole length of the cord, most pronounced in the thoracic and lumbar regions. The whole extent of the lateral tracts was involved in the degeneration, which bordered posteriorly on the posterior cornua.

This case is open to certain critical objections. M. Leyden denies its validity on the ground that there was no microscopical examination; that the disposition of the sclerosis was not quite what one generally observes in cases of primary sclerosis of the lateral columns; that the encephalon was not examined, so that it was impossible to tell whether there might not have been in this patient an encephalic lesion with secondary degenerations.

These objections seem to me be rather exaggerated. None of the symptoms warrant the supposition of a cerebral lesion, and the absence of all muscular atrophy justifies the opinion that the gray substance was healthy.

Another observation published by M. Morgan seems to be exempt from every valid objection, and if this be so, it is a good instance of primary sclerosis of the lateral columns, finding expression in the congeries of symptoms belonging to the clinical pictures of spastic spinal paralysis given by Erb and Charcot.

The patient, A. B., a man aged 45 years, dated the commencement of his disease to exposure to cold and wet during a night two years before, when he was engaged in hunting. A few days after the severe chill which he then received, he experienced a certain enfeeblement of sensibility and movement in the right inferior extremity; then, after several months, the left inferior member was taken in its turn. A little later were manifested all the characteristics of spastic paraplegia.

When he was observed in the month of May, 1880, there was paresis with rigidity of the inferior members; the reflexes were exaggerated; the sensibility was intact and there was no paralysis of the sphincters; no ataxia was noticed; the cerebral functions were intact. The lumbo-vertebral region was painful to pressure, and the patient could not sit up in bed without being helped.

This patient died July 7, 1880. The examination of the cord made by Dr. Dreschfeld revealed the existence of sclerosis of the lateral columns. This sclerosis, which was very easily noticed in the cervical and lumbar regions, was most marked in the dorsal regions. All the other portions of the cord, gray substance, and white substance, were absolutely healthy.

M. Morgan sent sections of the cord to Prof. Charcot, who found the lesion to be a true sclerosis of the lateral columns, and wrote to M. Morgan that "this is the first case on record in which the post-mortem examination has demonstrated the existence of a lesion wholly confined to the lateral columns, without participation of the gray substance or the posterior tracts."

BOULIMIA—CASEOUS PNEUMONIA AND DEATH BY ACUTE TUBERCULOSIS.

BY CHAS. BAUER, M. D.,

Of Philadelphia,

Late Assistant Physician to the O. P. Department of the Hospital of Jefferson Medical College.

The patient, R. K., came to my office, January, 1886, complaining of dyspepsia. She appeared greatly emaciated, except in face, which was pale, ears and conjunctiva expressing marked anæmia. Her manner was quick, nervous, and emotional, almost bordering upon the hysterical. I gleaned the following history: Family history good; she was twenty years old; first menstruated when thirteen, and performed that function regularly until her sixteenth year. At fourteen she took employment in a silk-goods factory, but believing that the work was too much for her, left the place six months later, and subsequently went at shoe-pasting. At this time (at fifteen years of age) she was strong, rosy, and stout. About nine months later, she went back to the factory, where some depraved associate taught her the practice of a vicious habit, which she indulged for over a year.

I mention this, not so much because of a belief that it may have been the cause of developing the symptoms of boulimia, which, considered purely as a nervous derangement of part of the digestive apparatus, would not seem unreasonable, but because it belongs to the history of this, in many respects, singular case. At all events, it was not long before grave nervous phenomena manifested themselves. Menstruation became irreguar and scanty, she began to lose flesh and color, slept poorly, would cry on the least provocation, and a morbid, insatiable craving for food developed. She wanted to eat everything eatable she saw, nor would any quantity satisfy her desire for more. If a loaf of bread was placed before her, she would not stop eating or it until the whole was consumed, and then wanted more, and "when I am quite full I am still as hungry as when I began." It was the same way with drink: if she drank a glass of ice water, she was tempted to empty the cooler. This was after a time followed by dyspeptic symptoms, of which pain over the epigastrium and constipation (probably due to paresis of the bowel) seemed to have been the most prominent. A physician whom she consulted, said she had some liver trouble and dyspepsia. Her mother and those who observed her voracious appetite now insisted that she must have worms, and took her to a "celebrated" worm-doctor of this city, who, of course, diagnosed "Worms, worms, worms, madam," and plied her with $22 worth (?) of his "infallible" nostrum, with no result except to add to her debility and dyspeptic troubles. In the fall of '83 she contracted a severe cold, which confined her to bed for four days, being delirious part of the time. The physician called pronounced her ailment congestion of right lung. In about a week she was able to go back to her work, has not taken cold since, *nor been subject to cough.*

She came now on account of this inordinate appetite, her wasting, weakness, nervousness, somnolence, dyspepsia, and constipation. Had not menstruated for ten months.

Physical examination showed marked emaciation, the pectoral muscles had almost dwindled away, and each rib could be readily outlined by the eye. Left side of the chest was somewhat more prominent than the right. Percussion gave dullness over superior and middle lobe anteriorly on right side, with somewhat of the tympanitic quality over the inferior lobe. Left side hyperresonance of both lobes. Vocal fremitus increased on right side. Respiratory murmur of upper and middle lobes on right side very feeble, bronchial over lower lobe. On left side diminished inspiratory murmur, with prolonged expiration. No râles, cough entirely absent, but some dyspnœa. Heart's action irregular, second sound slightly accentuated, and there was present a soft systolic, basic murmur propagated along the large venous trunks. The diagnosis of caseous pneumonia with boulimia was made, and the patient put upon an exclusive milk diet (4 ounces of milk with half ounce of lime water every three hours), and sodium bromide ʒss, morning and night. After four days she stated that the quantity of milk was insufficient, and I allowed her six ounces (mixed with six drachms of liq. calcis) every three and a half hours, a teaspoonful of sulph. of magnesia every second morning for constipation. At the end of two weeks she stated that the feeling of weight and distress in her stomach had almost ceased, that she slept better, and although often tempted to eat whatever she saw on the table, was able to control herself. She begged to have something in addition to milk, and was allowed stale bread with underdone beef once a day, and some ripe fruit in the morning. Six weeks later her menses appeared again, the flow lasting two and a half days, she had gained three pounds in weight, and felt much better in every way. The bromide, which had been reduced to ʒss at bed hours, was now discontinued, and Blaud's pills with the $\frac{1}{48}$ grain arsenious acid t. d. ordered. Her diet was gradually and cautiously added to, being allowed milk with toast and a soft-boiled egg for breakfast, roast steak or fish, with a vegetable and bread and butter for dinner, a glass of milk in the afternoon, and milk or tea, with a chop and stale bread, for tea. In four months (May) she had gained considerably in weight, when suddenly her "feasting propensity" manifested itself again. When she next came to my office I at once perceived a great change in her manner. At first she was sullen, saying she had dyspepsia again as bad as when she first came to me, and knew that she could not get well. A few kind words at once showed her impressionable nature; she burst into tears, and crying bitterly, said that she was not worthy of my further attention, that she had disobeyed my directions, eaten everything and as much as she could get for the last two weeks, and suffered in consequence, as at first. She could not sleep, and feared her reason was giving way. I ordered the valerianates of quin. ferri et zinci with a full dose of hydrobromate of hyoscine at bed-time, but with no benefit. She continued nervous and melancholy, and some days afterwards got out of bed at four o'clock a. m. and wandered to the Park, her parents not knowing where she was, and being in great distress about her. In the latter part of the following month I detected evidence of softening in the right upper lobe; she had no cough, but fugitive pains under the clavicle, extending to back. I ordered tr. iod. with opium locally, and gave her the carbonate and iodide of ammonia in solution of the acetate every four hours. Her appetite now began to fail; in about a week she could scarcely be persuaded to take any nourishment; softening proceeded rapidly; tubercular deposits took place, hectic fever came on, and she died of pulmonary obstruction, July 30, *cough being entirely absent to the end.*

1949 *N.* 13*th St.*

MEDICAL SOCIETIES.

PHILADELPHIA CLINICAL SOCIETY.

Adjourned meeting, December 17, 1886. The President, Dr. John B. Roberts, in the chair.

Dr. Daniel Longaker read a paper entitled

Some Points in the Treatment of Inflammation and Abscess of the Breast.

Fully convinced of the correctness of the principles of treatment of mastitis, lately advocated by P. A. Harris[*] in such an able manner, I at once determined to carry into practice his teaching. After a trial extending over some eighteen months, and having, during that time, had unusually excellent facilities for observation, I feel ready to advance an opinion as to its usefulness. To say that this is most favorable, but partially expresses my feelings.

When a large class of patients continues to be daily treated in a manner so at variance with sound principles and logical conclusions, based upon well-known facts, no apology is needed for entering again upon the discussion of the subject.

If the methods so commonly employed in the treatment of these patients were harmless, and did not distinctly aggravate matters, they might be regarded with composure. But the continued application of the child to an inflamed breast is quite harmful. So are manipulations, frictions, suction by means of pumps, shields, and any measure calculated to remove the secretion, from fear that if the distension be not relieved an abscess will form. Prof. Wm. Goodell[†] is authority for the statement that gathered breasts do not occur after still-born children. This accords entirely with my own experience.

The liability of trouble at subsequent confinements in women who have once suffered from this disease, is admitted. Yet most excellent results followed in two such cases where no attempt was made to use the susceptible organ. In both these instances the sound breast alone was used during the period of lactation.

Our positive knowledge of the etiology of mastitis has been advanced by recent studies and experiments of Baum.[*] He says: "There is no doubt that the described organism, diplococcus, introduced into the cellular tissue, has the power of reproducing itsef, and by extension, cause infiltration and suppuration."

It is to be hoped that more extended studies than have yet been made will be instituted in regard to the rôle of this micrococcus. It may be the agent which, finding its way into the lymphatics by an erosion or fissure of the nipple, finally reaches the interlobular and interacinous connective tissue, there to develop to an alarming and destructive extent. The danger of mastitis in fissure of the nipple is a generally recognized and a real one, whether it be due to the microbe or not.

The intensity of the symptoms of mastitis usually depends upon the severity and extent of the disease. Its onset is distinct; with a decided chill, or repeated chills, a marked elevation of temperature, and the presence of a very painful, swollen and tender area in one of the breasts, the diagnosis is a very simple matter.

If nursing, at least upon the affected side, be at once interrupted, if all manipulations of the gland be interdicted, and if, in short, absolute and complete rest be secured, the disease will terminate, in the large proportion of cases, by resolution. According to Winckel,[†] 136 cases, in the Dresden University, resolution took place in ninety-one, or sixty-seven per cent. I believe that even better results than this may be achieved.

If these correct principles are not followed, the termination will be, in the majority of cases, suppuration, often lasting many months.

It is but just to state that Lusk[‡] and King[§] recognize the necessity of suspension of suckling from the inflamed breast. Still, both allow other manipulations equally, if not more, injurious. The statement of Billroth* appears illogical when he says: "I believe Roser is entirely right in assuming that milk retention is not a *cause*, but a *consequence* of mastitis;" and then adds later on: "If the inflammation be in the gland itself, nursing at breast on the affected side is best suspended; but if the breast becomes much distended, it is emptied by means of a breast-pump." He is opposed to manipulation because it may increase the inflammation.

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[*] American Journal of Obstetrics, January and February, 1885.

[†] American Journal of Obstetrics, January, 1881.

[*] Archiv. of Gynek., vol. xxiv., p. 262; also Lusk, Science and Art of Midwifery, p. 717.

[†] Billroth, Handb. v. Frauenkrank., p. 15.

[‡] Midwifery, p. 718.

[§] Obstetrics, p. 307.

My experience has fully demonstrated that the bandage is capable of overcoming the pain that might result from distension. This should be two and a half inches wide and 20 yards long. A bandage fourteen yards long will be sufficient, according to my experience, of some cotton or flannel, or what I have found particularly applicable, the so-called "Globe antiseptic wool." The only objection to the latter is its high price. By means of this material the inflamed breast is covered, and it is then closely, evenly, and in a sufficiently firm manner, enclosed by figure-8 turns of the roller. On the healthy side the nipple may be allowed to be exposed, if it be considered advisable to apply the child on that side.

Disagreeable pressure on the shoulders is avoided by interposing a layer of the wool. If, during the application of the bandage, the patient be repeatedly questioned as to its being too tight, disagreeable experiences and too much pressure will be avoided.

Still more complete rest may be secured, if in addition to this the patient be confined to the dorsal position. Quinia, salines, opiates, are all of secondary importance to this principle of rest.

Since the adoption of this plan in the Lying-in Charity, the occurrence of abscess has been quite rare, though a number of cases of marked inflammation were encountered. In the service of my colleague, Dr. C. J. Wilson, the same plan is followed, and his opinion of its value is fully in accord with my own.

The general disturbance, usually soon ceases, and the local condition improves. Usually the bandage is removed and reapplied on the following day. Occasionally it remains in situ 48 hours. In from eight to ten days the disease has ordinarily completely subsided, and the breast is again used.

Dr. Hiram Corson † is a strong advocate of cold in this disease. He depends upon this for the removal of painful distension, and does not empty the breast by means of pump or any other manipulations.

The treatment of fissures of the nipple is also a very important matter. Much may be done to prevent their occurrence if, before delivery, accumulation and desiccation of secretions upon the nipple and aveola be avoided by frequent bathing with warm water.

For slight conditions the tinct. benzon. co. has proved of much value. It is applied to the fissured surface after thorough cleansing. The use of Needham's shield is advantageous. In severe and otherwise intractable cases rest from lactation for a few days will accomplish a cure.

During the last year, both in hospital and private practice, I have had repeated opportunities for observing the results of inflammation treated by other plans. In all of these the breasts have been in various stages of destruction—honey-combed and riddled with sinuses and fistulous openings which have been discharging for months. The treatment of such cases is unsatisfactory, unless very radical measures are adopted. It is surprising how extensive, from the onset, many of these cases are. I am convinced that if their true nature were more fully appreciated, the result would always be much better.

Even when, as should always be done so soon as fluctuation or the presence of an œdematous and reddened area make it certain that suppuration has occurred, a free opening is made and drainage-tube used, the result is sometimes disappointing. The relief is only partial and temporary, and in a few days the breast grows very painful, and in one or more places gives evidence of the formation of fistulous openings.

When this is about to take place the original incision of one-half inch should be enlarged, the finger introduced, and the walls intervening between the various foci of suppuration broken down. In this way the entire extent of the disease is converted into a single cavity, and this, under the influence of drainage, antiseptic irrigation and dressings, is enabled to heal in a short time. A process which might continue for a long time is thus terminated within the limits of a reasonable period.

"It need not be wondered at," says Billroth, "that these patients, after six or eight operations, lose all confidence in the doctor or in his art."

The following conclusions are justified:

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*Billroth, Handb. v. Frauenkrank., p. 15.

†Amer. Jour. Obstet., Jan., 1881.

1. Milk retention is not a cause of mastitis.
2. Milk retained in an inflamed breast does no harm.
3. Any effort to remove the secretion increases the intensity of the inflammation by stimulating the functional activity of the gland.
4. The fundamental principle to be observed in the treatment of mastitis is *rest*. This will prevent suppuration.
5. In suppuration early incision, under antiseptic precautions, and drainage, are to be strongly urged.

In the discussion which followed the reading of Dr. Longaker's paper, Dr. James B. Walker said: "When mammary abscess threatens, give at least *partial* rest. Fissured nipples nearly always anticipate abscess; and these are due, often, to too frequent nursing during the early days of the puerperal state before lactation is established. Because of this, it has become a habit with me to order the infant put to the breast every *four* hours during the first sixty hours after delivery, and after lactation is thoroughly established every *two* hours. Sore nipples indicate either an insufficient quantity or an improper quality of milk, and every alternate feeding should be artificial, this giving the nipple *eight* hours rest instead of *four*. If a stinging sensation occur in the breast, just as the child finishes nursing, give the breast partial rest by feeding the child artificially every alternate time and the pain will soon disappear. For the engorgement of the breasts, on the third day after delivery, at the beginning of lactation, I have used camphor stupes with benefit and comfort to the patient."

Dr. Edward R. Stone was recalled to a patient ten days after delivery, and found symptoms of threatened mammary abscess. He applied adhesive strips and gave the gland complete rest; in three days all bad symptoms had disappeared, and lactation was resumed. For fissured nipples he has used a two per cent. solution of cocaine, having the parts carefully washed before the child was put to the breast, with good results. He has also used camphor and chloral, equal parts, very satisfactorily in some cases.

Dr. Clara Marshall mentioned a case of fissured nipples where she had used lead shields over the nipples with advantage.

Dr. Walker said that in one case of fissured nipples he had the patient to wear the Wansbrough lead shields during the intervals of nursing, and the fissures soon healed.

Dr. Emma Musson has used lead shields in one case. The result was very satisfactory. The shields were kept in a solution of boric acid while the child was nursing.

Dr. Amy S. Barton has used a solution of cocaine for fissured nipples, applied on cotton, having the part carefully washed before the application of the child.

Dr. Mary Willits has used subnitrate of bismuth in several instances with good results. In one case the fissure was very deep, giving rise to severe pain and considerable bleeding at each nursing. Various remedies were used without any benefit being derived. On using bismuth, and having the child to nurse through a rubber nipple shield, thus giving the parts more rest, the fissure healed.

MARY WILLITS, M. D.,
1527 *Green St.* *Reporting Secretary.*

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated meeting, January 12, 1887.

The President, J. Solis Cohen, M. D., in the chair.

Dr. H. A. Wilson read on behalf of Dr. John B. Roberts the report of

A Case of Suprapubic Lithotomy, followed by Death from Perforating Ulcer of the Stomach.

The following case of removal of stone from the urinary bladder by the suprapubic or high operation is reported as proving the position which I have so long insisted upon, that this operation is easily accomplished, and is free from many of the dangers of the lateral perineal operation.

C. H., aged sixty-three, applied to me for relief from frequent urination and other bladder symptoms, and was sent to the wards of the Pennsylvania Hospital. Upon the introduction of the lithotomy sound, it was easy to discover the presence of a stone. When the catheter was used, the stone was struck before any urine was drawn from the bladder, apparently proving that the calculus lay close behind the prostate gland. The patient was a very fat man, with poor circulation, and evidently a bad subject for etherization or operation. The urethra was large and easily distended. It therefore seemed to me proper to attempt the removal of the stone by the rapid crushing method.

With this object in view, I had him frequently dilated with large bougies, in order that the urethra and bladder might become tolerant to the contact of instruments. Subsequent to this preparatory treatment, I made an attempt to crush the stone with a lithotrite, expecting to evacuate the fragments by the ordinary method of Bigelow. Repeated efforts proved the impossibility of seizing the stone, either because it was too large to fall into the grasp of the blades of the instrument, or because it was encysted behind the prostate gland. Even with a finger in the rectum, and with the jaws of the lithotrite turned downward, seizing the stone was impossible.

As the man's perineum was deep, and as I believed that the perineal operation was inferior to the suprapubic one, because of the liability of hemorrhage, of injuring the seminal ejaculatory apparatus, and also because of the supposed size of the stone, and its possibly encysted character, I determined to perform the suprapubic operation.

After etherization, a rubber bag to which was attached a long tube, was placed in his rectum, and filled with about twelve ounces of warm water. The bladder was afterward filled with six or eight ounces of a weak solution of bichloride of mercury. A three-inch incision was then made in the median line through the skin and a depth of nearly two inches of adipose tissue. The muscles were then separated, and the tissue torn through with my finger until I came upon the distended bladder. By means of a curved needle I passed a string through the top of the bladder, and brought both ends out of the wound to serve as a handle by which the bladder could be held up close to the surface. A longitudinal incision of about an inch in length was then made in the anterior wall of the bladder from above downward. The water immediately escaped from the bladder, and on the introduction of my finger I felt a large flattened stone lying in the lower portion of the organ, but not encysted. After some little difficulty, the calculus was seized in ordinary lithotomy forceps and drawn out of the bladder, the wound in which was then closed with interrupted catgut sutures. The muscles were brought together by buried sutures of catgut, and the integument subsequently closed in the same manner. A drainage-tube was carried in at the middle of the incision, and pushed down into the space between the anterior wall of the bladder and the pubic bone. The edges of the wound were finally sprinkled with powdered iodoform, and the ordinary antiseptic dressing of gauze and corrosive sublimate applied. A hard-rubber catheter was left in the urethra in order to drain the bladder. At the end of twenty-four hours it was found impossible to keep the catheter in the bladder because of the pain which it gave the patient. Accordingly his urine was drawn at frequent intervals by means of a catheter similar to that originally introduced, but it was very difficult to keep the dressings properly applied and avoid their becoming soiled by the urine.

Three days after the operation the wound seemed well united along the surface, and a couple of days later the drainage-tube and two of the sutures were removed. Dribbling of urine soon began to occur through the opening left by the withdrawal of the tube. This continued until eight days after the operation, upon which day the last suture was removed. On the evening of the same day the patient vomited about six ounces of blood, and during the straining of the vomiting on that day, or on account of the sitting up in bed a few days later, the wound became gaping throughout its entire length. The edges of the re-opened wound were again brought together by sutures of silk-worm-gut and shot.

From this time forward the man's general condition was bad, although the wound gradually closed, except superficially, and all dribbling of urine from the wound ceased. In fact, he seemed to have recovered from the local effects of the operation, and to have left merely the deep wound through the skin and superficial fascia. Here the granulations were sluggish, and the repair of the opening in the fatty tissues and skin were inactive. He was, however, able to pass his urine normally through the penis, and so far as urinary symptoms were concerned was in a very comfortable condition. There persisted, however, nausea, a dull, uncomfortable feeling of pain in the epigastric region, and a total want of appetite. I was unable to make any definite diagnosis as to the meaning of these symptoms. Disease of the liver or stomach were the suggestions which came to mind.

Two months after the operation he suddenly suffered intense pain in the epigastrium, and immediately went into a condition of profound shock, from which he never reacted. A few days before this time he had been sitting up in a chair every day, and the wound in the abdomen was almost closed. He had no trouble in urinating, and was very comfortable, except for the epigastric pain and the great weakness.

The post-mortem examination showed a large gastric ulcer the size of a silver dollar, which had caused perforation of the walls of the stomach, and had allowed its contents to escape into the peritoneal cavity. The cause of the vomiting of blood, of the impaired nutrition, and of the constant pain which he suffered for many weeks before death, was, therefore, shown to be a gastric ulcer, probably present before the time of operation, but latent in regard to symptoms.

The ease with which the suprapubic operation can be performed, due largely to the distention of the rectum and bladder by the fluid forced into them previous to making the first incision, was clearly demonstrated in this case. The facts that union of the bladder wound and early restoration of the functions of the bladder in regard to urination readily occur after the high operation for stone, and that wounding of the peritoneum is easily avoided, make this method of removing vesical calculi very satisfactory. The unfortunate death of the patient from disease of the stomach does not in any way vitiate the results of the operation; for, although the patient had not recovered sufficiently to be discharged from treatment, still the operation had effected the results which I sought.

Dr. J. Solis Cohen presented

A Series of Three Epithelial or Pseudo-Membranous Casts of the Tonsils and Palatine Folds of a Case of Diphtheria.

The patient is an adult, and has exhibited no symptoms of a constitutional infection. The local disease was limited to the tonsils and palate: one tonsil became parenchymatously enlarged and underwent suppuration. The abscess was opened twice. At present there is an additional abscess in the upper portion of the palate. There has been no complication in the case except from difficulty in deglutition, so great that for forty-eight hours the patient had to be nourished mainly by the rectum. Two days ago there was brought to me a thin sheet of false membrane, which was an accurate mould of the tonsil and palatine fold. Yesterday a similar mass of desquamation, having much the same shape, was brought; and this morning a third mould had been thrown off. The appearance of the second cast closely resembles a cast of the interior of the larynx and trachea, and could readily have been mistaken therefor had there been any laryngeal complication. Manipulation, however, demonstrates that it has sheathed the tonsil and one of the palatine folds.

The point to which particular attention is called is the physical resemblance of these patches to the desquamated epidermis in scarlatina.

NEW YORK ACADEMY OF MEDICINE.

Annual meeting, January 6, 1887.

A. Jacobi. M. D., President, in the chair.

Dr. Jacobi was re-elected President, and Dr. William H. Draper was elected Vice-President.

Dr. L. Emmet Holt read a paper entitled

The Antiseptic Treatment of Summer Diarrhœa.

The conclusions to which he arrived were that summer diarrhœa is not to be regarded as a disease dependent upon a single morbid agent. The promoting causes are many, such as heat, improper feeding and surroundings, dentition, etc. The immediate cause is putrefactive or fermentative changes taking place in the stomach or bowels in food not digested, which changes often began outside of the body. These products may act as systemic poisons, or they may cause local inflammation and changes in the intestine. The diarrhœal discharges, at the onset at least, are salutary. Opiates, especially in the beginning, may do harm. It stops peristalsis and cleansing of the bowel. Salicylate of sodium has a marked influence in restoring healthy action in the stomach and intestines. Naphthalin, though not equal to this drug, is certainly of great value, particularly in cases of long standing.

The author had treated 300 cases by bismuth and Dover's powder, frequently but not always preceded by castor oil, with the estimated result of 52 per cent cured, 27 per cent. improved, 18 per cent. unimproved, 7 per cent. died. Of 81 cases treated by salicylate of sodium, 84 per cent. were cured, 7 per cent. improved, 7 per cent. unimproved, 1 per cent. died. He had obtained good, but not equally good results from naphthalin. He had also used bichloride of mercury and resorcin. The drugs employed for summer diarrhœa which had held their own during the past fifty years were now recognized to be antiseptics.

Dr. Wilcox and Dr. Peabody related cases of chronic diarrhœa in adults of long standing cured by naphthalin. The views of the author were generally endorsed by those who discussed the paper, Drs. A. H. Smith, R. Van Santvoort, J. C. Peters, W. M. Carpenter, and the President.

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—Dr. S. L. McKeown, of Dallas, Texas, relates in *Daniel's Tex. Med. Jour.*, a case of malarial hæmaturia with obstinate vomiting successfully treated with hypodermatic injections of the $\frac{1}{35}$ of a grain of strychnia.

EDITORIAL DEPARTMENT.

PERISCOPE.

Hysterical Affections.

Dr. F. T. Thistle reports these cases in the *Lancet:*

Case 1. Harriet B——, aged forty, unmarried, dressmaker, was admitted into the hospital on February 22, 1883. She had always been a very emotional subject. Three years before admission, the left breast was removed at the Middlesex Hospital for scirrhus. She had been in bed eleven weeks before admission. She complained of pain in the left thigh and leg; there was no swelling; the muscles were slightly wasted; the left lower limb was completely paralyzed, and she could not move it in the bed; there was partial anæsthesia of the whole limb, most marked on the inner side of the thigh; she was anæmic in appearance. She was put on strychnine and iron; the leg was faradized daily, and blistered in a few places with the thermal hammer. In three days she was walking on crutches, a few days later with a stick only, and soon was able to walk without any support at all. She had some difficulty at first in getting up and down stairs, but was made to practice it several times in the day. She gradually improved in health and strength, and was discharged on May 21, when she could walk several miles a day.

Case 2. Mary W——, aged twenty-five, formerly a servant, was first seen by me in consultation with Dr. Wills about the middle of February of last year. She had been in bed for five years, and had to be lifted from one bed to another. She was a most pitiable object, emaciated, peevish, unable to stand or walk or feed herself. She could move her legs in bed, but in getting her out of it they gave way under her, and she would have fallen if not supported. I offered to take her into the hospital, telling her that she would get perfectly well. She objected very much, and said she did not want to get well. After much persuasion she consented to come in, and was admitted on February 24th. On admission I ordered her milk and beef-tea at first, as she had taken nothing but slops for some time. She was faradized and rubbed every day. On the third day I ordered her a mutton chop; this she obstinately refused to eat, saying she could not swallow it. On being informed of this by the nurse, I went up into the ward, cut the chop into small pieces, and insisted on her eating it, threatening to apply the battery if she would not do so. After a good deal of trouble she ate the whole of it, with some bread and a cup of milk. After this we had no further trouble about her food, and she was put on a liberal diet. On the fifth day she was out of bed, and able to walk a little when supported on each side by a nurse; a few days later she could walk with crutches in the garden. She gradually gained flesh and strength, and was discharged from the hospital seven weeks from the date of admission, able to walk two or three miles in the day. She then went for a few weeks to a convalescent home in the country, and returned much benefited by the change.

Case 3. Mary T——, aged twenty-one. I first saw this patient with Dr. Eales on July 11, of the present year. She had been in bed or on a couch for three years, and was considered by her friends to be suffering from heart disease and consumption. She was very emaciated, and could not stand without being supported; her breathing was rapid and noisy, and she jerked out her words in a spasmodic manner when answering questions, which she rather whispered than spoke. She complained of pain over the region of the heart, which was beating quickly and feebly; the sounds were natural; breathing jerky, but nothing abnormal about the lungs. We recommended her friends to send her into the hospital, and promised that she would get quite well. She was admitted under my care on July 13. Her weight on admission was 67 pounds. She was faradized and rubbed every day, given as much good nourishing food as she could be made to eat, and ordered cod-liver oil and iron. As in the previous case, she was got out of bed, and walked at first with support, and very soon by herself. A small blister was placed over the region of the heart, which removed the pain she complained of. The breathing soon became natural. She rapidly gained flesh, strength, and weight. In a fortnight she was able to take good walks. She was discharged on September 16, and sent to a convalescent home on the Moor. Her weight on leaving was 80 pounds, having gained 13 pounds in rather more thon two months.

The above cases are examples of many to be met with in practice. Whatever name we may apply to them—real, ideal, hysterical, or neurotic—they are all of them very amenable to treatment, are extremely interesting to watch, and amply repay in their satisfactory termination the time and trouble devoted to them.

Terpine in the Treatment of Neuralgia.

Dr. Ducroux, in a paper recently read before the Société Médico-pratique, of Paris, described some cases showing the good effects of terpine in neuralgia. The first was that of a woman, aged 47. Two years before, she had been attacked with neuralgia, consequent on occupying a damp house. Sulphate of quinine, and afterwards aconitine, gave temporary relief. On February 15, 1886, she was suffering from constant neuralgia on the right side of the lower jaw, in the right cheek and temple. There was also pain in the supra-orbital notch, the mental foramen, and in the occiput. The patient complained of a constant feeling of heaviness in the head, and of cold in the right side of head. Terpine (.60 centigramme) was given in three pills between meals, during three days. On February 19 considerable relief was obtained. The pains and the feeling of cold had disappeared, and also the heaviness of head, which had persisted for two years. The pains having returned in a few days, terpine was again administered in the same manner on February 25. The pains ceased, then re-commenced, but in a milder form, and without any heaviness of the head. Terpine was again given on March 8. Neuralgia having again come on, doses of .80 centigramme were administered in four pills, beginning on March 10, and being continued for three days. During the month of April, these doses were repeated at intervals. At the end of that month, the back of the head was still sensitive, but all other pains had ceased. At the beginning of May and June, terpine was again administered, the pains having re-appeared. On June 15, the patient was able to go out without extra covering on the head. Dr. Ducroux is of opinion that the patient may again be obliged to have recourse to terpine, as the neuralgia shows a tendency to recur, though in a milder form. The therapeutic effect of the terpine seems to cease after a few days. In cases of obstinate neuralgia it might be advisable to give it for three days every week. The second case was that of a married woman, aged 35. At the age of 22 she had intermittent fever. From the age of 13 or 14, she had suffered from headache from time to time, and when she was 22 she had intermittent fever. Menstruation had ceased for six years. A week ago she was attacked with pain in the right side of the head, differing from her habitual headache. The pain, which gradually increased, extended in front, around the ear, and over the temple and cheek, and behind, over the mastoid region. There was also pain in the external auditory meatus. The pains were accompanied by a humming in the ears. Terpine (.60 centigramme) was given in three pills, to be taken between meals. On April 29 the pains had disappeared, but the humming in the ears continued; .50 centigramme of sulphate of quinine was administered during three days. This had no effect. A few days before May 17 the humming in the ears diminished, and took a different form. The sound in the ears was no longer that of humming, but of running water. The patient could neither hear herself nor others speak. Terpine was again administered in the same way. The sounds in the ears diminished and completely disappeared two or three days after the last dose. Dr. Ducroux believes that the disappearance of the pains was due to the use of terpine, and that it had some effect upon the sounds in the ears. The third case was that of a man aged twenty-three. Fifteen years before he had suffered from bronchitis, with hæmoptysis. In May, 1885, he was attacked with severe pain over the right eye, in the supra-orbital notch, and about the occiput. A blister was applied to the temple, and dressed with one centigramme of morphine; terpine (.60 centigramme) was given in the way already described. The first morphine dressing did not relieve the pain, but the second, applied the following evening, was more effectual. The patient had then taken three terpine pills. As the improvement continued, only eight pills were administered in the three days following the second day. The neuralgia was completely cured. Dr. Ducroux attributes this result to terpine, as the morphine application produced no effect.

Scarenzio's Treatment of Syphilis.

Scarenzio's treatment, it may be remembered, consists in the subcutaneous injection of calomel, held in suspension in glycerine (10 centigrammes of calomel to one of glycerine). Several injections are given, to the amount of 40 centigrammes in all, the treatment lasting about four months. The plan is said to be very effectual, not only curing the symptoms appearing in the progress of the disease, but preventing their return. M.

Balzar, wishing to try this treatment at the Lourcine Hospital, Paris, but fearing the irritating action of glycerine, and the great pain which it causes, determined to use vaseline oil as a vehicle for the calomel. Two hypodermic injections of the pure oil were first tried, which proved absolutely painless, and left behind them neither irritation nor induration. A severe case of syphilis was then chosen. The patient was a young woman, aged nineteen, who had been suffering from the disease for about five months, and was in the sixth month of pregnancy. Large mucous patches covered the labia majora, and the posterior portion of the anus; there were also some on the left tonsil. She had, besides, general roseola, with large maculæ, and an abundant papulo-squamous eruption on the abdomen and the lower limbs, with general enlargement of glands. The patient had been for some time under the following treatment: Two Dupuytren's pills daily, with two spoonfuls of the syrup of iodide of iron; compresses, moistened with Van Swieten's fluid, diluted with distilled water, applied to the vulva during the night; cauterizations, with a 1-20th solution of nitrate of silver; gargles of chlorate of potash; and baths. All this had been absolutely without benefit. On October 4, a first injection of 2½ centigrammes of calomel, in 50 centigrammes of vaseline oil, was given in the back. No pain was caused by the injection. On the following days, a small, soft, slightly painful swelling appeared at the seat of injection. On October 11, another injection of 5 centigrammes of calomel was given in the lumbar region, and, in a few days, the swelling was as large as a hen's egg. At one time the formation of an abscess was feared, but, in about ten days, the indurated swelling began to subside. Meanwhile, the cutaneous affections which had hitherto proved so refractory under treatment, had rapidly improved. Already on October 25, the roseola, together with the patches on the vulva, had disappeared; of the latter there remained but a dry, violet-colored macula. The general state was excellent, and the pregnancy was following its normal course. On November 18, the amelioration still continued, and the induration at the seat of injection had shrunk to two-thirds of its original size.

Hysterical Paralysis Following a Dream.

At a meeting of the Biological Society of Paris, M. Féré related the following interesting case:

The patient was a young girl, aged fourteen, who for some time had grown rapidly, and whose menstruation had stopped. One night she dreamed that men were chasing her about the Place de l'Odéon, in order to kill her. She managed, with much effort, to escape, but, on waking up, felt extremely fatigued. On the following day, her legs gave way under her. The dream was repeated several nights in succession, and even continued while awake. Every morning the weakness of the legs increased. A few days later, on attempting to go up stairs, she fell, and was unable to rise; she was found to be paraplegic. In this case, M. Féré called especial attention to the fact of paralysis following the dream. In some cases, so-called psychical paralysis admits of a pathogenic interpretation different from that generally accepted since the investigations of Russell Reynolds and Charcot. It is, in fact, admitted that this kind of paralysis occurs through idea or suggestion; that is to say, the motor disturbance is only manifested after mental symptoms. This theory has even been applied to paralysis from traumatic shock. The circumstances which preceded the appearance of paralysis in this case seemed to favor the theory of paralysis from exhaustion. In reality, the weakness of the limbs came on gradually under the influence of fatigue, caused by exhaustion of the motor centres, resulting from a rapid succession of volitional discharges not followed by actual movements. All dreamers are familiar with the muscular fatigue following dreams of movement. Moreover, the same patient offered another example of paralysis through fatigue, when she lost the power of phonation after an analogous set of phenomena. In a fit of excitement caused by enforced repose, the patient gave vent to a violent torrent of words, which continued for two hours, after which she fell asleep. On awakening, she had complete aphonia, due, in M. Féré's opinion, to fatigue. The aphonia was accompanied by difficulty in writing, which has rarely been observed in hysteria. Cure was effected by means of passive movements. M. Féré added that, by exciting dreams of movement in hypnotizable subjects during natural sleep, he could induce analogous paresis, accompanied by dicrotism of step similar to that in the patient, and due to a predominance in the action of the gastrocnemius, causing the toes to touch the ground before the heel. In a certain number of cases, the so-called psychical paralysis is brought about by exhaustion following prolonged cerebral fatigue, and not by the subjective representation of fatigue or of paralysis.

"Dead Space" in Certain Chemical Reactions.

The most important discovery now spoken of in Berlin medical society is that of Professor Liebreich, who only a year ago presented us with the new basis for ointments. His latest discovery is more in the sphere of pure chemistry, but it is also interesting to physicians. Professor Liebreich observed that when reaction takes place only some time after mixing certain liquids together, it does not occur throughout the whole liquid; in some parts a space is left, in which no reaction is seen, and this he calls the "dead space." He has observed the same in several reactions—for instance, on mingling sulphuric acid, iodic acid, and starch together, or hydrate of chloral with carbonate of sodium, or chloride of gold, sodium lye and sugar, and in many other cases. The so-called "dead space" is not always the same, but varies according to the kind of vessel into which the liquids are poured. If, for instance, narrow tubes are used, the "dead space" is very small, while in capillary tubes no reaction whatever takes place. If the liquids are poured into closed vessels with rigid sides, the "dead space" cannot be seen, but if the closed vessels are of membranous structure, it may be observed. Thus, for instance, in a prepared rabbit's bladder the "dead space" is at the top and bottom, whilst the reaction takes place in the middle in the shape of the yolk of an egg. If a piece of gut is taken and divided by means of little rings into a number of small compartments, and if one of the above-mentioned liquids is poured into it in each of the compartments, the reaction is seen taking place in the middle, while at the top and bottom there is a "dead space." As the "dead space" depends upon the size of the vessel, it may be inferred that for every chemical mixture yielding a reaction, proportions can be imagined in which reaction ceases. The laws of reaction, therefore, are dependent on the space in which the effect takes place, and hence these observations have an important bearing on the organism. In testing the effect of certain medicinal agents, not only must their chemical constitution be taken into account, but the laws governing their reaction in large and small spaces respectively.

A Newly Discovered Substance in Urine.

Dr. Leo's researches on sugar in urine are interesting, and tend to correct the commonly accepted views on the subject. Professor Scheibler, a chemist well known for his researches on sugar, has observed that the determination of the quantity of that substance contained in a liquid gives different results, according as it is done, by Trommer's method or with the polariscope. As sugar nowadays is exclusively dealt with according to the degree of polarization, this fact is of enormous value in trade. Scheibler has isolated a substance that is more powerful in that respect than grape-sugar. Dr. Leo's researches yield analogous results, though in a different field. He has examined a great quantity of diabetic urine after three different methods, namely, Trommer's (alkaline solution of copper); by fermentation; and with the polarization apparatus. In many cases the results agreed, while in others there was a considerable difference. He succeeded in isolating a substance corresponding in its chemical composition to grape-sugar, and also a carbo-hydrate differing considerably from grape-sugar, and turning the plane of polarization to the left. The power of reduction of this newly discovered substance is to that of grape-sugar as 1 : 2.48. Dr. Leo found this substance in three specimens of diabetic urine, but it was absent in normal urine, although a great amount was examined for that purpose. From this it may be concluded that the substance does not originate outside the organism, and that it is a pathological product. The theory of Dr. Jaques Meyer, of Carlsbad, that it may be connected with obesity, is negatived by the fact that of the three persons in whom this substance was found only one was corpulent.

Imperforate Os Uteri—Vicarious Menstruation—Operation.

Dr. R. C. Prewitt thus writes in the *Mississippi Valley Med. Mo.:*

Some time ago Mrs. B., aged twenty-seven years, came to me for treatment, stating she had hemorrhage from the lungs, which occurred about every two weeks; that her bowels would swell about the same time, when she would have a slight menstrual show. She was very anæmic, and from her statement and general condition I concluded it must be a case of vicarious menstruation, and believing some obstruction to exist about the mouth of the womb, I told her a specular examination would be necessary. She readily consented, and I found there was no os uteri, so to speak, but instead a small opening three-quarters of an inch to the left of the median line. This was too small to admit the smallest size bougie, and barely large enough to admit a knitting-needle. I stated to her that the opening was too small to permit the free outpouring of the menstrual fluid, hence the periodical spitting of blood, and the remedy would be to enlarge the opening. I did this by first introducing a grooved director, and then with a sharp-pointed bistoury cut one-half inch in the direction of where the os uteri should have been. This caused some hemorrhage, which however was easily controlled. I then inserted a sponge-tent, saturated with vaseline, which I allowed to remain over night. On the following morning I replaced it with another, and so on until the third day, washing the vagina thoroughly each time with carbolized water. The fourth day I changed from vaseline to carbolized oil, which I continued for two weeks, when she came properly unwell for the first time in her life, never having had more than a show. There was no more swelling, no more spitting of blood. I kept her on wine and iron tonics for two months, at the same time requiring her to inject the vagina with at least a gallon of warm water every day or two. It has now been six months since the operation, and my patient has been perfectly regular every four weeks, and sufficiently free. I thought of using the uterine dilator, but the opening was too small to admit of its introduction, so I decided to use the knife. There was no evidence of there ever having been an os tincæ, as there was no opening and no cicatrix. The opening which I mention I believe was a fistulous one, proceeding from the menses collecting and causing suppuration, and consequently if there had never been a menstrual discharge in the uterus there would never have been an opening.

This case was a very interesting one to me, and though similar ones may have frequently occurred, this is my first in a practice extending over twenty-four years.

Pilocarpine as a Galactogogue.

The remarkable effect of pilocarpine on the secretions, particularly of the skin and the salivary glands, has long been known. It remained to be seen whether this influence was not likewise exerted on the secretion of milk, since the mammary glands resemble, in certain respects, the sudoriparous glands. Some writers have incidentally mentioned the action of pilocarpine as a galactogogue; but, from a practical point of view, nothing seems to have been published on the subject. For several years M. Chéron has carefully studied the effect of pilocarpine on skin diseases, and he has discovered that the therapeutic action of the drug can be produced in smaller doses than are necessary to stimulate the activity of the salivary and sudoriparous glands. The discovery of this important fact enabled him to employ pilocarpine in subcutaneous injections, without risk to the child, in the case of nurses whose milk-secretion had ceased. The following was his method of proceeding in nine cases, which, with one exception, turned out satisfactorily: Five centigrammes of the nitrate of pilocarpine were injected as soon as the milk became scanty, whether this took place suddenly or by degrees. The injection was repeated every day. Under its influence the skin of the face, and afterwards that of the body, became hot for a few moments, but there was seldom any moisture. It is essential to success not to produce diaphoresis. If the scantiness of secretion has existed for some time, ten or twelve injections are required; on the other hand, if it has come on suddenly, two or three will suffice. The treatment had no ill effect either on the nurse or the nursling.

Arthropathia Tabica.

Much has been said lately about the occurrence of joint-disease in tabes. In all the cases hitherto reported, the joints of the extremities have been affected; recently, however, Dr. Krönig brought before the profession in Berlin examples of spinal disease occurring in tabes. He reports three cases of patients who had suffered from tabes for three years, and in whom the characteristic features of the disease were more or less distinctly present. In three cases the spine had been fractured by injuries quite inadequate to produce such a result in a healthy body; it appears fair to conclude, therefore, that the bones had been rendered unnaturally fragile by the disease. Dr. Krönig therefore suggests that measures should be taken in all cases of tabes to prevent such an accident. Professor Leyden and Dr. Beely expressed warm approval of this proposal. Dr. Leyden stated that he had seen a jacket put on in a case of tabes, and also in one of paralysis spastica, for the purpose of counteracting weakness of the legs. If the disease of the spinal marrow reaches high enough for the muscular system to be affected, it must be of the greatest benefit to immobilize the lower part of the trunk. Dr. Beely thinks that a jacket should be used as a means of preventing vertebral disease.

Peptone.

Dr. Labastide, in the *Gazette des Hôpitaux*, publishes notes of cases showing the good effects of peptone. The first was that of a widow over eighty years of age, of robust constitution, and sanguine temperament; she had hemiplegia on the right side, and partial aphasia following a cerebral effusion which dated more than thirty years back; all the functions were normal. In the spring of 1884 she had another cerebral attack, but the symptoms disappeared under the influence of internal and external derivatives. In 1885, she had a third attack, which lasted longer than the preceding one; paralysis became more pronounced, aphasia more complete, and deglutition more painful, without any local change in the throat. The patient refused all nourishment. When obliged to take food, either solid or liquid, she immediately vomited it. Pure water, sweetened or aërated, was immediately rejected. At the end of six months the patient was extremely feeble. Dr. Labastide then decided to administer peptone. Injections of twenty grammes of "peptone Dufresne," mixed with sixty grammes of boiled milk, were given, broth being occasionally substituted for milk. After twenty days of this regimen, the patient had rallied from her state of prostration; her stomach retained water, and even milk, when taken in small doses at long intervals. Twenty grammes of peptone, mixed with a little tapioca, were then ordered three times a day. After fifty days of this treatment, the patient, though still paralyzed, had recovered her former condition, and had even begun to grow stout. At the end of March, however, she succumbed to a fresh cerebral attack. The second case was that of an infant nine months old, of an extremely feeble constitution. At the cutting of the first tooth symptoms of inflammation of the intestines appeared, together with wasting. Aphthæ of the mouth prevented the child from taking the breast. Dr. Labastide then had recourse to injections of peptone, ten grammes of which were given with twenty grammes of milk, a drop or two of laudanum being occasionally added. The little patient was nourished in this way for two months, and gradually gained strength. At the end of that time it could take peptone, mixed with weak milk taken from its mother, or with tapioca. After five months' treatment, all trace of cachexia had disappeared. The third case was that of a child nine years old, of nervo-lymphatic temperament, and fairly good constitution. It had every symptom of anæmia, pallor, palpitations, headache, enlarged glands in the neck and elsewhere, and exostoses on both tibiæ. No treatment had been of any benefit. Peptone was then administered in doses of one, and, subsequently, two tablespoonfuls. In a few days the tumors on the legs began to disappear, the swelling of the glands diminished, the appetite returned, the little patient recovered his strength and color, and the limbs could be moved without effort. The child no longer suffers from headaches or palpitations, and is now completely cured.

Note on the Cause and Cure of a Form of Backache.

Sir James Sawyer thus writes in the *Lancet:*

Early in the year 1881, in a note which was published in a weekly professional journal, I asked the attention of my brethren to a form of backache which had not, so far as I know, been described before. I desire now to refer to this subject again, and to record that my further experience in practice has confirmed my previous remarks upon the point in question.

Subjective symptoms are always important diagnostic signs, and they are often clear therapeutic indications. Amongst such sensations backache is frequently a leading symptom, and also one which is pressingly dwelt upon by patients. Of backache there are divers forms. Dr. George Johnson, in an able clinical lecture, and Mr. William Squire, in a practical memorandum, have drawn the attention of the profession to many of these. But they have not mentioned a variety of backache in which the cause of the pain is traceable to the condition of the large bowel. I find that some patients complain of pain, aching, dull, and heavy in character, and extending "right across the back." When asked to point out its position, they indicate this by carrying a hand behind the trunk and drawing the extended thumb straight across the back, in a transverse line, about half way between the inferior angles of the scapulæ and the renal region. This pain I venture to attribute to a loaded colon; I conclude I have correctly found its proximate cause in fæcal accumulation in the large intestine. I have found it disappear after the exhibition of an efficient cathartic. This form of backache is a concomitant of habitual constipation, and is especially significant of the alvine sluggishness of sedentary persons. In such a condition, as I have stated elsewhere, I find aloes, given in combination with iron, to yield the best results. We owe the valuable suggestion of combining iron with aloes, when aloes is given for laxative purposes, to the late Sir Robert Christison. He showed that the cathartic property of aloes is much increased by its combination with sulphate of iron. Dr. Neligan, Dr. Kent Spender, and Dr. David Bell have confirmed this experience. I prefer Socotrine aloes, and I give of it one, two, or three grains in a pill, combined with a quarter of a grain of sulphate of iron and one grain of extract of hyoscyamus. This pill should be taken every night. We must aim at producing a full alvine evacuation after breakfast. When a saline cathartic is indicated, I usually employ the old-fashioned Rochelle salt. This "goes" well with tea, coffee, or cocoa. One or two teaspoonfuls may be taken at breakfast, dissolved in a large cupful of one of these beverages.

A Case of Fracture through the Base of the Skull.

Dr. D. Jamison thus writes in the *Med. Press:*

I venture to give publicity to the following rough notes of a case of fracture through the base of the skull, as they may perhaps be of some interest as showing the long time during which the cerebro-spinal fluid sometimes continues to flow from the ear in cases where the fracture passes across the internal auditory canal, and is attended with rupture of the membrana tympani.

Some months ago I was called to see a boy who had been knocked down at a race course by a runaway horse. He alighted, I was told, on the side of his head, and was unconscious for some length of time.

A scientific agriculturist who was present suggested phlebotomy, and proceeded to operate by the somewhat unusual and unsanitary method of sucking the patient's nose. After having been aspirated in this infantile manner for some time, the patient became partially conscious, and vomited. He was then put upon a car and driven home, some six miles. It was then I saw him. He was conscious but confused. Pupils unequal; face flushed; pulse quick; vomiting frequently. Vomit contained good deal of blood. Blood was coming from one ear freely, and there was great pain in the head. Ice was applied to his shaven head, and the usual treatment pursued. For the next three days the blood continued to drain away by the ear, and the pain continued in the head. One side of the face was more expressionless than the other, but there was no loss of power over the obicularis palpebrarum muscle.

He was much troubled by a tickling cough, which was evidently caused by blood passing down the eustachian tube. It was relieved for a time by swallowing.

On the fifth day the blood ceased to come from the ear, but was replaced by a clear limpid fluid, which continued to ooze from the ear for the next nine days. During this time the patient was dull and stupid. He did not like to speak or to be spoken to. Was constipated and ate very little. Objected to light, and complained of loud noises in the head. On the ninth day from the first appearance of the clear discharge it stopped somewhat suddenly. From this on the patient improved rapidly. Two days after it stopped, he wanted to get up, and said he felt quite well, I had great difficulty in persuading him to remain a few days longer in bed. His hearing is dull on the injured side, but otherwise he is quite well.

The Cotton Compress in Orchitis.

In a recent number of the *Revista Argentina de Ciencias Médicas* Señor José M. Escalier gives an account of a very successful method of treating orchitis and epididymitis by means of a cotton compress, which has been for some time in use in Dr. Montes de Oca's wards in the Hospital de Clinicas in Buenos Ayres. The idea was taken from the cotton cap or suspensory bandage of Langlebert. The apparatus is applied as follows: The neck of the scrotum is first secured by a bandage and strapping, the testicles being thus driven downwards. The scrotum is then enveloped in a silk handkerchief, outside which a thick layer of cotton wool is applied, and the whole covered with a gutta-percha cap. Strips of plaster are now passed round in a circular manner, so that the ends can be drawn more or less tightly before being fixed, in order to exert a compressing force on the glands. In the first stage of orchitis, when there is not much epididymitis, the compress arrests the inflammation and brings about resolution rapidly. The cases in which this occurred, however, were but few, as nearly all the patients who presented themselves at the hospital had passed that stage. In some cases of acute orchitis very moderate compression was resorted to with success, but of course the pain was very great and the patients did not bear it well. In these cases the best treatment was found to consist in making a number of punctures to give exit to the liquid in the tunica vaginalis, together with some blood, then to surround the scrotum with ice, and to give a purgative. After this treatment has reduced the inflammation, the cotton compress can be applied with advantage. With practice the degree of tension required in each case can be adjusted to a nicety, and in twenty-four hours the swelling will generally have diminished so much that it is necessary to reapply the compress. After two or three of these reapplications, the testes return to their normal size, and a slight induration of the epididymis is all that remains. The cure is usually complete in a week, or even less. The cotton compress has been used in more than a hundred cases, and is, according to the writer, far more satisfactory than any of the ordinary methods of treatment. Even in chronic cases it is astonishing to see the rapid effect that it produces. It has also been successfully employed after tapping hydroceles.

Absorption of Fat in Acute Intestinal Catarrh.

Dr. Viazhlinski, who has been working in Professor Ivanovski's laboratory of pathological anatomy in St. Petersburg, has published an interesting paper on the question of the absorption of fat in acute catarrh of the small intestine. The literature which he first alludes to comprises more than ninety papers, etc., including those published by Goodsir Schäfer, and Watney in this country. His own observations were conducted by inducing acute intestinal catarrh in animals by means of irritant drugs, and then feeding them with milk or other fat-containing food, after which the animal was killed and the intestinal villi examined with the help of osmic acid, which he found the most satisfactory agent for making the preparations. The drugs used were colchicin and croton oil. Several animals (cats and dogs) died, so the quantity of colchicin was reduced from one-thirtieth to one-sixtieth or one-hundredth of a grain, which produced choleraic stools. Croton oil was given in repeated doses of five or six drops, producing diarrhœa with exhaustion. When the animals presented, besides diarrhœa, an inflated abdomen, constant borborygmi, and a considerable degree of exhaustion, an acute catarrh of the small intestine was considered to have been established, and the fatty food was administered. The microscopic observations showed that in catarrhal conditions, as well as in health, the fatty particles are absorbed by their inclusion within round or amœboid cells—*i. e.*, leucocytes—the difference in the diseased state being merely a quantitative one. No evidence could be obtained of any part being taken by the epithelial cells in the absorption of fat.

A New Treatment of Gonorrhœa.

The *Boston Med. and Surg. Jour.* says that Castallan, of St. Mandrier Hospital, starting with the view, now popularly entertained, that gonorrhœal urethritis is a parasitic disease, and being led by observation to believe that the microbe can only live in an acid medium; finding, moreover, that in this disease the discharge is, as a rule, acid, proposes to treat gonorrhœa in the acute stages by urethral injections of sodic bicarbonate; three or four injections being made daily of a one per cent. solution. For this treatment, which is but a logical inference from the premises, he claims remarkable success, although the cases on which it has been tried in St. Mandrier, as yet, number only a dozen. The injections of bicarbonate of soda are commenced as soon as the discharge appears, or the patient comes under observation; the urethral secretion is tested every day with litmus paper, and the injection is kept up till the discharge becomes alkaline or neutral. For internal treatment the patient is given flax-seed tea, with occasional doses of bromide, if there seems to be any indication for the sedative effects of this salt. His conclusions are as follows:

1. The urethral pus in the first stages of the disease is generally, if not invariably, acid; this acidity is quite pronounced.
2. The treatment by bicarbonate of soda rapidly lessens the discharge; it also rapidly diminishes or removes the pain in micturition.
3. In old urethrites, and in those which have been treated by the usual injections, it speedily brings about a cure.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT LITERATURE.

——*Godey's Lady's Book and Magazine* appears fresh for the year with improved cuts, attractive stories, complete fashion plates and news, and all the other features requisite to make it a thoroughly popular home magazine. Address *Godey's Lady's Book*, Philadelphia, for circular, etc.

BOOK NOTICES.

A Manual of Operative Surgery. By Joseph D. Bryant, M. D., etc. Contains about 800 illustrations. Cloth; 8vo., pp. 530.

To the many treatises on surgery which have recently appeared we have here added another by the professor of that branch in the Bellevue Hospital Medical College, New York city. As we might expect, coming from his pen, it is an admirably arranged production, and the facts set forth in lucid and excellent English. The illustrations are numerous and of superior finish, while the manufacture of the book leaves nothing to be desired.

The author aims to cover the ground of ordinary surgery, not including, however, that of the eye and ear and that appertaining to diseases of women. The operations he illustrates are those most approved by modern experience, and he gives ample information about after-treatment, bringing into strong light the value of the antiseptic plan. A careful index completes the volume, and we are glad to commend the whole as a work of the highest utility.

A Text-Book of Medicine. By Dr. Adolf Strümpel. Translated by H. F. Vickery, M. D., and P. C. Knapp, M. D., with Notes by F. C. Shattuck, M. D. 8vo. cloth. Pp. 981. New York. D. Appleton & Co., 1887.

Dr. Strümpel, who has for some time been connected with the University of Leipsic, has endeavored in this volume to present an account especially of the current clinical knowledge of internal diseases. In Germany his production achieved prompt success, and three editions have been called for in as many years. Certainly his volume is much more practical, much more useful to the physician as a practitioner, than most of the German treatises on medicine. It, nevertheless, indicates the general tendency of German teaching to overlook the value of treatment as compared with pathology—a view which is acknowledged, and we regret to add condoned, by the editor, Dr. Shattuck, in his preface.

His descriptions of diseases are vivid, and evidently drawn from close personal study. He is strongest in the domain of diseases of the nervous system, where the general practitioner particularly needs a firm guiding hand. But we have also been well satisfied in reading what he says of cardic diseases, and consider that he deserves commendation throughout for terseness and clearness.

The translation appears to be accurate, and is at any rate good English, which is saying a great deal for most translations from the German. No doubt the work in its present shape will have a favorable welcome in the United States.

The Science and Art of Obstetrics. By Theophilus Parvin, M. D., LL. D., etc. Illustrated; 8vo.; sheep; pp. 701. Philadelphia, Lea Brothers & Co., 1886.

This treatise, by the professor of the branch in the Jefferson Medical College, has been the result of years of careful study directed to the presentation of the subject in the most complete manner consistent with the limits of a manual of instruction. Dr. Parvin's well-known literary ability gives him unusual advantages for precisely such an undertaking; and he is to be congratulated on the success with which he has accomplished it.

The plan of the work is as follows: After a brief introduction, he describes the anatomy and physiology of the female sexual organs, and the characteristics of puberty, ovulation and menstruation. Two hundred and twenty-five pages are next devoted to pregnancy, its physiology and symptoms, its pathology and medical management, and the life and maladies of the fœtus in utero. Labor proper comes in for about an equal share of attention, during which its normal and anomalous progress is discussed, and its various complications set forth. The puerperal state is treated separately, first as regards its physiology and management, and then the treatment of its pathological phases. The volume closes with a series of chapters on obstetric operations, where the various instruments are depicted and their use described.

It will be conceded that this is a perspicuous disposition of the theme, and its details are brought out with no less literary skill than scientific precision.

An Epitome of the Newer Materia Medica, Standard Medicinal Products, and Fine Pharmaceutical Specialties, introduced and manufactured by Parke, Davis & Co., to which is added a complete property and dose list of all the fluid, solid and powdered extracts, German tinctures, normal liquids and concentrations, prepared by them. 8vo., pp. 76; fourth edition. Parke, Davis & Co., Detroit, Mich.

The purpose and scope of the above work are so fully set forth in the title-page that we have only to add that a paper-bound copy will be mailed, without charge, to any physician applying for the same.

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,

ISSUED EVERY SATURDAY.

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THE

QUARTERLY COMPENDIUM

OF

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The attention of our readers is especially called at this season to the *QUARTERLY COMPENDIUM,* which we publish.

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THE PUBLICATION OF EXTENSIVE MEDICAL WORKS.

While in most business enterprises our merchant is far ahead of his European brother, in some branches we can learn from our confrères on the other side of the Atlantic. To a great extent the latter remark is true in its application to the trade with medical books.

It was on the continent of Europe that they first conceived and executed the idea of combining a large number of more or less eminent medical men in the publication of some extensive medical work. Thus the various cyclopædias had their origin, and undoubtedly also their usefulness. Medical sciences have progressed so rapidly during the last thirty years that about ten or fifteen years ago there was a general desire amongst all physicians to have some comprehensive work, written by eminent authors, that could give them a general understanding of all the immense progress made all over the vast field of medicine.

Ziemssen's work and similar great cyclopædias in Europe thus arose and answered their purpose. We also published here a similar work, which found its justification in the well-recognized fact that medical practice in our country differs in more than one important detail from that of our cousins and more remote relations across the ocean. There being a necessity for it, naturally a market offered, and all the works mentioned had a well merited success.

But we are glad to find in an editorial of the *Allg. Med. Zeitsch.*, one of the oldest and best informed medical journals on the continent of Europe, a remark which proves to us that an idea we had conceived long since is being recognized as the true one all over Europe. "The time for cyclopædias and other extensive works and journals, archives, etc., has gone by, and another period has arrived, in which the demand is mainly for not extensive monographs on special subjects by writers eminently fit to speak on on their subject, and a period in which the medical journal again assumes its accustomed place."

These words indicate plainly the spirit of the times. Perhaps for the next twenty or thirty years we do not need any cyclopædias or extensive archives: what we want to know are the thorough investigations and the results of the ripe experience of the specialists. These are demanded by the general physician, and not in the form of exhaustive works containing a great deal already known, but in the shape of smaller volumes, which simply speak of their subject, and not of everything that had any connection with the same during the last 2.000 years. Meanwhile the medical journal again receives the accustomed supply of the real news all over the world, and *it* more than authors can do, instructs the general physician and specialist in what their confréres all over the world have done.

Years hence, the meanwhile greatly accumulated material may have to be sifted once more, and the necessity may once more arise for cyclopædias; but publishers, who value their pocket-books, should no longer engage in such enterprises, but try to bring into the market the experience of the few instead of publishing the half-knowledge of many. Everything can be overdone, and whoever adopts last an idea already forsaken by others as antiquated, will have to blame only himself for the loss sustained.

Probably one other reason for the demand of smaller works on special subjects is the fact, that the field of medicine has become so great, that most care only to be experts in what they thoroughly understand. They either do not desire to read anything else, or they prefer to have everything not connected with their specialty in such a concise form, that they can readily get at it when needed. Every general practitioner is more experienced in some branches than in others; he studies mainly his favorite ones, but when he has occasion to treat a case with which he may not be so thoroughly acquainted, he must be able to obtain the knowledge he looks for, without being forced to digest a lot of material foreign to his taste. Publishers will do well to make a note of these facts.

LEAD IN PRESERVED FRUIT AND VEGETABLES.

We generally assume that there is no danger in canned goods, as they are kept in vessels made only of tin, which, as its ingredients are not soluble in the canned material, is generally considered an innocuous material. If nothing else were present, it would be all right, but most persons forget the lead which forms one of the ingredients of the metal used for soldering the can. This solder always contains more or less lead, and as the investigations of Dr. Rjaeltschevski, in Petersburg (Russ., Dec. 10, 1886, *Wratch*), have proved, this percentage varies from 59 to 69! Lead is one of the most soluble substances known—water, to which the least amount of organic substance has been added, even dissolving it. But the moment the fluid coming in contact with the solder contains the least percentage of organic—vegetable or animal—matter (and all canned goods consist of such), the lead in the solder is at once dissolved, at least partly, and the degree of colicky pains, if nothing worse results, will testify to the percentage of lead dissolved.

There is no doubt that obscure abdominal pains, gastric and intestinal troubles, and similar digestive disturbances, have become more frequent since the introduction of canned goods than they formerly used to be. Some method should be invented by which the solder is either prevented from coming in contact with the contents of the can, or the latter should be sealed with some substance not containing lead.

NOTES AND COMMENTS.

Tannin in Tuberculosis.

At a recent meeting of the Biological Society of Paris, M. Arthaud made a communication respecting his researches, in conjunction with M. Raymond, on the etiology and treatment of tubercular affections. Three substances had given satisfactory results: (1) Sulphide of carbon, (2) iodoform, (3) tannin. Experiments were made on rabbits, which were submitted to the action of these substances and examined at the end of a month, in order to ascertain whether they could be inoculated with tubercle. No very decided result followed the use of iodoform, or sulphide of carbon, probably owing to the method employed for introducing those substances into the organism; with tannin, however, the results were very remarkable. Six rabbits were treated for a month with doses of tannin, varying from 50 centigrammes to 1 gramme; after two successive inoculations, one, with lung-tissue from a patient who had died of acute tuberculosis; the other with miliary tubercle from a hospital patient, no trace of infection was observed, whilst three other rabbits, to which tannin had not been given, succumbed in consequence of inoculations with the same material. These experiments suggested a mode of treatment which has been adopted with excellent results in over fifty cases. Tannin was given in doses of from two to four grammes a day, and the improvement was visible at the end of a fortnight, the patients had increased in weight, and no relapse occurred. In cases of acute tuberculosis, both in children and adults, it sometimes happens that the symptoms appear less favorable; but, at the end of a week or a fortnight, the patient's condition improves, even when fatal results have been feared. From these experiments the following conclusions may be drawn: (1) That tannin is preferable to sulphide of carbon or iodoform in the treatment of tuberculosis; (2) that animals submitted to this treatment for a month offer great resistance to the action of tubercular virus.

Erysipelas of the Upper Air Passages.

Dr. Wm. Porter calls attention to this subject, which he is convinced is an important one, in the *New England Med. Monthly:*

As found in erysipelas elsewhere, the migratory tendency of the disease in the air passages is worthy of note. Sometimes beginning externally, it extends from the nose, mouth, or ears, along the mucous tracts into the pharynx; or beginning in the pharynx, it may wander into the larynx, or from the larynx there may be extension into the lungs. This tendency and the constitutional symptoms which resemble those of erysipelas, serve to distinguish it from ordinary acute pharyngitis and laryngitis.

In the treatment of erysipelas of the upper air passages, and especially of the larynx, in addition to what is indicated in the disease as occurring elsewhere, we must be on our guard against a fatal result from dyspnœa. Insufflations of morphia and starch, with free use of ice, and bromide of potassium internally is commended by Dr. MacKenzie. Dr. Love, of St. Louis, strongly favors the internal use of pilocarpine in erysipelas, on account of its stimulating the functions of elimination, and this is endorsed by Cohen. Rohé has used mild alkaline sprays with a little alcohol with good effect. From the effects of cocaine in reducing and quieting the swollen mucous membrane under other circumstances, he believes it would be efficacious in this condition.

The general treatment of erysipelas need not be commented upon here.

Operative interference may be demanded, scarification first, and all else failing, trachcotomy, if only for present relief. The new procedure, intubation, is even better indicated than tracheotomy, in that it leaves no open wound.

Toxic Effects after Sulphate of Duboisin.

Before an English medical society, Dr. Chadwick described a case where one-hundredth of a grain of duboisin was used for examination of the lens in a case of senile cataract. The patient was aged 75, and it was suggested that advancing years gradually increased the susceptibility, until it reached its climax in extreme age. The similarity to the symptoms included under the vague term "softening of the brain," suggested the thought whether marked susceptibility in age betrayed a pathological condition of brain-substance liable to result in symptoms of cerebral degeneration and atrophy. The drug would appear to be indicated in cases of morphine poisoning; its use in ophthalmic practice could scarcely be upheld. The similarity between these toxic effects and the condition seen in cases of acute alcoholism and the post epileptic state did not appear to extend to acts of violence.

Dr. Major said the symptoms closely resembled those he had witnessed in a medical friend who for experimental purposes took a large dose of hyoscyamin, being characterized by strange antics and curious unreasonableness. He attributed much of the effect to delusions of vision.

Mr. Hartley had seen toxic effects resembling atropinism in four cases, but the drug was still used by Mr. Teale and himself, though in very weak solution. In one case he had seen great pallor, with sickness and vertigo, and unsettled mental condition.

Dr. Heller referred to Dr. Wood's experience of Indian hemp, as resembling in some sort the cases narrated.

Mr. Jessop had noted a case where delusions of vision in a blind woman were removed by a single dose of hyoscyamin.

Dr. Griffith said hyoscyamin had proved useful in surgical cases in the Leeds Infirmary, when there was delirium with insomnia after operations.

Mr. G. Carter related a case where a nightly dose of hyoscyamin given in a case of acute mania produced temporary blindness.

The Immediate Cause of Death in Malignant Cases of Fever.

Dr. C. H. Willey, in reading this paper, before an English medical society, said that the cases under consideration were those of scarlet fever and small-pox in which unconsciousness and death ensued at an extremely early stage. The pathology of this condition had not been explained. The conclusions to which Dr. Willey had arrived were based on clinical observations and post-mortem examinations in twenty-five of these malignant cases. The chief factors in the investigation appeared to him to be that the fatal symptoms were, in each case, those of a rapidly failing circulation, and that, after death, the heart-chambers, especially the right, were completely filled with white, jelly-like clot, which was, he said, clearly of ante-mortem formation. The failure of the circulation (particularly in small-pox cases) ensues with great suddenness, and the question arose, Was this failure or the thrombosis the primary condition? Evidence from the main symptoms, and from such invariably accompanying ones as pulmonary œdema and copious diarrhœa, Dr. Willey said, goes to show that a failure of the circulation is the primary cause of death, and, further, that not only is the heart paralyzed, but the entire arterial system—in fact, a total collapse of blood-pressure throughout the vascular system is brought about with more or less suddenness by a functional failure of the sympathetic nervous system, governing, as it does, the cardio-motor and vaso-motor functions. The pulmonary œdema and the profuse intestinal flux are due to the same cause; they are undoubtedly associated with a greatly diminished blood-tension in the arterial system.

Reported Cure for Leprosy.

Under this heading, the *St. James's Gazette*, of December 17, quotes a portion of a letter from Father Damian, of the Molokai Leper Settlement, to a German publication, in which he shortly refers to and extols the wonderful effects of a treatment carried out at the Kakaako Leper Hospital by Dr. M. Goto, of Japan, who was invited over by the king. The treatment referred to is similar to that long carried out by Dr. S. Goto, of the Kihai Hospital, Tokio, Japan. It is hygienic, dietetic, and medical. Strong patients are bathed thrice daily, and weaker ones twice daily, in warm fresh water at 90° to 100° F., into which has been placed an infusion of a few ounces of Hichiyou bark (*Æsculus turbinata*), together with certain proportions of Taifuushi, sulphur, and other ingredients. The patients are fed generously, but not excessively, thrice daily, on rice, milk, beef, mutton, chicken, eggs, good strong broth, boiled taro, vegetables, and fruit; but sour poi and also raw fish, when used with the usual native condiments, are forbidden. The medical treatment "varies according to the condition of the patient and the stage and character of the disease." The two chief medicines used are, in all cases, Seiketsu-ıen as pills and in large doses (? the bark of the Hoang-nan tree with realgar and alum), and yoku-yaku for baths. Dr. Goto also employs tincture of the perchloride of iron, sulphate of quinine, iodide of potassium, vegetable tonics and bitters, and the carbonate of soda and potassium, especially the alkaline salts. Under this treatment he reports, under date of April 20, 1886, five cases as "almost cured," nineteen as "improving," and seventeen as "relieved."

Syphiloma of Heart.

Before the Pathological Society of London, Dr. Pasteur read a paper on a case of diffuse syphiloma of the heart. The dead body of a woman, aged about thirty, was brought to the Middlesex Hospital. At the necropsy the heart was the only organ obviously diseased. The wall of the left ventricle and the septum ventriculorum were thickly studded with opaque, yellowish-grey patches of varying size. The endocardium was implicated in several places. There was a similar, but less extensive, affection of the right ventricle. Altogether at least one-half of the left ventricle and of the septum were diseased. Microscopical examination showed the morbid process to consist in an actively infiltrating corpuscular growth, very vascular near its spreading margin. Some of the vessels showed well-marked periarteritis. The central portions of the disease showed an early degree of degenerative change. There were no signs of fibrillation or fibrosis. The invaded muscular tissue underwent gradual atrophy without exhibiting degenerative changes. The liver was slightly enlarged, and its capsule normal. Sections showed areas of diffuse interstitial cirrhosis in a very early stage, in addition to slight general fatty change. Dr. Pasteur argued in favor of a syphilitic origin on account of the similarity of the change in the two organs, the anatomical characters of the new formation, and the fact that both the ventricles were affected.

Preventive Medicine.

Dr. C. R. Illingworth thus writes in the *Med. Press:*

One of our great aims as physicians is to prevent disease; another is to cut short its course when developed. Our power in these directions finds full scope amongst that class of disorders now generally recognized as depending upon the reception, growth, and development in the tissues, of micro-organic life in one shape or another. By the continual suppression of the growth and development of these forms of cell-life, we may, indeed, hope at length to erase the names of the diseases they cause from the category of those "ills that flesh is heir to." The diseases I refer to are scarlet fever, diphtheria, measles, whooping-cough, rheumatic fever, chicken-pox, small-pox, syphilis, hydrophobia, yellow fever, *et hoc genus omne.*

The germicide remedy I have found to answer as a specific and prophylactic in such diseases is the biniodide of mercury given in solution of potassic iodide. In all cases of scarlatina or measles occurring in one member of a family, I put the rest upon preventive medicine. Thus, for children I prescribe as follows: Bichloride of mercury solution, ℥iss; iodide of potassium, ʒj; ammonio-citrate of iron, ʒj; syrup, ℥iss; water to eight ounces. One or two teaspoonfuls to be given three times a day.

Fœtal Abnormality.

Before the Midland (England) Medical Society Mr. A. F. Hawkins showed an eight months' fœtus which presented the following abnormalities: The umbilical cord was $2\frac{1}{2}$ inches long; there was ectopia abdominalis, the lining of the bladder being covered by a mass of meconium. The intestines opened into the left upper corner of the bladder, there being no distinction between the large and small gut; the penis was undeveloped, imperfect, and above the pubic arch, the latter being incomplete, and the two halves joined by a ligamentous band. The scrotum was divided, the right testicle lying loose in the abdominal cavity, with a stalk about an inch long; the left testicle was in front of the left kidney under the peritoneum. At the back a large cyst extended from the angles of the scapulæ above to the buttocks below; it was in the median line, about the size of a tennis-ball, and was lined by a smooth vascular membrane. It contained a perfectly clear, limpid fluid; no nerves were stretched across it. In the anterior portion were two depressions, one the size of a crow-quill, $\frac{1}{4}$ inch in depth and apparently blind; the other, which was higher, was an opening with circular and well defined edges $\frac{1}{8}$ of an inch in diameter; a probe could be passed through this upwards into the vertebral column. Both feet were clubbed; the hands normal.

Points in the Treatment of Gonorrhœa.

It will be well to paste the following recommendations of Dr. Otis in your hat, that you may have them always handy for reference:

1. Fully explain to the patient the inefficiency of popular remedies, and the dangers attending their use.
2. Secure absolute personal cleanliness, thereby preventing infection of other parts, and insist upon as nearly perfect rest in bed as the exigencies of the case will permit.
3. Soak the penis frequently in water as hot as can be borne, but more especially during the act of micturition.
4. Recommend milk as a diet, and prescribe alkaline diuretics and mineral waters as internal medication.
5. Secure absolute freedom from sexual intercourse and from thoughts associated therewith.

Perfect faith in, and obedience to, these simple formulæ he insists will insure a successful ending of all uncomplicated cases before the beginning of the seventh week.

The Treatment of Pleurisy with Effusion by Hay's Method.

Professor William Osler, in a clinical lecture, reported in the *Medical News*, calls especial attention to the treatment of pleural effusions, as well as general dropsies—renal or cardiac—according to the method of Professor Matthew Hay, of Aberdeen.

The method consists in giving a concentrated solution of a saline cathartic, at a time when there is very little fluid in the intestines, thus causing a rapid concentration of the blood, owing to the abstraction of water to form the intestinal secretion excited by the salt. Professor Osler orders the patient to take nothing after the evening meal, and then, an hour before breakfast, administers 4 to 6 drams of magnesium sulphate, in 1 ounce of water. The patient must not drink after it. This will usually produce from four to eight watery stools, without pain or discomfort. Attention is also called to another point, namely, that the salt also acts as a diuretic.

An Artificial Ramus and Condyle.

Dr. Cunningham, at a recent meeting of the Odontological Society of Great Britain, showed a very ingenious apparatus, invented by Herr Rosenthal, which was designed to meet the following difficulty: The ramus and condyle of the lower jaw having been removed for a sarcoma, it was subsequently found that the other side became dislocated, and, after reduction, for which an anæsthetic was required, slipped out again immediately. Gold bands were fitted accurately to the last molar of each jaw on the side where the bone had been removed, to the upper of which a thick slightly curved wire was soldered. This wire fitted loosely into a tube soldered to the band round the lower tooth, and the bands themselves were fixed to the teeth by screws tapped into them. The apparatus antirely prevents the dislocation, and although there is no lateral movement the patient can eat fairly well.

The Use of Cocaine in Coryza.

Dr. Amory Chapin writes to the *Medical Record:*

"I desire to attest the beneficial results of cocaine in acute coryza. I have used the cocaine solution on a number of patients with throat and nose disease who have been and are subject to 'cold in the head,' and have prescribed for their own use the four per cent. solution of cocaine whenever they were troubled with the disagreeable affliction, and it has been almost universally successful. often aborting the disease. I have found the combination of 'Dobell's Solution' with the cocaine work better even than the cocaine alone. I advise the use of the combination solution in an atomizer (hand bulb), and recommend that the solution be warmed to an agreeable temperature before being used in spraying the nares."

Epithelioma of the Lip Removed by the Aid of Cocaine.

A man came to Mr. Johnstone Harris (*Lancet*, January 1,) with a growth on his lower lip. It had been there for some time, but within the last month had rapidly increased in size. On examination he found it to be an epithelioma, and decided to remove it. The man objected to the administration of chloroform; so he injected on either side of the growth a four per cent. solution of cocaine, and dusted the mucous membrane of the lip with hydrochlorate. After waiting ten minutes he removed the growth, and such was the good effect of the cocaine that he was enabled to take time and perform the operation with great exactness. The man expressed himself as feeling no pain, and the after progress was excellent.

Agaric in the Sweating of Phthisis.

Dr. A. Peter writes to the *Medical News* that he has used it in five cases with the greatest success. In the first place he prescribed the powder in ten-grain doses at bedtime. Owing to its cathartic effect, he reduced the dose to five grains. Continuing this for a week, all sweating ceased. He now, in this case, only uses it when a slight moisture of the skin during the night warns the patient that he may be going to have a return of the sweat. In one case he had to repeat a five-grain dose every two hours, three times one night; no cathartic effect resulted. He calls attention to this remedy because when he first ordered it he found great difficulty in obtaining the smallest quantity, either of the powder, the alkaloid, or the fluid extract. The remedy, while so effectual in controlling the sweating, did not help the cough or produce drowsiness.

Treatment of Urethral Caruncle.

Dr. Percy Boulton recommends an inquirer in the *Brit. Med. Jour.* to paint the urethral caruncle and urethra surrounding it with a ten per cent. solution of cocaine. In five minutes he can snip off the caruncle with a pair of slightly curved scissors. If he holds the caruncle with anything to draw it forward, he should use dressing forceps rather broader than usual at the points, as these growths tear easily and bleed profusely. The bleeding can be stopped at once by the application of Paquelin's cautery, and, in many cases, pressure of the urethra against the pubes by means of a plug of wool in the vaginal orifice is quite sufficient. The operation, performed in this way, is exceedingly simple, effectual, and painless.

Toothache Drops.

The American *Journal of Pharmacy* gives the following:

Dissolve mastic 8 parts in chloroform 14 parts, and add balsam of Peru 5 parts. A few drops upon a little cotton are to be introduced into the cavity of the tooth.

Liquefy camphor and chloral hydrate, of each 5 parts, and add cocaine 1 part. A pellet of cotton soaked in this liquid and introduced into the cavity of the aching tooth is said to afford complete and lasting relief.

Elephantiasis.

Before an English medical society, Mr. Atkin showed a case of elephantiasis arabum. The patient, a woman, aged thirty-three, was a native of Perth, and had the disease as long as she can remember. It was localized to the right leg, and there was no history of syphilis, malaria, chyluria, or swollen glands. Attention was drawn to the fact that the most successful treatment of the disease could not be explained by the generally-accepted view of its pathology. The only remedy from which the woman had derived comfort was iodoform in the form of ointment. Powders and lotions caused great irritation. In case the leg got worse, Mr. Atkin proposed to tie the external iliac.

Oil of Gaultheria in Rheumatism.

Dr. D. H. Luke has excellent results from its use, which he reports in the *College and Clinical Record*. The dose should be from ten to twenty minims every two or three hours, according to tolerance. He failed to notice in any of the cases under his observation the depressing effects so often produced by large doses of salicylic acid. It is true the oil caused some nausea and gastro-intestinal irritation, but these only after the more important symptoms of the disease had subsided.

Chloride of Gold and Sodium.

It may be well to know that when the chloride of gold and sodium cannot be obtained from the usual sources, it may be procured from photographers, who use it in finishing processes for certain portions of their work. Prof. Bartholow continues to advocate and claim for this remedy the efficacy of its use in the various scleroses. Especially is he most positive in his assertions as to its benefit in interstitial nephritis after the acute symptoms have subsided.

Fomentation Bag.

Before the Glasgow Obstetrical Society, Dr. Sloan exhibited an India-rubber bag with an afferent and efferent tube, whereby uterine and vaginal fomentation might be maintained during pleasure. He said the invention was due to Alexander Robertson, one of the physicians to the Royal Infirmary. Water from 110° to 115° could be used, and for as long as half an hour at a time. The effect was found to be very grateful in inflamed conditions.

Scriveners' Palsy.

A case of scriveners' palsy, says the *College and Clinical Record*, was recently treated by Prof. Da Costa in the following manner:

Put the hand at rest by splint, and every second or third day use alternate douches of hot and cold water. Begin the injection of one-eightieth grain of strychnine every second day, and gradually increase to one-fiftieth, into the affected parts.

Chorea.

The *College and Clinical Record* tells us that Prof. Da Costa continues to derive good results by the administration of hyoscyamine in cases of chorea which have resisted other treatment. In a recent case, a child aged five years, it was given in $\frac{1}{300}$ grain doses, ter die, to be increased.

CORRESPONDENCE.

Felons.

Eds. Med. and Surg. Reporter:

I noticed in the Reporter some time ago a remedy for felons, recommended by Dr. W. H. Halbert, which, though possibly effective, is too complicated, and takes too long. It consists of salt and oil of turpentine, and must be continued several days to effect a cure. If Dr. H., or any one else, should have a felon to treat, I would advise him—somewhat after the style of the old English recipe for cooking a hare, "First catch your hare"—first diagnose your felon, then apply a fly-blister the size of a nickel, allow it to remain twenty-four hours, and that will end your felon.

You need no isinglass plaster or surgeon's silk, or wrapping of any kind except a rag or something to keep to keep the blister to its place. The fluid remaining after the blister is removed will soon be absorbed, the pain will be gone, and the felon, or the finger rather, will soon be well.

In this connection I will state that the most effective remedy I ever used for corns, bunions, etc., is a mixture of equal parts of tincture of iodine and castor oil. Moisten the corn or bunion with it two or three times a day, and if it does not cure, it will give relief for a long time, until ill-fitting shoes bring on trouble again.

Wm. F. Mitchell, M. D.

Addison, Pa., Jan. 10, 1887.

Rubber Goods.

Eds. Med. and Surg. Reporter:

In the Reporter of November 25, 1886, I was pleased with the information of Mr. Bailey and Dr. Chenery, although it is not very gratifying to learn that we have no American manufacturers of rubber goods who make a reliable article for those who need it most.

On two occasions I have been obliged to resort to my Field tourniquet, as both the bandage and tourniquet of Esmarch broke in several pieces when I attempted to use them. Such accidents are embarrassing to the surgeon, and there ought to be a means of remedying the defective rubber goods, or the making of a better and more reliable article. Why can we not have a manufacturer of rubber goods for the medical profession with a reputation like Tiemann for instruments or like Squibb for medicines? We are willing to *pay for* a reliable article. Why do the manufacturers give us a poor one?

W. N. Sherman, M. D.

Holbrook, Arizona.

NEWS AND MISCELLANY.

How He Got Rid of His Room-mate.

An exchange tells the following good story:

A Frenchman had been assigned to a very comfortable room, and was about to disrobe, when there came a knock at the door. Upon opening it the announcement was made by an attendant that, owing to an unusual arrival of guests, etc., the proprietor would be obliged to put another gentleman into the room, and a cockney Englishman appeared. The Frenchman was disgusted, of course, and at once set his wits at work to devise means to oust the intruder upon his comfort. Pretty soon the Englishman touched the call-button, and, when the summons was answered, said:

"Portah, bring me a pair of large, clean towels."

The door had hardly closed, when the Frenchman touched the button, and upon the boy's appearance said:

"Garcon, bring me two pair large, clean towel."

The other frowned, performed his ablutions, followed by the Frenchman, when he again touched the button.

"Portah, send me up a bottle of Bass ale."

The Frenchman followed suit at once, demanding "two bottel Bass ale." The Englishman was now annoyed, but he held his peace, and, a little later, made another call upon the porter, which was immediately double-duplicated by the Frenchman. Then he began to lose his temper, and after a fourth demand and another—to him—insult from the Frenchman, he struck the button so violently that the porter appeared again in hot haste.

"Boy," said he, angrily, "go to the proprietor at once, and tell him I must have a bed in a room by myself, where I can rest in peace."

The boy had hardly reached the stairs when the Frenchman called him back, and, gesticulating wildly, made known his wants as follows:

"Garcon, garcon, vill you tell ze proprietaire to come here ver quick? By gar, I moost hav two bed in two room, vere I can rest myself in two pieces."

That settled the Englishman, and his tormentor had the room to himself without further trouble.

Goitre and Cretinism in Peru.

An interesting paper on Goitre and Cretinism in Peru was recently read to the "Union Fernandina," a Lima medical society, by Señor Antonio Loreña, who seems well acquainted with the European literature of the subject and the various theories which have been proposed to account for the endemic origin of these affections. He himself believes that no one of the suggested causes is alone sufficient to induce them, but that a most important factor in their etiology is a purely vegetable diet. He gives a detailed description of the valley of the Vilcamayo, in part of which goitre and cretinism are abundant, while in other parts they are absent, or nearly so, the general conditions remaining the same, with the exception of greater civilization and admixture of animal diet in the localities where goitre is absent. In some places, where forty years ago goitre was common enough, it has now nearly disappeared, the more intelligent inhabitants themselves attributing the change to the improved diet of the people. The author thinks the best prophylactic measures consist in opening up the valleys where goitre and cretinism is rife by means of roads, and stimulating the commerce of the district, which will lead to the peasants obtaining a more varied and palatable diet than the maize, which is now their sole article of food. Humboldt was, according to Señor Loreña, misinformed whan he was told that goitre was unknown in South America before the eighteenth century, for there are preserved in many private museums wax figures with immense goitres dating from the times of the Incas, and there is now no doubt that goitre and cretinism existed during the empires of the Incas and Siris just as they do at the present time.

Thirty-eighth Annual Meeting, American Medical Association.

Section of Obstetrics and Diseases of Women.

The following papers are announced for the June meeting in Chicago:

J. E. Kelly, New York, "Lithiasis in Pregnancy."

Charles Meigs Wilson, Philadelphia, "The Technique of Ovariotomy."

Hiram Corson, Plymouth Meeting, Pa., "The Treatment of Abortion."

Wm. T. Taylor, Philadelphia, "Eclampsia."

W. S. Caldwell, Freeport, Ill., "Intra-uterine Therapeutics."

Geo. F. French, Minneapolis, Minn., "The Chief Source of Danger from the Use of the Uterine Sound."

B. E. Hadra, Austin, Texas, "Hysteria and the Ovaries."

The following gentlemen have signified their intention of contributing papers, but have not yet announced the topics: W. M. McPheeters, St. Louis, Mo.; A. McLaren, St. Paul, Minn.; John M. Keating, Philadelphia, Pa.; W. H. Wathen, Louisville, Ky.; W. H. H. Githens, Philadelphia, Pa.; Howard A. Kelly, Philadelphia, Pa.; W. P. Manton, Detroit, Mich.; A. H. Halberstadt, Pottsville, Pa.

F. M. JOHNSON, M. D., *Ch'n.*
Kansas City, Mo.
W. W. JAGGARD, M. D., *Sec'y.*,
2330 *Indiana Ave., Chicago.*

Antimony Poisoning During Pregnancy.

A case of attempted poisoning by antimony has recently occupied the courts in New Zealand. The criminal was a man named Hall, of good position; he was married last year, and shortly afterwards he insured his wife's life for a sum of money sufficiently large to free him from all difficulties. The time he selected to give Mrs. Hall poison was when she gave birth to a child, and he seemed to have had little fear of detection. He openly bought books on poisons from booksellers in Tamaru, and quantities of antimony and colchicum from the druggists. Dr. McIntyre, who attended Mrs. Hall during her confinement, was at first puzzled by her symptoms, but very soon came to the conclusion that she was being poisoned. He consulted with other medical men, and the result was that he laid an information which led to Hall's arrest, evidently just in time to save the wife's life. With Hall was arrested a Miss Houston, who lived with the family as lady-companion or lady-help. Hall was found guilty, and was sentenced to penal servitude for life. Miss Houston was acquitted, and declared by the jury, in the customary phrase, "to leave the court without a stain on her character." Dr. McIntyre, who laid the information, has won universal praise for the courage and promptness with which he undertook a terrible responsibility, and prevented the completion of a hideous crime. Some months before the arrest of Hall, his father-inlaw, Captain Cain, died; but no suspicion was excited at the time. Later events, however, led to the exhumation of the body, which was found to contain antimony in large quantities.

If the Dog Howls the Patient Must Die.

In one of our neighboring cities, one of the physicians was called out into the country to see a sick girl. He prescribed, and the medicine was gotten, but the patient got worse, and in a few days died. The doctor now found out that they had not given her the medicine; that which he prescribed on Tuesday was given on the following Sunday. When he asked the reason why his directions had not been followed and the medicines given, the farmer said: "Doctor, I thought it would be of no use to give her the medicine; our dog howled so nights that I knew she would die."

The man was ignorant enough to believe in the old superstition, that if somebody is sick and the dog howls near the house, nights, the patient wlll surely die. His belief in this was so strong that he would not give her any more medicine, but he called in one of those so-called faith-cure women, who was allowed to exercise her mystic influence and passes over the sick girl in preference to the physician's medicine.

A reader of the *National Druggist*, who sends the above to that journal, vouches for the truth of the same.

The Suicide of Professor Kolomnine.

The *Semaine Médicale* gives some particulars of the accident which led to the suicide of Professor Kolomnine. The professor had decided to perform an operation for the removal of tubercle from the rectum of a female patient, and inquired of his colleague, M. Louschinsky, what dose of cocaine he might administer. The answer was that the maximum was two grains. Upon consulting special treatises, however, M. Kolomnine found that thirty cases of anæsthesia were recorded in which the quantity given had varied between six and ninety-six grains. In a similar operation to that he proposed to perform, a French surgeon had given forty-eight grains. In consequence of these references it was decided to employ twenty-four grains, which were introduced into the rectum by instalments. About half an hour after the operation the first symptoms of poisoning appeared, and notwithstanding the administration of nitrite of amyl, hypodermatic injections of ether, oxygen and artificial respiration, etc., the patient succumbed.

Chinese Treatment of Cholera.

The Chinese have a rather radical cure for cholera. A Shanghai paper says that on July 22 a Chinaman employed on one of the steamers was taken ill, apparently with cholera. The following is the course which was adopted, according to the paper from which we quote: "His friends immediately sent for a native doctor. This individual had with him a box containing some long needles, and these he used on the patient. A needle was driven some distance into the man's head, near each temple, and again behind his ears. In each case bleeding followed. Needles were also driven into the lips, both sides of the chest, both sides of the stomach, and also into the pit of it. The doctor then scraped the skin of the man's throat till it looked like the neck of a turkey. This violent treatment had the desired effect, and in a few hours afterward the man was quite well, and eating his midday meal with evident relish."

Apothecaries and Prohibition.

In consequence of extreme measures adopted by a prominent citizen of Quincy, Mass., says the *N. Y. Med. Jour.*, several of the apothecaries of the place have decided not to sell spirituous liquors even when ordered in the form of a prescription by physicians. They will, it is said, remove all liquors from their shops, on the ground that they cannot sell what they have not in stock. A leading physician of the town characterizes this action on the part of the apothecaries as "wholly unnecessary," and maintains that, inasmuch as physicians are frequently obliged to order liquor for their patients, the apothecaries can sell it under those circumstances without fear of molestation or prosecution.

Adulteration in Paris.

In spite of the keen watchfulness of the authorities, adulteration is still extensively practiced in Paris. Out of 645 samples of wines examined in November last, 450 were declared injurious; out of 88 samples of beer, 5 were bad; and of 18 samples of spirits only one was condemned. More than half the samples of water were reported to be dangerous, and 80 out of 370 specimens of milk were placed in the same category. Out of 81 loaves of bread 30 were worthless, and out of 22 specimens of wall paper only 5 were good. Coffee was very little adulterated, and the butter was also reported to be fairly satisfactory.

Phonographic Jubilee.

An International Short-hand Congress is to be held in London this year. The chief objects of the congress are to celebrate at once the jubilee of phonography (Pitman's system) and the tercentenary of modern shorthand. Mr. T. A. Reed is the chairman of the Jubilee Executive Committee, and Mr. Gurney-Salter the chairman of the Tercentenary Executive Committee. It is interesting to observe that Dr. Timothy Bright, a London physician, printed his "Characterie: an art of short, swift, and secret writing by character," in the year 1588. And he may be regarded as the founder of the modern method of shorthand.

French Lunatic Asylums.

The supervision of French lunatic asylums appears, if recent accounts be true, to be exceedingly lax. It will be remembered that a short time ago a man was released from an asylum, having been forty years previously confined by his relatives in order to secure his wealth. The escape of another man is now reported, who, although sane, was confined for a year in an ill-lit room, bound hand and foot. Such treatment is strictly forbidden by law, and the matron and two keepers of the establishment have been fined, and the medical superintendent condemned to a fortnight's imprisonment. Such regrettable and scandalous incidents would be impossible if any control were exercised by the authorities.

New Foreign Medical Journals.

A new French weekly medical journal commences with the new year. Its object is to assert the importance of provincial medical science and to assist in the decentralization of French medicine, which it is considered is concentrated too much at Paris. The title is *La Province Médicale*, and it is published at Lyons.

The appearance is announced in Vienna of two new medical journals—*Klinische Zeit und Streitgragen*, edited by Prof. Schnitzler; and a weekly entitled *Internationale klinische Rundschau*, edited by Drs. Bela Weiss and A. Schnitzler.

The Late Professor Post.

Dr. S. Haynes writes to the *Med. Record* that in the winter of 1852–53 he witnessed the reduction of a dislocation of the cervical vertebræ by Dr. A. C. Post. The man was placed on the operating-table, and by means of extension and counter-extension, with a little manipulation, the dislocation was readily reduced. He adds that Dr. Post was known as a staunch temperance advocate, and says that it was currently reported among the students at that time that he had voted against the granting of diplomas to fifty students at the previous session on account of their intemperance.

Females and Women.

Dr. Williamson protests, in the *Brit. Med. Jour.*, against the common employment of the word female when woman is meant, and calls the editor to task for publishing a paper on "Some Functional Disorders of Females." He regards that subject as one covering altogether too much ground to be discussed in a short paper, and thinks it would have been better if the writer had called his paper one on disorders of women. Seeing the title, he says he read the article, expecting to find it a study in comparative physiology.

College of Physicians.

At the annual meeting of the College of Physicians of Philadelphia, held January 5, 1886, the following officers were elected:

President—S. Weir Mitchell, M. D.

Vice-President—John H. Packard, M. D.

Censors—Drs. Lewis Rodman, William Goodell, Alfred Stillé, and Samuel Lewis.

Secretary—Isaac Norris, Jr., M. D.

Treasurer—Charles Stewart Wurtz, M. D.

Honorary Librarian—James H. Hutchinson, M. D.

Recorder—J. Ewing Mears, M. D.

The Wealth of Families.

The physician is paid well, or otherwise, in accordance with the supply of money in the families among which he practices (says the *Med. Record*). There are about eleven million heads of families in this country. Estimating their incomes on the same basis as that of English tax returns, there are only about one hundred thousand families having annual incomes reaching $2,000, and only about thirty-five thousand having an income equalling or exceeding $5,000. Out of fifty-five millions of population, forty-five millions earn $15 a week or less.

Foreign University Intelligence.

Bern.—Dr. Demme has been appointed Professor in Ordinary of Pharmacology and Children's Diseases.

Bologna.—This University will celebrate its seven hundredth anniversary in the spring.

Bonn.—Dr. Franz v. Leydig, Professor of Comparative Anatomy and Zoölogy, will retire in April.

Freiburg.— Dr. Baumgärtner, formerly Professor of Pathology and Director of the Medical Clinic, died at Baden-Baden on December 11.

Faith-Cures by Water.

St. Petersburgh society has been somewhat interested in a medicinal water discovered by a Baron Vrevsky, and stated to effect marvellous cures. Owing to an official permission to continue the use of this water being necessary, the Medical Committee of St. Petersburgh caused it to be analyzed; and the result of this analysis, according to the *Official Messenger*, is to show that this famous and universal remedy is absolutely identical with the water of the Neva.

Philadelphia County Medical Society.

At the annual meeting of the Philadelphia County Medical Society, held on January 5, 1887, the following officers were elected:

President—Dr. J. Solis Cohen.

Vice-Presidents—Drs. W. W. Keen and E. T. Bruen.

Secretary—S. Solis Cohen.

Treasurer—L. K. Baldwin.

Censors—Drs. Joseph Hearn and De Forest Willard.

A Peculiar Method of Gynecological Examination.

The *Med. Record* is responsible for the statement that Omaha seems to have a gynecologist whose methods are decidedly unique.

He has a large, unwashed old dress of his wife's in his office. and all patients are directed to remove every article of clothing, and then to don this dress preparatory to ascending the table. While on the table, no effort to prevent exposure is made. All his patients are compelled to receive local treatment daily, and straight through the menstrual period as well.

Toys for Hospitals.

Seven years ago, the editor of *Truth* started an exhibition of toys, made by its readers, for distribution among the hospitals. At the last exhibition, over fifteen thousand toys were sent in for exhibition and distribution. The idea is a good one, and might well be carried out in this city, in connection with some of our charitable organizations. There is one hospital which treats or cares for children exclusively, besides other hospitals which have children's wards.

The Anatomical Institute, Vienna.

A magnificent building, which has been just completed at a cost of 460,000 fl., was opened early in October. The opening ceremony was performed by the Unterrichtsminister, Excellenz von Gautsch, assisted by the Professors of Anatomy Langer and Toldt, many other professors, and crowds of students. Notwithstanding the amount of work required for its completion, the whole has been successfully carried through in the short space of fifteen months.

Money for the Congress.

It is one of the important questions now how the funds are to be raised to help the Congress through. We would suggest to all who have the success of the Ninth International Medical Congress at heart, to at once send ten dollars for a ticket to Dr. John B. Hamilton, Washington, D. C., the secretary general, for the membership fee. This, if done now, will be a great help, and *all* should be willing to do this *now*, and save time and trouble, and also thereby uphold the hands of the executive committee.

Bacteriology in Barcelona.

The municipality of Barcelona has arranged to establish a laboratory of bacteriology, and to furnish it with the requisite appliances for all classes of investigations. It is to be under the well-known Dr. Férran, whose views were accepted much more generally in Barcelona than in Madrid. The measure was agreed to in the Town Council by a majority of twenty-five to three.

The Pasteur Institute.

The Paris Municipal Council have agreed to M. Pasteur's application for a 99 years' lease of 2,500 metres of ground adjoining the site already granted for his institute. The ground rent is fixed at four francs per metre.

Items.

—A child, aged five, died in Dublin recently from having swallowed a noggin of whisky administered by his father while intoxicated.

—The Swiss authorities will not allow a foreigner to practice even among his own countrymen in Switzerland without passing the State examination at Bern or Geneva; and this is by no means a matter of form.

—A new hospital for contagious diseases, having a capacity of four hundred and forty-eight beds, is about to be erected in Milan. In addition to the main building there are to be separate pavilions for small-pox, diphtheria, and typhus fever.

—The new Swiss alcohol law, conferring the monopoly of the production of alcohol on the State, contains a provision that no substances shall be used in distilleries which are not recognized as wholesome; from this category the potato is excluded.

—A correspondent writes to the *Medical Record* that he has used the ether-spray on several cases of strangulated hernia, one of two days' duration, with the best results. The operation was painless, and reduction occurred "spontaneously, or with slight pressure."

—A manufacturer of cheese in Prussia was endeavoring to improve his product, and, to this end, mixed the fresh cheese with about eight per cent. of mashed potatoes. The ripe cheese, however, looked suspicious; upon analysis the admixture was discovered, and the author of the new idea fined $12.

—In a valuable article in the *Va. Med. Monthly* on *fistula in ano* and phthisis, Dr. Archer Atkinson protests against the prejudice some physicians have to closing fistulæ in phthisical subjects. One drain, pulmonary, is sufficient, and he sees no reason for adding to the patient's depression by encouraging further loss.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

PERFORATION OF VERMIFORM APPENDAGE.

BY J. M'F. GASTON, M. D.,

Of Atlanta, Ga.

This patient, being a very robust young man of thirty-two years, and prominent as Senator from the Thirty-fourth district of Georgia, gives importance to my report of his case. On the 8th of January, 1887, I was called to visit Mr. E. M. Word at the neighboring town of Decatur, who had been suffering since the night of the 6th from abdominal pain referred to the right iliac region, with indications of intestinal derangement. At the outset he complained of griping, and had some small evacuations from the bowels, but subsequently described his discomfort as of the nature usually attributed to spasm of the intestines, without further discharges of fæcal matter. In this state of things he sought the advice of his father, Dr. R. C. Word, who gave him two compound cathartic pills, and not being followed by any evacutions, in the course of some hours the dose was repeated, with the addition of two pellets of podophyllin. This failing of effect, enemata were resorted to without effect, and opiates were used to relieve the constant pain, referred now to the umbilical region. The contents of the stomach being dislodged by spontaneous vomiting, after taking a dose of castor oil, no other active medication was used until my visit, at 3 o'clock p. m., when I was expected to determine whether the developments pointed to intussusception or other impediment of the intestinal canal calling for an operation. I was accompanied by Dr. W. S. Elkin in the examination of the patient. There was a sense of tenderness on pressure over the ileo-cæcal region, with dullness upon percussion over a circumscribed area in right iliac fossa, and a perceptible density and firmness of the tissues without any well-defined outlines of induration. Over the rest of the abdomen there was nothing unusual noted. The pulse and temperature showed but slight departure from the normal standard. There was no disposition to take food of any kind; but thirst was constant, and led to the frequent use of small draughts of water without vomiting. In conferring with his father, we concluded to administer a combination of saccharated calomel and bicarbonate of soda, āā 10 grains, with ¼ grain sulph. morph. every two hours, until three should be taken, and at longer intervals afterwards. One being given without annulling the abdominal pain, the inhalation of chloroform was carried to the point of complete anæsthesia and unconsciousness. In the meantime, preparation was made for the introduction of a long tube within the colon for employing an enema of warm water with soap, salt, and spirits of turpentine; and so soon as the patient aroused from the anæsthetic, he was placed in the knee-chest position, when a gallon of this fluid was thrown into the bowels by a Davidson syringe attached to the long intestinal gutta-percha tube. This was allowed to remain so long as he was able to retain it, not exceeding ten minutes, and was returned with considerable intermixture of fæcal matter washed out of colon in a fluid form, but no scybala or solid masses were discharged. Subsequent to this evacuation, hot stupes with spirits of turpentine were applied over the abdomen, and two subcutaneous injections of sulph. morph. $\frac{1}{4}$ gr. with atropine $\frac{1}{120}$ gr. were made with intervals of an hour to secure composure, with the understanding that this hypodermic medication should be continued at intervals according to the indications from the pain. It was also determined that in case no purgation ensued from the calomel powders two tablespoonfuls of castor oil, with a teaspoonful of spirits of turpentine, should be given in the evening. This was taken and retained over four hours, when he vomited, stating that the taste and smell of the spirits of turpentine were perceptible in the ejected matter.

Up to this time there had been no thorough action of the bowels, and there was a doubt as to the impediment, but my mind inclined to the typhlitic origin of the trouble, while this acute suffering was not likely to result from ordinary cæcal inflammation.

A recent report in the REPORTER of January 8, by Dr. L. McLane Tiffany, of the troubles incident to perforation of the vermiform appendage, led me to think of the probability of this grave complication, and my attention was especially direct d to this by the patient's complaint of intense pain along the penis in connection with the abdominal pains.

The circumstances pointing to the invagination at the ileo-cæcal valve lacked corroboration in the absence of vomiting, which is an almost invariable accompaniment of the strangulation of the intestine from intussusception, in like manner as in that of hernia. In the early ejection of the contents of the stomach we see nothing more than frequently occurs in an attack of colic, and the vomiting of the castor oil and spirits of turpentine after four hours of retention is nothing remarkable, so that there is simply the abdominal pain and arrest of intestinal action that create a presumption of the existence ot intestinal invagination.

Viewed from the standpoint of the initial stage of typhlitis, originating in some unknown cause, I recommended the application of leeches over the ileo-cæcal region so soon as they could be obtained, and a special messenger was sent to Atlanta to procure the leeches. Unfortunately, only a few of the number brought could be induced to take hold, and yet the blood continued to flow from their bites for several hours after their removal. Our patient being an athletic, vigorous young man, this local depletion was especially indicated.

My visit at 8:30 a. m., on the 9th, revealed a general tenderness with tympanitic distension of the abdomen, while the dullness upon percussion in the right iliac fossa, and the sensitiveness upon pressure, were more marked than previously. It was evident that peritonitis was developing, and the pulse had become somewhat accelerated, with a temperature of 101° F., with increase of pain throughout the entire abdomen, in spite of the repetitions of the morphia and atropia hypodermically, at intervals of three or four hours. The calomel and bicarbonate of soda having been continued in the latter part of the night, an enema of warm soap water, with four ounces of castor oil and two drachms of spirits of turpentine was thrown up into the colon, with the injunction to retain it if possible. It so turned out that it remained during the whole day, and was only discharged at 9 o'clock that night, but without bringing any more fæcal matter than was supposed to be washed out of the colon. Even a second evacuation appeared to be the remnants of this enema, and afforded no evidence of relief to the obstruction.

In view of this torpidity and the persistence of the inflammation, local and general, of the abdominal cavity, it was advised to continue the calomel and bicarbonate of soda internally, and to apply belladonna ointment over the entire superficies of the abdomen with a thick fold of flannel wrung out of hot water and sprinkled with spts. turp., secured by a roller over the belly.

On the 10th, this being the fourth day of suffering, the patient was evidently enfeebled by the progress of the malady and the failure to take nourishment of any kind, insisting that he could swallow only water. This he was allowed in moderate quantities so often as he desired it, and it did not cause nausea or vomiting at any time.

The distension and sensitiveness over the entire abdomen was so intensified that I was not able to get the evidence of percussion satisfactorily, yet there seemed to be more resonance in the right iliac region than on the day before, while the general tympanites was more pronounced, with a saliency of the abdominal outline which was very apparent. The pulse had evidently lost in tone and increased in frequency, while the temperature had dropped to 99° F., with a haggard expression of countenance and dimming of the lustre of the eyes. When not under the full influence of the opiate there was an anxious unquiet manner that bespoke an impairment of the nerve-centres, and impressed me with the grave responsibility of deciding upon the further steps to be adopted without delay.

There was still no discharge from the bowels, and I recommended the repetition of the calomel and soda powders during the forenoon with another dose of oil and turpentine in the afternoon; and in case of no evacuation to resort to another enema of warm water with castor oil and spirits of turpentine in the night.

An effort was made to get colleagues from the city to see the patient during the day, with a view to a conference as to the surgical treatment that might be warranted, but owing to engagements of a pressing nature, neither of those to whom I applied was able to go, and the meeting was deferred until next morning, the fifth day of this disorder.

A conference with W. S. Elkin, G. G. Roy, and W. D. Bizzell, during the forenoon of the 11th, resulted in a conclusion not to undertake any operative measure, owing to the great vital prostration of the patient and the occurrence of a fluid fæcal evacuation about nine o'clock a. m.

In undertaking to administer chloroform, with a view to a more thorough manipulation of the abdomen than was admissible on account of the extreme sensitiveness to the touch, there was such manifest depression of the vital powers, with feeble pulse of 120 beats and temperature normal, as to cause us to desist from the inhalation of the anæsthetic, and to abandon the thought of an exploratory puncture over the ileo-cæcal region in search of pus in the deep structures, there being no fluctuation.

Brandy with milk and beef-tea was given freely internally, the hypodermic injections of morphia and atropia were continued to relieve restlessness, and a blister of cantharides plaster was placed over the belly.

Having left the patient in this most unpromising condition at 1 o'clock p. m., I received a message by telephone shortly after 5 p. m. that he had expired a few minutes previously.

Realizing that the proper understanding of the progress and result of this case rendered it important that an autopsy should be made, I prevailed upon my colleague and friend, Dr. R. C. Wood, the father of the patient, to intercede with his family for a post-mortem examination, which was granted.

Dr. W. S. Elkin assisted me in making the autopsy at 9 o'clock on the morning after his death, and I ventured to predict before the body was opened what might be expected, which diagnosis was confirmed by the results as here reported.

Upon laying open the abdomen along the linea alba, and making a transverse incision from the umbilicus to the right anterior superior spinous process, recent adhesions of the intestines to each other and to the peritoneal lining of the abdominal walls, indicated general peritonitis. On exposing the ileo-cæcal region, the cæcum was found covered with exudation, and presenting a dusky reddish dark hue, while the vermiform appendage was much thickened and discolored with a perforation about midway its length, and a large bean impacted near its connection with the cæcum, but its immediate entrance into the wall of the cæcum seemed to be comparatively free from turgescence or engorgement.

The portion of intestine below this knuckle was relaxed and empty, while that above was distended with gas, and yet the bowel was not completely occluded from the inflammatory thickening of its coats, but was rendered impervious by the angular relation of its walls. It will be remembered that in my report of a case of laparotomy some months ago, this doubling of the intestine upon itself was referred to as intercepting the passage of even gaseous matters through it in the same way that an India-rubber tube becomes occluded by being flexed at a sharp angle. The thickening of the coats of the ileum in connection with this flexion had been sufficient to arrest any free transit, and yet doubtless admitted of the passage of the fluid fecal matter which was discharged spontaneously on going to stool some eight hours before death. As there was no strangulation of the bowels, we are prepared to understand the absence of vomiting, which was inexplicable upon the supposition of intussusception or other entire constriction.

There was some effusion in the peritoneal cavity, but the undertaker had already thrown into the abdomen an antiseptic fluid before it was determined that an autopsy would be made, and hence no estimate could be made of the amount or nature of the exudation. It was evident, however, that the contents of the appendix vermiformis had escaped through the perforation and caused the general peritonitis.

The key to the peritonitis and to the vital depression from septicæmia was exemplified by the occlusion and perforation of the vermiform appendage, and a constriction in the ileum explained the obstruction, the gut being bent upon itself and much inflamed where it lay against the appendage. As has been stated, my diagnosis was verified by the autopsy, but unfortunately I had not the data for making this diagnosis until it was too late to accomplish what might have been attained at a very early stage of this case by laparotomy.

The members of the medical profession who have had most experience in abdominal surgery and in diagnosticating the causes of intestinal obstruction will appreciate the difficulties in the way of a differential diagnosis within the first three days of the course of this case. While my attention was early fixed upon the cæcal region as the source of trouble, it was only after the indications of a septic nature and the consequent depression of the nerve centres, that I realized the probable existence of perforation of the vermiform appendage. At this stage of vital prostration there was no reasonable ground to expect any other than a fatal result of laparotomy; and no surgeon is warranted in operating under such untoward surroundings as were presented during the last thirty-six hours of the waning life of this patient. It is highly probable that laparotomy within the first twenty-four hours and excision of the entire vermiform appendage with suture of its line of separation, would have been attended with success. But with only such symptoms as accompany typhlitis of an aggravated character to guide my steps at that stage of development, I did not consider, nor do I now think such operation warrantable at this period of an unforeseen complication of intestinal obstruction.

ON EPILEPTIC BRAINS.*

BY FRANCIS X. DERCUM, M. D.,

Instructor in Nervous Diseases, University of Pennsylvania, and Pathologist to State Hospital for the Insane at Norristown.

The writer has thus far had the opportunity of studying twelve epileptic brains. Eleven of these have been already described in the "Report of the Pathological Laboratory of the State Hospital for the Insane at Norristown" for the current year, while the twelfth has likewise been described in the "Pathological Report" of the same institution for the year 1885.† It is not, therefore, my intention to give a detailed account of the convolutions of these brains, but merely to point out some striking peculiarities and to give expression to some of the thoughts which this study has suggested.

We have, in the first place, a notable tendency to the confluence of fissures, which is an acknowledged point indicating a low degree of cerebral development. This tendency is well marked in *every one* of the brains studied. In a number of instances the fissure of Rolando is confluent with the Sylvian fissure. In a number of others the Sylvian, interparietal, and parallel fissures are variously confluent. One of the most striking and most constant instances of confluence is observed in the parieto-occipital with the interparietal. It occurs completely in *seven* of the brains studied, and imperfectly in two others.

This tendency to the confluence of fissures is of necessity accompanied by an absence or lessened development of the normal arching or bridging convolutions. For instance, as is well known, the upper end of the parieto-occipital fissure is normally separated by the first occipital convolution of Ecker, the so-called *pli de passage supérieure externe* of Gratiolet. In the instances where these fissures are confluent this *pli de passage* is either entirely absent or so imperfectly developed as not to emerge upon the general surface of the brain.

As a result of the confluence of fissures, appearances resembling the conditions found in the brains of monkeys are occasionally simulated. This, again, is notably the case where the parieto-occipital and inter-parietal fissures are confluent. In the majority of instances in which this confluence occurs, the upper end of the parieto-occipital passes through the inter-parietal fissure, and terminates far beyond on the lateral surface, thus exactly reproducing the *external perpendicular fissures of the apes.* Occasionally this external perpendicular fissure is accompanied by a second fissure running in a parallel direction, and in one of the brains studied there were three such parallel external perpendicular fissures. It is probable that in these cases *one* of the fissures is homologous with the corresponding fissure in the apes, while the others are merely "*vegetative repetitions.*"*

Following the course of the external perpendicular fissure we come, in some instances, upon a well-marked Wernicke's fissure—*i. e.*, a fissure running more or less perpendicularly and separating the occipital and temporal lobes. In one of the brains the external perpendicular fissure and the fissure of Wernicke are so well developed that the occipital lobe is, as it were, almost lopped off from the rest of the brain.

In addition to such fissures as appear to be of purely morphological value, we have others which bear no analogies to the normal fissures of either man or the apes. Prominent among these are numbers of anomalous fissures on the occipital lobes, especially on the lateral surfaces. There is also a tendency in some of the brains to the formation of tranverse or perpendicular fissures on the frontal lobes. In one instance there are three such fissures present. Again, various fissures connecting the parallel, Sylvian, inter-parietal, and central fissures must be placed in the category. One anomalous fissure deserves especial mention. It is a short one-forked branch, passing from the Sylvian directly down into the temporal lobe. It cuts deeply through the first temporal convolution, and the gyrus surrounding it completely breaks up the anterior portion of the parallel fissure. Evidently these fissures have a special significance, which differs widely from that of the abnormal fissures which have homologies with those of the brain. To this significance we will shortly recur.

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* Read before the Philadelphia Neurological Society, December 27, 1886.

† Also more fully in the proceedings of the Pathological Society of Philadelphia for 1885.

* The reader is referred to a communication by Dr. A. J. Parker published in the proceedings of the Academy of Natural Sciences, 1878, in which the *principle of "vegetative repetition"* of fissures and convolutions is pointed out.

In addition to the two classes of abnormal fissures, these brains present striking facts of the under- and over-development of various parts. For instance, one brain presents an enormous over-development of the cuneus. The latter is so large that, instead of being wedge-shaped and small, it constitutes an enormous block of tissue, which is bounded below by a calcarine fissure depresssed beneath its usual level, and anteriorly by a parieto-occipital fissure, which in one hemisphere runs upward at *right angles* with the calcarine, and in the other actually *runs forward at an angle of one hundred and twenty degrees.* In the same brain the lateral surface of the occipital lobe is also much enlarged. The frontal lobes, on the contrary, are small, and the fissures constitute mere shallow depressions on the surface. Here, then, is an instance of enormous over-development in the occipital region with an absence of development in the frontal regions. In another brain the quadrate lobule is so enormously developed as to be the most conspicuous part of the mesial surface of the hemisphere. This over-development is also shared by the inferior parietal lobule. The cuneus, on the contrary, appears unusually small. The surface of the quadrate lobule is made extremely complex by a number of deep and intricate fissures. Again, in another brain we have a *pli de passage superiéure interne* developed up to the surface—a convolution which, as a rule, is developed only in the apes. Further, the various normal fissures of these brains frequently pursue aberrant courses. The Sylvian, the parallel, the interparietal fissures are frequently deflected from their average courses from the over- or under-development of the convolutions bounding them. The absence or small size of some of the arching convolutions are again conspicuous illustrations of under-development.

In summing up the above results, it is evident that we have, first, abnormal fissures which are purely morphological in their significance, and secondly abnormal fissures which are purely pathological in their meaning. To the category of the first belong those fissures whose homologues are found in the apes or monkeys, and of these the external perpendicular may be taken as a conspicuous example. To the category of the second belong those fissures in which no homologies can be demonstrated. In this connection, it is interesting to note that in the majority of the cases studied, sclerosis of the skull coëxisted. In almost every instance there had been a powerful hindrance to the growth and development of the brain. It is probable, therefore, that these anomalous fissures are the result of mechanical causes—*i. e.*, of growth within an unyielding and an abnormally small space. In the development of these epileptic brains, therefore, both pathological and morphological factors must have played a part. There can be no doubt, however, that the pathological factor must have predominated, and it seems, indeed, as though it must have been at the very bottom of the altered and aberrant growth. Certainly the various instances of the hypertrophy and of the under-development of parts admit of no other explanation.

The study of these brains is very suggestive in regard to the essential pathology of epilepsy. The cardinal feature of epilepsy is, beyond a doubt, a nerve-explosion, and whether this be a sensory, a motor, or a psychic explosion, does not in any way alter the case. Now, the nervous system is continually storing up force, or, what amounts to the same thing, its protoplasmic equivalent. In the normal condition force is emitted in a relatively gradual manner, and this gradual outflow is dependent upon the interaction of *all parts* of the nervous system. In other words, the entire nervous system is in a condition of equilibrium, and the action of any one part is restrained or inhibited by the action of all the other parts.*

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* See "Facts and Deductions Bearing on the Action of the Nervous System," by Francis X. Dercum, M. D., Journal of Nervous and Mental Diseases, November, 1886.

Now, in order that this equilibrium may be maintained under the usual strains to which the organism is subjected, the nervous system must have a certain structure, which is the average structure, and which we have learned to regard as the normal. Now, in these epileptic brains certain parts are absent or poorly developed, others again are developed largely in excess, and others still are aberrant and bizarre. Surely it is not going too far to infer that in such a brain the maintenance of equilibrium must be confined to relatively narrow boundaries. In the normal nervous system there must be a certain play, or, if I may use the expression, a certain elasticity of equilibrium—a certain facility of readjustment between the different parts—and by means of which a *stable* equilibrium is secured. In a nervous system, however, where the parts are irregularly developed, and therefore badly adjusted, even slight strains may be sufficient to disturb the balance. The parts cannot yield or play upon each other, readjustment cannot take place, and some portion of the engine being, as it were, detached, suddenly runs down—*i. e.*, an epileptic explosion takes place.

The above inferences appear unavoidable, though the writer does not by any means wish to imply that all epileptic brains must have the flaring abnormalities of structure presented by the ones he has studied. These cases, however, were all confirmed epileptics, mostly epileptic dements; one suffered from epileptic mania and another was an epileptic imbecile. They certainly point out the importance of making a detailed study of convolutions in autopsies of all cases with a history of epilepsy.

FACIAL SPASM AND TIC-DOULOUREUX FOR WHICH NEURECTOMY AND NEURO-TENSION WERE EMPLOYED.*

BY GUY HINSDALE, M. D.,

Of Philadelphia.

I have the pleasure of asking your attention to the records of two cases of persistent trifacial neuralgia, and also a case of painless facial spasm. The two former were under the care of Dr. S. Weir Mitchell at the Infirmary for Nervous Diseases, and the last under the care of Dr. W. Sinkler, by whose permission they are brought before this Society.

The cases are of interest from the fact that the first was treated by medicines pushed to an extreme limit; the second, failing to improve under medicines, was treated by exsection of the infra-orbital nerve; while the last was treated by stretching the facial nerve.

The cases are not reported because of any supposed rarity, or because they are in any way particularly remarkable; but merely to show what is the practice of the hospital, and to invite an interchange of views as to the relative merits of the treatments adopted.

Mrs. H., suffering with neuralgia of the right side of the face, entered the Infirmary for Nervous Diseases November 9, 1885. She is sixty-two years old, was born in New Jersey, and has always lived there. She considers her home dry and healthy and free from malaria. Her father died with phthisis. The patient herself has never had malaria or chills and fever, but had an attack of pleurisy fifteen years ago, associated with severe cough. This has been her only severe illness. She has been married forty-two years, and has had fourteen children, of whom two only are living. Eighteen years ago she experienced a severe shock in the loss of six children from diphtheria within a period of four weeks: she had previously lost others in their infancy.

Twenty years ago the patient began to have twinges of pain in the lower jaw. Four or five years ago she suffered from attacks of neuralgia of the right side of the face two or three times a year: these attacks lasted from one to three months. In 1884 she had four or five attacks, one of which lasted two months; though quite weak, she was not confined to her bed at any time. Fever sometimes accompanied the attacks, without any chill, but with a cold sweat when the pain was very severe.

A year or two ago the pain occurred at any time during the day, but passed away at evening, upon retiring and remaining quiet. In April, 1885, the pain began to be worse at night, but it cannot be said that any special hour was observed. Cold air, eating, or drinking very hot drinks, motion in bed, bad news, mental trouble, aggravated the pain. Rest, peppermint essence dropped on the tongue, sweating the face with hot bricks dampened with whisky and wrapped in cloth, did for a time relieve the pain.

The treatment adopted consisted of rest in bed, good feeding, and the use of an ascending galvanic current. This was applied to the right side of the tip of the tongue and to the right side of the lower jaw for fifteen minutes, morning and evening. This was the chief locality of pain. Cod-liver oil, ℥iv., and tinct. aconiti rad. were given after meals. The aconite was gradually increased in quantity until, on the nineteenth day, she was taking seventeen drops four times a day. Elixir of iron, quinine, and strychnia, one teaspoonful thrice daily, was then added. The early doses of aconite, of two and three drops each, produced some tingling of the fingers and tongue, with numbness of the right arm and hand: the larger doses did not produce any more pronounced symptoms. The pulse varied in frequency from 67 to 82 per minute. Hydrochlorate of cocaine in four per cent. solution was applied two or three times a day to the painful spot on the right side of the extremity of the tongue; this gave relief for about twenty or thirty minutes. Failing to control the pain notwithstanding this persistent use of aconite, on December 1 fluid extract of gelsemium was used; four drops were given thrice daily, and the dose gradually increased until the physiological effect was produced. Hunyadi water was given occasionally, and massage of the spine was adopted. On the following morning a blister was applied to the right temporal and zygomatic region; a cold-water dressing containing half a grain of morphine was used. The blister had caused considerable local irritation by evening, and the pain in the face and tongue was relieved; the pain, however, recurred the next day, with dull aching in the forehead and across the eyes.

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* Read at the Philadelphia Neurological Society, December 27, 1886.

Lunar caustic was applied to the right side of the tip of the tongue on December 4; the area cauterized was about half an inch square. Electricity was suspended for three days. Subsequently applications of nitric acid were made to the tongue.

Swimming of the forehead, dimness of vision, and drowsiness accompanied the increasing doses of gelsemium. The dose of gelsemium was increased for twenty days, until the patient took thirty-six drops of the fluid extract three times a day; there were then dizzinesss, headache, some drooping of the eyelids, but no pronounced symptoms or apparent benefit from the medication.

I have prepared a chart from the careful daily records taken by Miss Kenealy, the chief nurse of the Training School, showing for each day the treatment, the pulse, respiration and temperature, and subjective symptoms.

At the end of seven weeks the patient was discharged, although still suffering at intervals from pain in her tongue. The facial pain was very much less than when she applied for treatment. The use of nitric acid on the painful spot in the tongue was advised.

At the end of six months the patient was still suffering with neuralgia, but not so severely as at first.

Mrs. E. H. H., æt. 64. No hereditary nervous disease. She was delicate in early life, and as a child had chills and fever for three years, but never had any serious illness. Thirty years ago she began to have pain in the infraorbital, and then in the supraorbital region, darting and of intermittent character. It was serious enough to confine her to bed. The attacks were influenced by weather and exposure. Sometimes attacks came on every few days; sometimes not once in three or four months. Exposure to draught, to cold, or to wind, would bring them on. Warmth would relieve the pain. Liniments failed; warmth always gave the most relief. Duration of attacks, one to seven days, or even a month. For seventeen years she had noticed a singular sensation in the right nostril, as though pierced by a dozen needles. Pain extended to the cheek and under the eye. The patient for four years had a severe attack, lasting the whole month of February. It would take an entire month to recover from its effects.

November 21, 1885, the pain was constant and more or less severe, both diurnal and nocturnal, and she was kept awake a great deal at night. Teeth had been extracted from both jaws before applying for treatment.

A general tonic treatment, consisting of massage, lactate of iron, cod-liver oil, and malt, was adopted, and galvanism was applied gently to the side of the face. Blistering, morphine, quinine, arseniate of iron, and bromide of lithium, were applied in succession, without relief.

Finally, the infra-orbital nerve was exsected by Drs. Hunt and Morton, a small portion of the floor of the orbit being also removed. The patient suffered a good deal of pain in the same spot as before: this, however, subsided to a certain extent, and two weeks after the operation she returned to her home in Maryland. While not altogether free from neuralgic pain, she considered herself much more comfortable than before, and greatly improved in general health. Nine months later she was reported to be in good health, with little or no neuralgia.

In a case of painless spasm of the face, Dr. W. W. Keen has recently operated on a patient at the request of Dr. Wharton Sinkler. The patient had twice been paralyzed. Five years ago the right eyelids began to twitch, and in six months the whole face and the platysma were incessantly in spasm, which was increased by mental or muscular effort; later, this was accompanied with constant pain. In June, 1884, the right infra-orbital nerve had been resected, with partial relief for only six weeks. Not long after this the twitching extended to the right side of the body and to the leg.

April 2, 1886, Dr. Keen laid bare the trunk of the nerve, using an electric current to facilitate its discovery. The nerve was then stretched; the force used was just short of enough to lift the head. Total paralysis of the face followed, with relief not only of the spasm of the face and neck, but also of that of the side and leg.

Stretching of the facial nerve for cramp had been performed by Baum and Schüssler in 1878, Eulenberg, Godlee, Hahn, and others.

In Eulenberg's case, stretching the nerve was resorted to after a neurotomy of the supraorbital had failed; a tolerably severe paralysis resulted, lasting several weeks, but finally disappeared. In Godlee's case, twenty-eight months after the stretching the favorable result remained. In Hahn's case there were spasms over the whole right side of the face; after the operation, which did not induce any paralysis, there was only partial benefit. Two years after the operation the cramps persisted.

In 1880 Langenbeck stretched the temporo-orbital division of the left facial nerve, and also a branch going to the zygomatic muscles. After twelve days the eye remained wide open, paralyzed; the angle of the mouth drooped. Two months later paresis of the left side of the face was still apparent; return of spasm. After four months the spasm was as severe as ever, and the paresis was apparent. The patient thought the paralysis the lesser evil of the two.

In a case of Godlee's in which there was painful spasm of both sides of the face, the left facial was stretched; paralysis followed. Four months later the right nerve was stretched. Several months after this the paralysis had disappeared, and the condition was as bad as before the operations.

In Putnam's two cases the results were not encouraging.

In a case of Southam's, in 1881, the paralysis vanished in sixteen weeks; two and a half years later the good result was still apparent.

Dr. Zesa's summary of nineteen cases gave permanent good results in three, doubtful in two, considerable improvement in four, failure in ten. In ten cases temporary benefit followed the operation.

AN ANALYSIS OF THE OCULAR SYMPTOMS OBTAINABLE IN EPILEPSY IN THE MALE ADULT.*

BY CHARLES A. OLIVER, M. D.,

Visiting Physician and Ophthalmologist in the State Hospital for the Insane, Norristown, Pennsylvania; Ophthalmic and Aural Surgeon to St. Mary's Hospital, Philadelphia.

The clinical material for these observations was obtained at the State Hospital for the Insane at Norristown, Pennsylvania. The report embraces a study of all the ophthalmic symptoms that could be gotten from fifty male adult epileptics, without reference to any past etiological factor or present mental condition. This method was pursued for several reasons, most prominent being:

1. A special form of symptomatic disease was taken in preference to any mental condition, because similar mental states may be present in the many and *bizarre* forms of nerve-lesions, making and hiding the true significance of the objective symptoms peculiar to any one disease to such an extent as to render differentiation impossible.

2. A definite variety of disease was chosen, so as to avoid obtaining mere percentages of the ophthalmoscopic signs (which, as a rule, have been limited to an arbitrary designation of the tint of the optic disk and the size of the retinal vessels) of the total number of cases occurring in one asylum—practically giving, if at all correct, a *resume* of the different varieties of optic-nerve color and retinal-vessel size of the gross amount of residents of that asylum; an answer which is liable to alter at any time through change of number of patients and character of mentality, or to be totally diverse from the results obtained by another observer placed in a different situation.

3. A large percentage of similar cases was taken. This was done so that the different mental states which are seen during the course of any *one* disease might be united into a theoretical average case, which would represent a typical example of the physical and physiological conditions of that disease.

4. Males were used. This is important,

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* Read before the Philadelphia Neurological Association, December 27, 1886.

for, by the exclusion of the female subject, any errors that might arise from additional ocular changes dependent upon diseases which are peculiar to the sex are avoided.

It may be interesting to know that native American stock has been used. There is nothing absolutely important in this selection, because, by reason of many obvious causes, a true American type of man has not as yet been established among us; yet it was intentionally done, so that results obtained from subjects born on American soil could be contrasted and compared with statistics of foreign-born population, in order to see whether the data would exhibit any decided peculiarity in ratios.

OBSERVATIONS AND CONCLUSIONS.

1. Direct vision for form, as a rule, normal in both emmetropia and corrected ametropia.
2. Accommodative action normal in due proportion to age and refractive error.
3. Visual fields for form and color reduced from one-third to one-twentieth of normal areas.
4. Visual fields for form and color regularly diminished without any indentations or scotomata.
5. Order of color-field follows the regular physiological sequence, without transposition or reversion.
6. Subnormal color-perception to a slight extent, as evidenced by faulty selection of delicate tints and shades containing low percentages of green and red.
7. Pupils are, as a rule, equal in size and alike in shape.
8. Irides freely and equally mobile to light-stimulus, accommodation, and convergence.
9. Extra-ocular motion intact in all directions. The presence of insufficiency of the interni in the majority of cases is readily explained by association with existing H V Ah, and probably has no relation to the epileptic condition.
10. Optic disk superficially over-capillary, with a decided grayness in its deeper layers, showing a low grade of incipient optic-nerve degeneration.
11. Scleral ring rather more sharply cut and broader, especially to the temporal side of the disk, than in the healthy eye; this being probably due to a slight shrinkage of lowered nerve-tissue.
12. Fibre-layer of retina increased in thickness, as evidenced by dense and coarse massings of striation extending in all directions from the disk, these being more particularly marked in the superior and inferior portions of the eye-ground, even hiding the edges of the disk itself in many instances.
13. Retinal vessels large in size and carrying rather dark-colored blood, this being more pronounced than usual with the veins.
14. Retinal veins exceedingly tortuous, and in a few instances pulsating.
15. Retinal arteries frequently wavy and sometimes tortuous, especially the temporal and macular twigs.
16. Retinal lymph-channels visible in the majority of cases, particularly seen along the larger vascular distributions and at the vessel-entrance as glistening and yellowish-white opacities.
17. No other visible changes of any significance throughout the eye-ground, except a granular condition of the choroid in the macular region.

In addition, it may be mentioned that, as far as possible, nearly all of the deep and superficial reflexes were obtained throughout the body. These, as a rule, were above normal, and presented some curious anomalies, which will be reserved for a later publication.

As was to be expected among this class of patients, many of the subjective signs were negative; but, withal, sufficient data have been produced to warrant proper conclusions in this direction. The results obtained from the study made of the visible ocular changes are of special value, and may be cited as of sufficient importance to be useful in diagnosis.

Thanks are due to Drs. Charles A. Woodnutt and Henry Sykes, assistant resident-physicians, for good work and carefulness displayed throughout these researches.

1507 *Locust street.*

MEDICAL SOCIETIES.

THE PHILADELPHIA NEUROLOGICAL SOCIETY.

A stated meeting was held December 27, 1886; the President, Dr. S. Weir Mitchell, in the chair.

Dr. Guy Hinsdale read a paper entitled

Facial Spasm and Tic-Douloureux for which Neurectomy and Neuro-Tension were Employed. (*See page* 166.)

DISCUSSION.

The President, Dr. S. Weir Mitchell: "I have several points to make with reference to these cases. The woman operated on by

Dr. Keen I have seen within the past few days, and she presents no paresis of the face at all. As yet, the case is a perfect success. She is entirely free from any twitching. Her case recalled others, and in looking over my note-books I found that within the past twelve years I had seen fifteen cases of painless tic, in none of which was the slightest relief afforded by any method of treatment. It so happened that shortly after Dr. Sinkler's case was treated so successfully, Mrs. G., aged forty-nine, the widow of a physician, a very intelligent woman, consulted me. She stated that her tic had begun about three years ago. It first appeared under the eye, where it nearly always begins, although I may say that as yet the history of these cases is not complete. Then the twitching appeared in the cheek, which, as a rule, has been the point next attacked in my cases. The spasm afterwards extended to the mouth. In those cases in which it became general it extended beyond that, and in the last case that I have seen the levator muscles of the ear were involved, so that the ear was drawn upward every time that the face twitched. But extension to the neck or more distant parts is seen at times in rare cases.

"In Mrs. G. the spasm is very violent, and she described it by saying that 'the whole side of the face migrated under the left ear and stayed there awhile.' The length and endurance of the spasm were remarkable. She had from ten to fourteen attacks every minute. They were pretty regular. At certain times she was comparatively free, but scarcely five minutes passed without twitching.

"I observed in this case, as in some others, a certain amount of appearance of paresis on the affected side of the face—that is to say, the muscles on the sound side of the face appeared to predominate. I have so far been unable to observe any difference in the electrical reactions of the affected muscles. Perhaps more careful observation will show some change. It has been suggested to me that this paresis was the result of fatigue; but, as we know, in most spasms the muscles become larger and stronger, and do not present evidences of fatigue.

"In this case I began to think whether there was not something which had not been done which might give relief. The idea of weakening the facial nerve or its branches by freezing suggested itself. If I had reflected a little I should have recognized the fact that it is impossible to affect the deeper nerves in this way. Freezing by vapor-jets applied to the surface acts very little beneath the skin. I have tried this by putting the finger in the mouth and trying to freeze through the cheek by means of the rhigolene spray. I have never succeeded in producing more than a slight chilling. In this case I have on sixteen occasions frozen with the rhigolene-jet a large portion of the skin of the cheek, sometimes covering the whole of the side of the face, taking care to protect the eyes and to prevent the inhalation of the vapor.

"The result has been an interesting and a curious one. The very first freezing, like all the subsequent ones, brought on instantaneous spasm. The moment the jet struck the face there was violent twitching. When freezing was effected the spasms ceased and did not return for many hours. This result surprised me very much, and it appeared that while I was attempting to accomplish the result in one way I had done it in another.

"Under these daily freezings this case has gained so far as to pass days without more than such rare twitches beneath the eye as excite no attention. Enough has been won to satisfy her if the gain should last, as to which I will report.

I observed that a vigorous freeze over the points of nerve exit was better than a general freeze. I am about to try if localized freezing by ice and salt, or other means which act more deeply, may not answer. The influence *seems* to be exerted through the sensory nerves, from which possibly arise also the impressions which create these spasms. With my remembrance of former cases, I cannot say that I feel hopeful as to the remote future of the present one.

"I have tried the same plan of treatment in a second case of nine years' standing. She came to me some years ago, but, as I knew of nothing that would afford relief, I refused to treat her. I sent for her ten days ago, and began the use of the rhigolene spray. She too has slight paresis. The face is apparently pulled to the right, the spasm being on the left side, which is the side commonly affected. The results obtained with the individual freezings are practically the same as in the first case. The touch of the spray brings on the spasm. When the part is frozen the spasms remain absent for a considerable length of time, although not so long as in the first case. The period varies from half an hour to two hours. Under this plan of treatment the attacks have diminished in frequency and in intensity.

"This is as far as I have gone, but I thought it well to bring this matter before you, for some of you may have one of these rare cases under observation and may desire to try the same experiment. As we know of no method of treating these cases except by operation, I consider it perfectly proper to try the effect of rhigolene. After the spray has been used for some days, care must be exercised that a slough is not produced. I have never had a slough, although I have made the skin very sore. This has led me to think that possibly the good result was due to counter-irritation, and I shall not be satisfied until I have tried extensive counter-irritation over the origin of the facial nerve in some suitable case."

Dr. J. Madison Taylor: "I have had under my care a case in which a severe spasm of the right side of the face had been present for twenty years. The woman was nervous, and came of a family, many members of which were in a general way nervous, yet quite strong and robust. The spasm, although very annoying, was not sufficiently marked to call for special treatment. About fourteen months ago the youngest daughter of this woman passed through a severe attack of typhoid fever. The mother, from nursing the child, became very much exhausted. Then the spasm grew worse, and was at times sufficient to shake the head. When the child became convalescent the mother was taken with the disease and had a severe attack, with high fever and delirium for six days. Upon her recovery from the typhoid fever the spasm had entirely disappeared, and to the present time, a period of ten or twelve months, there has been no return. It is interesting to note the curative effect of a severe illness on this intractable disorder. Hers was a veritable purgation with fire."

Epileptic Brains. (*See page* 164.)

DISCUSSION.

Dr. Charles K. Mills: "The specimens presented by Dr. Dercum have great value. It is, in part at least, by studies of this kind that we will eventually discover the basis of epilepsy and of some forms of insanity. All genuine investigations are practical, and in studies of this kind an outcome of good is evident, even from the practical as it is ordinarily regarded. Of the many classifications of insanity which have been attempted, that of Dr. H. M. Bannister, of Illinois, is, to my mind, the best, although open to some criticism. His classification is into first primary, and next secondary insanities. Under primary insanities he ranges—

"1. Teratological forms dependent on original structural defects.

"2. Pathological forms dependent on alterations due to disease.

"3. Mixed forms, generally pathological, but in part, probably, due to original structural defect.

"Under his first head of teratological forms he embraces cases of idiocy, imbecility, and what he chooses to term pseudo-paranoia. The point is that these are cases which can only be demonstrated through morphological or teratological conditions, such as are present in the brains exhibited this evening. By studies of the kind made by Dr. Dercum we are helped towards a fundamental understanding of insanity, and therefore towards better systems of classification. In regard to some of the apparent hypertrophies present, the idea suggests itself that these may be due not so much to overgrowth as to lessened resistance of the bony envelope.

"These studies are but the beginning of a great work. Valuable as this work is, it is but the pioneer work: the study of abnormal cerebral surfaces. Before long, these investigations will be carried below the surface, and will be histological as well as researches in gross anatomy."

Dr. J. Madison Taylor: "It is well known that in most of the subjects of the convulsive disorders of childhood there are found distinct evidences of rickets. Some writers have said that at least thirty per cent. of children with convulsive disorders present marked rachitic changes. Gowers states that in fully ten per cent. of all epilepsies rickets is a predisposing cause. This would seem to bear upon the subject of brain-changes due to faulty bone-growth."

Dr. J. Hendrie Lloyd: "I would ask Dr. Dercum, with reference to the onset of the epileptic symptoms in these cases, and more particularly as to the form of insanity which they presented, whether in all of the cases the disease was due to hereditary abnormality of development, or whether some presented acquired forms of insanity?"

Dr. Francis X. Dercum: "In many of these cases the history was obscure. Ten of the twelve cases were ordinary epileptic dements. In one case, that which presented the large cuneus, the patient was an epileptic imbecile, and had been so from early childhood. The other specimen is from an epileptic maniac. He presented attacks of epileptic fury. It seems to me that our notions of epilepsy are not altered by the different forms under which the disease presents itself: whether it manifests itself by an intellectual or emotional explosion, as in mania, or by a motor explosion, as in the convulsions of ordinary epilepsy. We may find, as Gowers points out, cases where there is, instead of an explosion, a sudden arrest of all the processes. Again, the condition might show itself simply by the epileptic aura. There might be a sensory explosion without any motor disturbance. We should not limit our idea of epilepsy simply to the motor disturbance. The point in epilepsy seems to be that the normal interchange of function between the different parts is not kept up, this being rendered impossible by the abnormal construction of the parts. They are out of proportion to each other."

Dr. Charles A. Oliver read a paper giving

An Analysis of the Ocular Symptoms Obtainable in Epilepsy in the Male Adult. (*See page* 168.)

DISCUSSION.

Dr. Louis J. Lautenbach*:* "The subject which has been discussed by Dr. Oliver has been for the past three or four years worked upon by myself, both among male and female subjects, and among those not insane as well as among the insane; the cases have been both from hospital and private practice. Within the past week I have seen three patients with the ordinary epileptic symptoms. One of these had the typical ground which Dr. Oliver mentions. This was a case of idiopathic epilepsy. In another case, supposed to be one of syphilitic epilepsy, the eye-ground was different. In the third case there was still another picture, and in this instance the convulsions were due to the presence of a brain-tumor.

"It is an interesting as well as an instructive fact that there is a close resemblance between the eye-ground in a case of imbecility and that in a case of epilepsy; so far as I know, there is no essential point in which they differ.

"There is one point which Dr. Oliver has not mentioned that I have noted, and that is that in perhaps one-third of the cases examined, and especially in those seen in insane hospitals, the macular region presents a red granular appearance, and, in addition thereto, the macula itself was of a dull red color. I have not observed the darkness of the color of the blood, to which reference has been made.

"Gowers states, as the result of the examination of a thousand cases of epilepsy, that there is only one condition that appears to be somewhat frequent in these cases, and that is that the arteries and veins appear to be equal in size. It is strange that a careful observer like Gowers has not noted the thickening of the fibrous tissue of the retina which has been described by Dr. Oliver, and which is usually the first thing that is observed upon examining the fundus. In examining these cases I was struck with the frequency of high grades of hypermetropia, the proportion being greater than is observed among healthy individuals.

"There is another point of some interest, and that is that in long-standing epilepsy, where the attacks have been very frequent or severe, it frequently happens that the nerve presents very marked signs of degeneration, the atrophy being decidedly advanced, the direct form vision being well preserved."

Dr. Francis X. Dercum: "The use of the ophthalmoscope in epilepsy for diagnostic purposes I regard of comparatively slight value, for the diagnosis is usually made with ease from the history. The chief value is the light which it throws upon the pathology. Other things being equal, there is a certain correspondence between the condition of nutrition in the retina and the nutrition of the cerebral tissues. There is a certain amount of agreement between the opthalmoscopic appearances and the microscopic appearances of the brain-tissue. In one case of epilepsy in which Dr. Oliver examined the eye-ground, the patient subsequently died, and section of the brain showed changes similar to those found in the eye. There was a similar tortuosity of the vessels, a similar infiltration of the sheath of the vessels, and a general increase in the neuroglia."

Dr. Charles A. Oliver: "I am not now prepared to give any data in reference to the similarity of the eye-grounds of the imbecile and the epileptic, although I am pursuing investigations among the imbeciles at the Norristown Hospital for the Insane. Also, as I have before noted, I have carefully avoided any endeavor to make any differential diagnosis as to the causation of the convulsions. Inequality of pupil independent of local adhesion can be readily understood when differences of vision and accommodative action dependent upon refractive error, etc., which are so often seen in the two eyes of the same subject, are considered. These were carefully studied and purposely excluded, merely giving the pupillary reactions, sizes, and shapes, *as a rule,* although in a number of instances, especially where there was unequal contraction of the visual fields, I found some curious errors in the innervation arcs of the irides. In reference to the occurrence of high degrees of hypermetropia (varying from four to five dioptrics), I must say that I have not found this to be the case, at least in those subjects that were at my disposal. The fact that the amount of grayness of the disk in some instances seems to bear no absolute relation to the amount of nerve degeneration—as was curiously shown in a series of observations made some years ago upon young, seemingly healthy males, in which I found that those nerves which were apparently extremely gray had excellent quantitative color-perception, while some some of the nerves which appeared of good healthy tint had not as good (none of these cases making a single mistake in Holingrein loose-wool selection, and all having perfect acuity for form—) is curious, although it must be admitted that the amount of vision and color-perception, with degeneration of nerve tisssue, is dependent upon the squeezing or atrophy to which the nerve is subjected. Those of Gowers' observations which were made during or immediately after a convulsive attack were extremely difficult to manage, although limited to cases in which the seizure began locally. His assertion that during the intervals of the fits there are no abnormal ophthalmoscopic appearances can, I think, be hardly borne out. In framing the conclusions which I have presented, I have grouped all of the symptoms, both subjective and objective, into an average case, hoping thereby to obtain a somewhat typical picture. The peculiarities of the eye-ground seen in the cases I have studied—those of long-standing attacks of frequent occurrence—are most probably explained by the presumption that every convulsive discharge leaves an additional pathological condition, by which the objective appearances of a low and chronic form of retinitis and perivasculitis, associated with dirty red-gray degeneration of the optic nerve, are at last established as the visible living results of a similar process which has been taking place within the intra-cranial substance, and which may be readily seen post-mortem by careful microscopic examination."

Dr. Granville Faught exhibited, by invitation, a new Milliampéremetre, made by Waite & Bartlett; also a pole-changing electrode-handle.

Dr. Charles K. Mills exhibited Rudisch's new portable galvanic battery.

Adjourned.

* * *

—Health was the first question considered by the ancient Greeks. Now, it is the doctor's bill they consider most. Then they took exercise to preserve their bodies. Now they take patent pills, or get you for your bills.

NEW YORK NEUROLOGICAL SOCIETY.

Stated meeting, January 4, 1887. C. L. Dana, M. D., President, in the chair.

Dr. W. H. Porter presented the knee-joint and spinal cord in a case of spinal arthropathy, and the spinal cord in a case of acute tabes dorsalis of six weeks' course.

Note on Aphasia with Reference to the Loss of Nouns.

Dr. Putnam Jacobi read a paper on that form of aphasia in which the defect is limited to the loss of nouns. Seventeen cases out of a total of one hundred and sixteen anlayzed offered this peculiarity, which had not failed to attract the notice of authors. Several explanations had been offered, none of which seemed, to the writer, completely satisfactory. Anatomical data were not at present sufficient to throw much light on the matter further than to demonstrate that the symptom was probably always associated with diffuse, and not with local, lesions. These lesions could not fail to lie on the sensory side of the speech mechanism, and for reasons detailed at length in the paper, must especially involve the paths between the auditory and visual centres, through which the auditory impression or sign of the object became habitually associated with the visual impressions. The writer maintained that the act of speech always involved an entire proposition, framed in the supra-sensory concept centres—probably the superadded convolutions of Broadbent. This proposition constituted a verbal conglomerate; a unity to the mind expressing it, whatever the number of seperate parts into which it might be broken up. Such actual verbal conglomerates remained in many primitive languages, as that of the Greenlanders and North American Indians, where entire sentences were often inflected like a single noun or verb. In our languages the conglomerate or proposition to be expressed is composed of the reminiscences of auditory signs which have become fused with similar reminiscences of visual impressions of things and their relations. If the visuo-auditory paths are interrupted, the signs or names of things will be dislocated from their habitual association with the other characters of such things, while the visual impressions themselves remain, and enter directly into the verbal conglomerate. All other parts of speech than nouns, expressing complete intellectual relations, and although remotely connected with impressions registered in the visual centre, are immediately associated only with the processes and registrations of the supra-sensory or intellectual centres. While these are intact, therefore, and unless focal lesions have altogether obliterated the memory of language, the speech of relations will be remembered and revived in expression. The objects which are involved in the relations of the conglomerate proposition will no longer be revived in consciousness by their names, but by means of their visual impressions only. These can be expressed by gestures, mimicry, or pariphrases, the loss of the auditory sign thus compensated.

Peripheral Neuritis and the Painful Paralyses of Early Life.

Dr. H. D. Chapin read the paper, and said that there had been great scarcity of autopsies in comparison to the frequency of paralyses in children. For that reason a very careful clinical study was necessary, interpreted in the later knowledge of anatomy and physiology of the central and peripheral nerves. The writer had met an atrophic form of paralysis differing at its inception, development and result, from the spinal paralyses with which he was familiar. Most of the autopsies had been made many years after the paralysis, when death had taken place from some other cause. There having been but few autopsies in proportion to the number and variety of cases of paralysis, there seemed rather a slender basis for the theory of exclusive spinal paralysis of childhood. Laborde's case is mentioned where a tabetic neuritis existed with sclerosis of the antero-lateral horns, while the ganglion cells were found normal. Robin's case was cited, where no lesion of the cord was discovered. Such a case would show that paralysis is not necessarily always spinal. Barwell's theory was incidentally mentioned. He claimed that infantile paralysis is purely peripheral, involving the ultimate fibrillæ of the nerves among the muscular elements. Later, Leiden advanced a more rational explanation when he considered that in atrophic paralysis there may be neuritis with spinal cord lesion, and that instead of such forms of paralysis always originating in the spinal cord, they may have their beginning in any part of the motor apparatus, then spreading to other parts, or remaining limited to the part first affected. Leiden claims that where complete recovery takes place the morbid processes always remain peripheric. Leiden's theory is accepted by the author of the paper as affording satisfactory explanation for certain cases that he has observed clinically. The histories of three cases were given, in which paralysis was gradual at the onset, and attended by great and persistent pain. Pain was one of the most marked symptoms, and principally at the extremities—legs and feet. Most of these cases lasted several months, and then, to the surprise of the writer, slowly recovered. Atrophy was present. One of the cases appeared strongly rheumatic. In the other two the cause was uncertain. Malarial poisoning appeared to to be able to produce a more or less severe form of multiple neuritis resulting in paralysis. The history of a mild case was given which recovered under quinine.

Several cases were related in which children with malarial fever were seized with painful paralysis, lasting in one case over four months, followed by recovery. A possible explanation of pain is that it is due to the marked general congestion of the gray matter of the spinal cord. The author stated that in his cases, and others like them, there were no other symptoms showing irritation in the deeper parts of the cord. The general congestion or myelitis should cause bladder symptoms, bed sores, and other disturbances. Histories of two cases of lead paralysis in young children, seen by the author, were given. The lesions were regarded as largely peripheric. Cold usually attacks by preference the peripheric system of nerves. The loss of power sometimes following rheumatism is also probably of this nature. Any morbid blood condition appears able to produce a peripheral paralysis in early life, particularly with acute infectious diseases, especially diphtheria. The lesion in diphtheria is now known to be largely peripheric.

The object of the paper is suggestive, not dogmatic. The author has gladly availed himself of recent studies in peripheral neuritis tending to throw light upon some of the paralyses of children, which have caused much perplexity. The great differences in the clinical behavior of paralyses in early life, in duration and curability, must admit of different anatomical and pathological explanations.

Dr. M. Allan Starr did not know of any recorded case in a patient under twenty-four years of age, in which a lesion of a peripheral nerve had been found at autopsy, which would account for the paralysis; and while there was great probability in the statements made by the author, they yet lacked confirmation by autopsy. The points had been brought out very well with regard to the distinctions between peripheral neuritis and anterior polio-myelitis, but he would take exception to what had been said regarding the rapidity of the onset. There were many cases of acute onset of peripheral neuritis, the patient having fever and chill, and the limbs within twenty-four hours becoming entirely immovable. Too much attention could not be given to the usually great tenderness in the muscles and nerves in multiple neuritis.

Dr. Rudisch said that he was the first to observe, as long ago as eight or nine years, a form of polio-neuritis leading to paralysis and atrophy, and which followed affections of the joint, often so-called rheumatic affections. We now saw often enough an affection of one or more joints with inflammation followed after a while by paralysis, usually curable.

Dr. Fisher said a girl, thirteen or fourteen years of age, was brought to the dispensary with the history that one morning, after taking cold, she woke up with paralysis of the upper and lower extremities. At that time she had only paralysis in one leg, which he supposed, without thought of neuritis, to be ordinary polio-myelitis. Rapid improvement took place, and she recovered within six weeks, and the minister who brought her reported the case as one cured by faith. Dr. Fisher was unable to say whether the case was an affection of the anterior cornua or one of multiple neuritis.

Dr. Sachs thought he should not be influenced too much by the present fashion, and call all or most of the cases formerly regarded as polio-myelitis cases of multiple neuritis. Referring to one of the cases related in the paper, and the symptom of pain, he said too much stress should not be laid upon it unless it was severe, persistent, and located distinctly along the tract of a peripheral nerve.

Dr. Leszynsky regarded pain as a prominent symptom of neuritis, absent in the majority of all of the cases of simple polio-myelitis. The pains present in some of Dr. Chapin's cases reminded him of the pain from straining of the tendons of the extensor muscles which had been for some time in a paralyzed state.

Dr. Chapin thought that a neuritis would occasionally explain cases which could not be accounted for on the supposition of a spinal lesion, and he would rather say halt! to the universal spinal cause of disease. With regard to pain, it was difficult to locate it along a particular nerve in children, but in his cases it was acute and persistent, and not due simply to stretching of tendons.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Treatment of Acne.

Dr. John Kent Spender thus writes in the *Lancet* (January 8):

In order to promote a healthy action of the sebaceous glands, and to prevent the formation of what are called "comedones," the following plan should be adopted, as originally described by Dr. Liveing. The steps of his method are as follows: (*a*) Steam the face every night by holding it over a basin of hot water for a few minutes. (*b*) Rub the skin for five or ten minutes with soap (I prefer terebene soap) and flannel, or with a soft nail-brush; then sponge off the soap with warm water. (*c*) When the face has been dried, a lotion should be applied, composed as follows: Half an ounce of precipitated sulphur, two drachms of glycerine, one ounce of spirits of wine, with three ounces each of rose-water and lime-water. This is allowed to dry on the skin and remain on all night. In the morning the face is cleansed with warm oatmeal and water or weak gruel. If, for any reason, an ointment seems preferable to a lotion, a combination of precipitated sulphur and vaseline is very useful. The treatment must be modified or suspended for two or three nights if the skin becomes sensitive and somewhat tender. Dr. Liveing contends that the most common cause of failure is want of perseverance or timidity on the part of the patient or of the doctor; and that we ought not to be frightened from continuing efficacious remedies by a temporary increase in the redness and irritability of the skin.* If, by any chance, this plan be unsuccessful, nothing is so effective as the application of potash soap in the form of a lotion. The lotion is composed of one ounce of soft soap, one ounce of rectified spirits of wine, and seven ounces of rose (or distilled) water. This should be rubbed in vigorously with a piece of flannel for a short time, taking care not to make the skin sore. According to Dr. Liveing, the worst cases of acne will yield to the soft soap treatment if practiced with necessary caution.

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*The Lancet, January 19, 1878.

For eight years and more I have followed in its main outlines Dr. Liveing's plan, and with great success. But the experience which only actual work brings has led me to make modifications to suit the various susceptibilities and irritabilities of human nerves and skin. Some of these modifications I will now relate in the fewest words. In the first place, something is often required to be done during the daytime to pacify the heat and throbbing, which are part of the usual history of acne. An excellent lotion, the heritage of nearly every dermatologist, is made by combining oxide of zinc, calamine, prepared chalk, lead lotion, and lime water, to which may be added a small quantity of glycerine. Let the bottle containing this be gently waved about so as to diffuse the materials, which are only held in suspension; then pour a little into a saucer, and with a sponge (reserved for the purpose), sprinkle the face from time to time. Wipe off, when necessary, with a bit of fine muslin, the powder which remains on the skin after the evaporation of the fluid, and the face may be washed occasionally with a little starch gruel. In the second place, the cases are not a few in which it is better not to use any kind of soap as part of the evening ceremonial. After the face has been steamed, we may put on a medicated jelly composed of oxide of zinc, gelatine, and glycerine. It must be liquefied by putting the vessel that holds it into hot water, and then applied with a brush. Then, thirdly, there are some sensitive skins intolerant of sulphur in any guise. When this is so, we should think of combinations of lead, and chalk, and zinc, blended as a quasi-ointment with the finest vaseline. There are several pharmaceutists in London and the provinces who prepare oleate of lead and oleate of bismuth; and Dr. McCall Anderson's formula of oleate of bismuth with vaseline and white wax has been aptly described as "one of the most healing of salves." Sometimes nothing agrees better than the old-fashioned but capital substance called Kirkland's "neutral cerate," which is composed essentially of lead plaster and olive oil. Whatever combination may be chosen (and only a ripe experience with a sound judgment can decide), the ointment should be smeared all over the affected parts of the face immediately after the process of steaming, and allowed to remain during the whole night. For the acne, which is often a trouble to young women at the time of commencing menstruation, I prescribe the following ointment with much confidence: Ammoniated mercury, a scruple; precipitated sulphur, a drachm; oil of the sweet almond, half an ounce; and white vaseline to make two ounces. By methods such as the above, industriously carried out, an ugly, blotchy face may be commonly restored to a fair share of comeliness.

In the treatment of acne there is still room for those emollient "dusting powders" which once occupied an important place in the therapeutics of the skin. Equal quantities of oleate of zinc and pulverized starch, with a small percentage of precipitated sulphur, may be put on several times a day after moistening the surface with a warm, damp sponge. Now and then a quiet acne may disappear entirely in a few weeks without any other application. But the extreme forms of the so-called acne rosacea require a whole battery of new remedial forces, as it seldom yields to mild and coaxing means. I refer with much satisfaction to a paper published in the early part of 1885 by Mr. Tom Robinson. He advises no parley with an enemy which cannot be tamed or dislodged after inflammatory hyperplasia of connective tissue has once been set up. When inflamed papules are developed, a lotion should be applied occasionally, composed of bisulphuret of mercury and almond emulsion (two grains of the former to one ounce of the latter). When the congestive process goes on to suppuration the face may be fomented with hot water; and after the acute stage has subsided, a combination of a scruple of yellow oxide of mercury and one ounce of lard ought to be rubbed into the face, and continued every night so long as it may seem necessary. Mr. Robinson's favorite means for tranquillizing an angry skin is a lotion composed of bismuth and glycerine of starch, lessening the starch by three-fourths.

It is time to say a few words about internal remedies. It is a pity that so much attention must be given to the diet and the details of cooking, as this is the real impediment in many instances to the attainment of even a moderate success. All food which is difficult to digest must be avoided, as the waste stuff which it contains is a source of physiological irritation and worry. Simplicity will best suit that "conscience of the body" called the stomach; and regularity in the meals is of high importance. Alcohol and tobacco are usually superfluous, and sometimes poisonous; but concerning the former an exception may be made in the case of strumous young men and women, to whom a little beer (taken with meals) is often quite valuable. I must insist upon the daily constitutional walk as a necessary article of faith and practice; and I venture to add that systematic writers on diseases of the skin do not lay sufficient stress on the proper ventilation of houses and rooms (especially the bed-room) as essential to the respiratory function of the skin. This function is thwarted and blocked when the surrounding air is deficient in quantity and chemically bad in its quality; and we cannot wonder at the prevalence of acne and other similar skin diseases, when we call to mind the polluted elements which some people love to breathe.

With regard to the Pharmacopœia, the rule is almost absolute that arsenic is nearly the last drug which a practitioner should think of. Combined with perchloride of mercury, arsenic has a useful place in the management of dull inert acne in plethoric persons. Iron is often necessary, and can be conveniently given in one of two forms—either (*a*) as the ammonio-citrate, with an effervescing draught of citric acid and bicarbonate of potash; or (*b*) as the sulphate of iron, with dilute sulphuric acid and sulphate of magnesia. The mild aperient action of the latter combination is a distinct help; and further aid in this direction is afforded by the pill of aloes and myrrh.

Ethyl Bromide in Ophthalmic Surgery.

Dr. S. Latimer Phillips thus writes in the *New Orleans M. and S. Jour.*:

In ethyl bromide we have a most thorough, safe, and efficient anæsthetic when the state of anæsthesia is to be of short duration, and in the hands of a surgeon who is familiar with its administration.

It is peculiarly well adapted to the practice of ophthalmic surgery, where the bulk of operations are painful, but of short duration. Then its effects are so evanescent, and as a rule its administration is followed by no unpleasant symptoms which so often follow in the tracks of chloroform and ether; such as headache, nausea, vomiting, excitement, etc.

To one who has never seen this anæsthetic used, it is indeed surprising and pleasing in the extreme, to see how easily the patient is brought under its influence, the operation performed, and in a few minutes the patient restored entirely to consciousness, and able immediately to go about his business, unaware, but for being told, or the soreness consequent upon the wound made, that an operation has been performed; which otherwise than with an anæsthetic would have been most painful.

It is hard for me to understand how any thing so beautiful and marvelous in its effects should be so neglected by the profession in general. It is true, death has been caused by its use, and all are more or less familiar with the cases reported by Drs. J. Marion Sims and Levis; the latter, one of its earliest advocates. In Dr. Sims' case the operation was an extended one—and it certainly is not well adapted for such—Battey's operation for the removal of the ovaries. The patient was kept under the anæsthetic for an hour and a half; she came from under its influence, but shortly died with symptoms of bromide poisoning. After death the tissues were permeated with the odor of the latter drug. Chemical analysis of a sample of the preparation used in this case was made, and it was found to be impure. Dr. Levis' case—vesical calculus—was far gone in phthisis pulmonalis, a case, which, under ordinary circumstances, ought to have prohibited the use of any kind of anæsthetic.

I have used it hundreds of times in ophthalmic surgery, and have seen it used as many more, and as yet have to see my first case of trouble due to the ethyl.

In all these cases the anæsthesia was of short duration, and in the majority only one administration was required at the same sitting. In some of the more lengthy operations where the inhalation had to be repeated, I have seen vomiting follow, but where only one was required I cannot call to mind a single case of this.

When ethyl bromide is given by inhalation there is at first a short stage of excitement; the pulse quickens; the respiration increases in frequency; pupils are semi-dilated, conjunctivæ congested, as are face and ears, which remain so throughout the anæsthesia, as long as there is no danger. After a few strong inhalations have been taken the muscles relax; the reflexes are abolished, as is shown by touching the cornea, without spasmodic contraction of the orbicularis muscle following. The patient is now ready for operation, and one has to be quick, for this stage only lasts for half a minute or so in most cases.

The means I employ in the administration are these: A towel is folded in the shape of a cone, made to fit nicely over the nose and mouth, having previously laid a piece of thick paper between the folds of the towel to prevent any escape of vapor. The cone can be held in shape by one of the large pins generally worn by ladies to keep the bonnet secure, the point turned towards the apex of the cone to prevent it sticking the patient if the towel should be unduly pressed over the nose and face. It would be well at this point, in case the patient is an adult or child old enough to understand, to explain to them that the impression will be a choking one, but that they will not choke, and instead of struggling to get free, they must try and blow the napkin from the face, for making such forced expirations they are bound to take an inspiration, and soon get a goodly supply of the vapor. Children will cry; this is all the better—they will soon take in enough to be anæsthetized. A half to a drachm and a half will be poured into the apex of the cone, and the latter applied over nose and mouth tightly. A few deep inspirations, and the patient is gone.

Some patients will have stertorous breathing and foam at the mouth; this means, as a rule, that they are pretty well under its influence, but need not frighten one. In young children inhaling ethyl bromide, there will often be a relaxation of the sphincters, and an evacuation of fæces or urine. This can be provided for by having at hand a rubber blanket to put under the child and protect the couch. With this anæsthetic all operations that take only a short time can be done; such as slitting puncta, probing lachrymal duct, removal of tarsal tumors, optico-ciliary neurotomy, tenotomies of the recti muscles in children too young to bear the operation under cocaine, and adults too timid, and many other operations in ophthalmic as well as general surgery, which will readily be suggested to the mind of an apt surgeon.

I feel sure that any one after giving ethyl bromide a fair trial as an anæsthetic in all cases where the operation is to be one that will not take much time, and which, without artificial sleep would be too painful will agree with me that it is by far the most preferable known.

The Surgery of the Pancreas.

Dr. Senn, in the January number of the *American Journal of Medical Sciences*, concludes his exhaustive study of the surgery of the pancreas, based upon experiments and clinical researches. He formulates his conclusions as follows:

1. Restoration of the continuity of the pancreatic duct does not take place after complete section of the pancreas.

2. Complete extirpation of the pancreas is invariably followed by death, produced either by traumatism or gangrene of the duodenum.

3. Partial excision of the pancreas for injury or disease is a feasible and justifiable surgical procedure.

4. Complete obstruction of the pancreatic duct uncomplicated by pathological conditions of the parenchyma of the organ never results in the formation of a cyst.

5. In simple obstructson of the pancreatic duct, the pancreatic juice is removed by absorption.

6. General atrophy of the pancreas from nutritive or degenerative changes of the secreting structure is not incompatible with health.

7. Physiological detachment of any portion of the pancreas is invariably followed by progressive degeneration and atrophy of the glandular tissue.

8. Extravasation of fresh normal pancreatic juice into the peritoneal cavity, does not produce peritonitis, but is promptly removed by absorption.

9. Crushed or lacerated pancreatic tissue is removed by absorption, provided the site of operation remains aseptic.

10. Complete division of the pancreas by elastic constriction is never followed by restoration of interrupted anatomical continuities.

11. Limited detachment of the mesentery from the duodenum, as required in operations upon the pancreas, is not followed by gangrene of the bowel.

12. In all operations upon the head of the pancreas, the physiological connection of the peripheral portion of the gland should be maintained by preserving the integrity of the main pancreatic duct.

13. Partial excision of the splenic portion of the pancreas is indicated in cases of circumscribed abscess and malignant tumors, in all cases where the pathological product can be removed completely without danger of compromising pancreatic digestion or inflicting additional injury upon important adjacent organs.

14. Ligation of the pancreas at the point or points of section should precede extirpation as a prophylactic measure against troublesome hemorrhage and extravasation of pancreatic juice into the peritoneal cavity.

15. The formation of an external pancreatic fistula by abdominal section is indicated in the treatment of cysts, abscesses, gangrene, and hemorrhage of the pancreas due to local causes.

16. Abdominal section and lumbar drainage are indicated in cases of abscess or gangrene of the pancreas where it is found impossible to establish an anterior abdominal fistula.

17. Thorough drainage is indicated in cases of abscess and gangrene of the pancreas, with diffuse burrowing of pus in the retro-peritoneal space.

18. Removal of an impacted pancreatic calculus in the duodenal extremity of the duct of Wirsung, by taxis or incision and extraction, should be practiced in all cases where the common bile-duct is compressed or obstructed by the calculus, and death is threatened by cholæmia.

19. In such cases the principal source of danger, extravasation of bile into the peritoneal cavity, should be avoided by preliminary aspiration of the dilated bile-ducts, accurate closure of the visceral wound with fine silk sutures, and absolute physiological rest of the organs of digestion during the time required in the healing of the visceral wound.

A New Position for Ophthalmic Operations.

Dr. G. M. Giles thus writes in the *Brit. Med. Jour.:*

The supine position is, as most must have felt, by no means a convenient one for eye operations. It is, however, the only practicable one when chloroform is used as an anæsthetic. The discovery, however, of a local anæsthetic, in the shape of cocaine, leaves us free to adopt any position that may be found most convenient for patient and operator.

For the last fifteen months I have been employed with an exploring party in the regions lying beyond our North-West Indian frontier. Transport difficulties have rendered it necessary for us to fly very light. Hence, as may be well imagined, an operating couch formed no part of my equipment. A good deal of surgery of all sorts came to my hands, much of it ophthalmic, and I was often at a loss how to improvise a couch of some sort. Not unfrequently even the low country bedstead was unobtainable, so that one had to operate on the ground. Now, to operate even on a low bed is most difficult in ophthalmic cases, the surgeon's position being so constrained that all steadiness of hand is lost. Hence, after adopting cocaine, which I came to do very early in our travels, I began to try various positions with the view of finding one suitable to the peculiar exigencies of camp life, and finally hit upon the following position, which has been found so entirely convenient that I feel sure it is well worth a trial, not only by such as have to operate under difficulties, but even as a position of election:

The operator sits on an ordinary chair, with the knees well separated so that the patient may be able to sit on the ground between his feet. The position of the latter varies according to the nature of the operation and the side operated on. In ordinary cases, such as iridectomy, removal of pterygia, etc., he is seated with his back nearly to the operator, but with the face turned slightly to the left for the left eye, or to the right for the right. Seated thus, between the operator's feet, he throws back the head so that the occiput rests firmly on the surgeon's thigh; the left thigh in operations on the right eye, and *vice versa.* This position answers equally well for cataract extractions on the right side. For left cataract, however, unless the operator actually prefers to use the left hand, the following modification is necessary: Seated, as before, on the ground, between the operator's feet, he faces quite to the surgeon's left, then throwing back his head, and turning it slightly so that the chin points to the surgeon's hip-joint, he rests the occiput firmly on the operator's right knee. With the patient in this posture, it will be found perfectly easy to operate with the right hand.

The method is, no doubt, specially suited for dealing with Orientals, who are accustomed to sit on the ground; but for the limited time required for an operation, I do not think it will be found too constrained for Europeans. Primitive as it may seem, I feel sure that any one who will give it a fair trial will find the position much more convenient than either an ordinary operating-couch or a dental chair.

The Treatment of Stricture of the Rectum by Electrolysis:

Before an English medical society Mr. Whitmore read a paper on this subject, of which the following is an abstract: Ulceration was often a cause, but more often a result, of stricture; in many instances it was both a cause and an effect. Mr. Whitmore had treated incipient stricture, as well as old standing cases, with the best results by electrolysis. In one case he had dilated the rectum from the size of a No. 18 French rigid urethral bougie to that of a No. 9 rectal bougie in three months; no contraction had taken place during a clear fourth intercurrent month. In another case, that of a man who had undergone a severe operation for fistula nine years previously, and who had taken two years to dilate his rectum from No. 2 to No. 4 rectal bougie, and who was in a most crical condition from inflammatory symptoms, the author had increased the size from No. 4 to No. 7 in three months, no contraction happening in an intercurrent fourth month. Neither of the patients had been confined to bed, and much improvement had taken place in their health.

After some remarks from the President and Dr. Thudichum, Mr. Edwards said that he had tried electrolysis in two cases of stricture of the rectum, with some success. In cases of stricture of the urethra, of which he had treated upwards of forty by electrolysis, excellent results had so far followed, but sufficient time had scarcely yet elapsed for an opinion to be formed as to the permanence of the cure.

Mr. Harrison Cripps remarked upon the pathology of rectal stricture, and said that, of one hundred cases admitted into St. Bartholomew's Hospital, ninety-five were women and only five men. There seemed to be a close connection between child-bearing and the disease, the history generally being that the fourth confinement or so was a difficult one, and was followed by pelvic cellulitis; this caused the contraction of that portion of the pelvic fascia which runs round the rectum, whereby a "kink" in the gut was produced, which subsequently became the starting point of fibrous stricture.

Mr. Reeves agreed with Mr. Cripps in the main, but his view did not explain rectal stricture in single women. In the simple forms of the affection. he thought digital dilatation was the best treatment.

After some remarks by Mr. Benton, Dr. Althaus said he believed that these were the first cases in which electrolysis had been used in the treatment of stricture of the rectum. The effect of electrolysis was to cause some decomposition in the tissues; by this means subsequent contraction was prevented.

Mr. Whitmore replied, and laid emphasis upon the fact that his paper only dealt with fibrous strictures. With regard to the occurrence of stricture of the rectum in single women, it was certain that constipation was the chief cause.

* * *

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REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——The subject of sterility and the management of the secundines is treated in a reprint by Dr. William H. Wathen, professor in the Kentucky School of Medicine, Louisville.

——Dr. Nathan Allen, of Lowell, Mass., has published a thoughtful article on the relations between sanitary science and the medical profession.

——In a reprint before us, Dr. Julian J. Chisholm, of Baltimore, discusses the question whether in all cases rest should be recommended when the eyes are painful.

——Dr. C. H. Von Klein, of Dayton, Ohio, sends us a printed copy of a recent address by him, entitled "Rhinology in the Past and of the Future." It is an interesting resumé and forecast.

——Dr. Henry W. Stelwagon, of Philadelphia, has recently published some valuable clinical notes on the use of resorcin, ichthyol, and lanolin, in cutaneous diseases.

——A neat pamphlet has reached us containing two excellent papers relating to State medicine. One is by Dr. Isaac N. Kerlin on provision for idiotic and feeble-minded children; the other considers the duty of the State toward epileptics, and is by Dr. George H. Knight.

——A brief paper by Dr. Thomas Addis Emmet on certain mooted points in gynecology has appeared in pamphlet form.

——Two interesting surgical pamphlets have appeared from the pen of Dr. J. McF. Gaston, of Atlanta, Ga. One is on the surgical relations of the ilio-cecal region; the other on the surgical connections of that region, describing a new process for intestinal communication.

——In a pamphlet before us, Dr. W. H. Daly, of Pittsburgh, speaks first of laryngology, in America, and then of the simplest and most efficient treatment of diphtheria. The latter consists in the free administration of calomel and nutritious diet.

——A pamphlet of Dr. S. M. Cate, of Washington, D. C., bears the title "A Treatise on some Diseases of the Bones and Ligaments of the Spine." It is intended to advocate certain modifications of Sayre's procedures.

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THE MORTALITY OF ALCOHOLISTS.

An interesting debate concerning the death-rate of persons abusing alcohol occurred at the meeting of German Scientists and Physicians in Berlin (September 18th to 24th, 1886). Sanitary Counsellor Dr. Baer introduced the subject by remarking that the fact was well recognized that individuals frequently under the influence of alcoholic drinks, when taken sick, died sooner than persons of moderate habits, not considering at all diseases directly due to the action of alcohol. The well-known insurance statistics of John Scott show that of saloon-keepers between 24 and 40 years old 21 per 1,000 died, of other persons 10 per 1,000; between 40 and 60 years 60 per 1,000, while the general death-rate of the population at the same age amounted only to 35 per 1,000. Another statistical report, which compares the mortality rate of ministers with that of saloon-keepers (rather an antagonism?), bears this result:

	Ministers.	*Saloon-Keepers.*
Age, 25 to 35,	per 1,000, 4	per 1,000, 14.
Age, 35 to 45,	per 1,000, 6	per 1,000, 20.
Age, 45 to 55,	per 1,000, 13	per 1,000, 38.

In England the following figures are used as a basis for all calculations of probability with reference to life insurance: 14 per cent. of all deaths are indirectly due to alcohol; 4 per cent. are directly caused by alcohol. These figures demonstrate the undeniable fact that the whole mortality-rate of the United Kingdom would be 20 per cent. less were it not for the abuse of alcohol. These tables are of the more value as they have not been put together by fanatical temperance apostles, but by men who themselves did not object to the moderate use of spirituous drinks, but who well recognized the pernicious influence of the abuse of intoxicating beverages.

Privy Counsellor Dr. Spinola reported the mortality rate of the Berlin Charité Hospital with reference to death due to alcohol. From it we notice that the death-rate due to this cause has increased 36 per cent. Another fact, mentioned by the same observer, is also of interest. During the year 1880 exactly 300 persons were treated for delirium tremens; in the year 1885, on the other hand, 671 such persons were attended for the same complaint. He ascribes the enormous increase in the number of such patients to the cheap whisky that is now sold in Germany, and he advises a high license and high taxes as the best means to counteract this deleterious influence.

Prof. Alglave, of Paris, described the experiments which were recently made in Paris with a view of determining which kinds of alcohol, were the most deadly in their effects. These researches have proved that the higher alcohols, especially, however, the amyl alcohol, as obtained from potatoes and corn, were the most virulent in their action, while the ethyl-alcohols seemed far less poisonous.

As it will probably be forever futile to endeavor totally to suppress, if not the manufacture and traffic, at least the use of alcoholic beverages, but as all will agree that modern society should do something to diminish the enormous ravages and the immense misery caused by alcohol, we must try in some other way to limit its bad effects. From the foregoing it will be clear that the sale of unrectified spirits should not be permitted. Next, the use of fermented liquors should be encouraged and a very high duty be imposed upon the manufacture of all distilled spirits. Finally, a high license, the higher the greater the amount of distilled beverages sold, should further limit the sale and more confine it to men more scrupulous in this business. The sale of liquor, however, to persons already under the influence of alcohol, or to such as are known as habitual drunkards, or to individuals whose wives or friends have cautioned the saloon-keepers not to sell them any intoxicating drinks, should be punished severely, not only by withdrawal of the license, but also by very high fines and damages, to be collected not only from the saloon-keeper, but also from the owner of the premises in which the liquor is sold.

Teetotaler or not, all justly-minded will agree that the immense increase in the death rate caused by the abuse of alcoholic liquors should in some way or other be stemmed. It is time that a halt be called, or a few decades more and our citizens will become as degenerated as is now but too plainly apparent in the general population of France, where absinthe and other strong liquors have undermined the health of the individual and produced a debilitated offspring. Let all honest men drop all fanaticism, and make a united effort to limit the dangerous abuse.

THE MOST EFFECTUAL TREATMENT IN CHOLERA.

Before the medical profession had any idea that one day bacteriology would be added as an important branch to its various departments, and long ere the name of comma bacillus was ever known, experience had established the good result obtained from strongly astringent remedies in Asiatic cholera. This empirical treatment, whose great value was especially demonstrated in the last London epidemic, has at last found its scientific explanation by the researches of Cantani in Naples (*Deutsche Med. Zeit.*, December 14, 1886).

Cantani made a series of pure cultures of comma bacilli, and after having added the latter to various peptone solutions he added to these all possible drugs, from which he expected some unfavorable influence on the further development of the micro-organisms, the pathogenic cause of the Asiatic disease. When he had thus discovered the best means to kill the bacilli—means, however, which by themselves were not deleterious to the health of human beings—he employed the opportunity offered him by the epidemic of cholera then ravaging Italy to test the practical action of the remedies, thus theoretically determined. The results which he obtained, and which were acknowledged as correct by various well-known authorities at the meetings of the last Congress of German Scientists, were as follows:

Two indications had to be met with:

1. Limiting the further propagation and the development of the cholera bacilli already present in the intestinal canal; and,
2. Bringing about the rapid expulsion of the poison already imbibed.

For the first purpose the enteroklysis of a hot solution of tannic acid has proved by far the most successful. Experiments had previously demonstrated that at a temperature of 100° a solution of this drug of from one-half to one per cent. suffices, when applied to pure cultures of cholera-bacilli, to suppress their power of propagation and to make the microbes sterile without killing them. The elimination of the cholera-virus is also fostered by the hot enteroklysis of tannic acid; for though a few minutes after the injection some portion of the fluid is expelled, the larger part of it is retained and evinces its favorable action by the rapid reestablishment of the urinary secretion, whose cessation is one of the earliest phenomena of grave cases.

Observations have established the undeniable fact that by the enteroklysis the fluid does not penetrate only so far as the upper part of the duodenum, but that some of it also penetrates to the stomach, where it seems to be remarkably well borne. The bowels become dilated under the influence of these injections, and an anti-peristaltic motion is produced.

To stimulate the excretion of the virus already absorbed, there is only one method that resulted in success, viz., the hypodermoklysis of warm water. Though, as C. first hoped, the danger is not at once removed in all cases, he succeeded in reducing the mortality two-thirds, so that in the very worst cases the death-rate amounted but to 40 per cent. against 60 per cent. of those recovering.

The effect which at once sets in after the hypodermoklysis of warm water is surprising indeed. Individuals who were lying on their beds cold and unconscious, began a few minutes after the injection to give signs of returning appetite, and to micturate. The injection, however, should not be made in the neck, but on one side of the abdomen, and best there near the ileo-cæcal valve.

C. obtained one more practical result from his interesting and important observations. He found that a solution of tannic acid of 1.40, when daily used twice as a clysma, acted as the best preventive against cholera. He made all persons, with whom he was acquainted, drink occasionally a mouthful of a still weaker solution, and advised them to make daily use of the injections. Though some of these individuals lived in the midst of communities stricken with the epidemic, but very few showed any signs of the disease, and these were so mild as at once to yield to the method above described. These experiments were made while the cholera was at its height in Italy, and their value is therefore the greater.

Though it is very problematical at present that the Asiatic disease will visit our shores in the near future, especially if the United States government does its whole duty in the enforcement of proper sanitary measures, it may be well to make a note of C.'s treatment, and to try it in case of an outbreak of cholera when a better method is wanting.

NOTES AND COMMENTS.

Dislocation of the Humerus Reduced by Right-angle Traction.

"In his memorandum on the above subject in the *Brit. Med. Jour.* of November 6," says Dr. E. H. Lloyd, "Fleet-Surgeon W. Digby Longfield speaks of 'steadying the shoulder with his left hand.' Now, as I think that the acromion has not hitherto been sufficiently made use of as a point at which the scapula may be fixed and counter-extension be advantageously applied, I venture to bring forward, without claiming any merit of priority, a 'variety' of the right-angle traction method of reduction which I first tried in 1859, when house-surgeon at the London Hospital, and have used since then in my army practice. It is briefly as follows: The patient being seated, the surgeon stands by his side, places the palm of his right hand above the inner condyle of the humerus, grasps the arm, and raises it to a right-angle with the patient's trunk; he grips the patient's wrist firmly between his own arm and right side. Then having placed the upper margin of his left palm on the prominent acromion, he makes steady traction on the arm to disengage the head of the humerus from its abnormal position, at the same time making counter-pressure on the acromion in a direction inwards and somewhat downwards; the head of the bone is then lifted into the glenoid cavity by making use of the patient's arm as a lever of the third kind, the fulcrum being at the wrist, firmly fixed to the side of the operator.

"The force required for reduction by the right-angle methods is, as stated by Dr. Macleod and Fleet-Surgeon Longfield, comparatively small; but, with the hand on the acromion, considerable traction-power can be used, if necessary; the surgeon's knee, too, may be placed against the axillary border of the scapula.

"It is time that the old heel-in-axilla method should be altogether discarded; it cannot but tend to produce still further laceration of ligaments and muscular fibres."

Treatment of Chronic Ulcers.

Dr. A. S. Reynolds recommends (*Med. News*, Oct. 9, 1886,) the sub-iodide of bismuth as a dressing for ulcers. He has found that "it controls inflammation, allays irritation, suppresses suppuration, promotes granulation, and induces cicatrization." It is bland and unirritating, and may be used on any surface. He regards it as almost a specific for acute and chronic ulcers. Its action is assisted by the removal of pathological elements which would retard or impair healthy tissue formation. Before using it he supports the varicose veins in a varicose ulcer; destroys the new growth in a lupoid or epitheliomatous ulcer; applies chloral to an irritable ulcer, and a five per cent. salicylic acid powder to a readily bleeding ulcer; resolves exuberant granulations with bromide of potassium; cuts down callous edges with salicylic acid or the knife, and stimulates atonic syphilitic ulcers with nascent iodide of mercury. In the majority of cases the sub-iodide of bismuth alone will be sufficient.

In applying the dressing, the surface of the ulcer is first to be washed and thoroughly cleansed, disinfected, and then dried. The powder is dusted over all, either alone or in combination with any other powder, such as calomel, salicylic acid, or bromide of potassium. The limb is then strapped with adhesive plaster for an inch above and below the swollen or inflamed part. Over all a firm bandage is applied. The dressing is changed in from one to four days. When the ulcer looks healthy, dress the granulations with the sub-iodide, protect with a Maltese cross or perforated square of plaster, cover with a thin layer of absorbent cotton, and again apply the bandage.

Action of Drugs in Albuminuria.

An interesting communication on this subject was read in the Section of Therapeutics at the Brighton meeting of the British Medical Association, by Dr. Robert Saundby. He pointed out the difficulty of foretelling what action drugs might possess on the renal processes in genuine albuminuria. The number of drugs with which he experimented was very large. The following are his chief conclusions: Alkalies used in the form of diluents, such as a quart of bitartrate of potash imperial (one ounce and a half to a pint) daily, gave distinctly favorable results in cases of chronic persistent and copious albuminuria. He has employed also citrate of lithia, bicarbonate of potash, ammonic benzoate, and bicarbonate of soda, and includes them in the favorable opinion. The beneficial effect was not due to the formation of alkali albumen; for Esbach's fluid, which was the method employed, precipitates that form of albumen. Tannate of soda, or rather an ounce mixture of tannic acid and bicarbonate of soda, of each ten grains, with fifteen minims of glycerine, also gave good results. In one case the albuminuria was diminished nearly one-half. Nitroglycerine and fuchsin appeared to have no good effect. Digitalis and other heart tonics — caffeine, strophanthus, sulphate of sparteine, iron salts, acetate, and perchloride—increase the amount of albumen passed. Apocynum was not found to have any diuretic action in drachm doses of the tincture, and it increased the albumen in two cases. Turpentine had no beneficial effect, though hæmaturia followed its employment in one-minim doses. Doses of the $\frac{1}{1000}$ of a grain of bichloride of mercury were also inoperative.

The Removal of the Ovaries in Hysteria.

After meeting with considerable opposition in Paris when first made known, Battey's operation is gradually coming into favor, and a number of speakers were able to give their experience of the operation at a recent discussion at the Société de Chirurgie. M. Terrier mentioned the case of a woman who, manifestly hysterical, suffered from intolerable pains in the ovaries at the menstrual periods. No relief being obtained by ordinary means, and life being a misery, these organs were removed last February. The right ovary caused no difficulty, but the left was so bound down by adhesions that it could only be extracted piecemeal. Since the operation there has been but insignificant malaise at the catamenial periods, which are perfectly normal. The hysterical condition, although it remains, appears amended; there are no longer any abdominal pains, and the general health is good. This is the second success of the kind obtained by M. Terrier. M. Lucas-Championnière has also performed the operation in two cases: one of his patients died three days after the operation; the other was relieved of her symptoms, and at the same time cured of bad temper. Before the operation she easily became angry at trifles, whereas she is now quite calm. M. Monod said that he also had been successful in two instances, and M. Pozzi was able to endorse the treatment by one operation.

Subcoracoid Dislocation of Shoulder Reduced by Right-angle Traction.

J. G., aged 85, sustained a dislocation of the right shoulder, the head of the humerus resting under the coracoid process. Dr. James H. Parkinson (*Brit. Med. Jour.*) directed the mattress on which he rested to be placed on the floor; and, fearing that his weight (about 115 pounds) would not be sufficient to act as counter-extension, he passed a roller-towel round the thorax, giving the end to an assistant, desiring him to "hold against" him. Grasping the arm above the wrist, he made steady traction, at the same time gradually raising it from the side; when at a right-angle from the body, he ceased to elevate, but maintained the traction, and in less than five seconds the bone went into place with a faintly audible snap. When the arm was raised, the discomfort lessened, and the patient bore the manipulation with less complaint. He substituted the towel for counter-pressure by the foot, as he was uncertain of the elasticity of his ribs. He had on former occasions reduced dislocations in the same manner, but unintentionally—that is to say, he was endeavoring to carry out White's method, or one of its modifications—and he presumed many others have had similar experiences.

Spinal Hemorrhage.

Before an English medical society, Mr. W. H. Maling exhibited a man who had recovered from a severe injury to his spine. Six months before he had fallen from a scaffolding about twenty feet and struck his back, about the lumbar region, on some iron bars. He was admitted into the infirmary semiconscious, and with complete loss of power in the lower extremities. His water had to be drawn off, and he had no power over the act of defæcation. Sensation was not impaired. A month after admission he had a smart attack of pneumonia, and, in spite of every care, a large bed-sore formed over the sacrum. Six weeks after admission he could move the toes of the right foot. Galvanism was used daily, and the muscular power in his legs gradually increased until ten weeks after admission, when he could raise both legs from the bed. It was not till thirteen weeks from the accident that he regained perfect control over the sphincter ani. On being discharged, four months after admission, he was quite well, with the exception of the bladder weakness, for which he was still obliged to use a catheter twice daily. The case was diagnosed as intra-medullary hemorrhage, involving mainly the anterior part of the cord.

Pomegranate Root in Intestinal Affections.

Dr. Edward Nicholson, in a paper read before the Liverpool Medical Institution (*Practitioner*), calls attention to some little-known properties of pomegranate root. His experience with it has been mostly with young children in India. He found that whenever a young child lost its appetite, had more or less irregular bowels and a somewhat tumid belly, was peevish by day and restless at night, when it was wasting, and the symptoms were negative as to worms or fevers, decoction of pomegranate root invariably effected a cure. The symptoms were mostly found in children about two years of age, but might occur at any time up to seven years. No particular dietary was found necessary. He has since found the drug equally efficacious in similar conditions in children in England. He has usually given the decoction in ounce doses, three times a day, and has never seen any toxic effects from its use. In certain obscure diseases in adults, where there was cachexia with evidence of abdominal disturbance, he has also found the pomegranate root serviceable.

Poisoning by Cocaine.

Before a British Medical Society, Mr. Kelham related this case. A man aged thirty took 4⅘ grs. of hydrochlorate of cocaine in solution by mistake. In twenty minutes he was seized with severe pain in the stomach, throbbing of heart, loss of eyesight and of power in the legs, with incoherence of speech and confusion of ideas; no unconsciousness. Severe vomiting came on, with cramps in the stomach and legs, very profuse perspiration, intermittent action of the heart, cyanosis of the face, and feeling of suffocation; then severe prostration, shivering, and coldness of the skin. The severe symptoms passed off in about three hours, but the prostration and vomiting lasted all next day. Thirty-six hours after taking the cocaine he began to lose taste, and had a leathery feeling in the mouth and tingling of the fingers. The treatment consisted in emetics and stimulants.

Toxic Effects of One One-Hundredth of a Grain of Sulphate of Duboisin.

Dr. Chadwick, of England, relates in the *Lancet* a case where this amount of the drug, instilled for examination of a senile cataract, produced a state of delirium lasting many hours, leaving the patient totally unconscious of what had occurred. There was great muscular weakness, and many strange actions were performed. It was suggested that the susceptibility to this drug reached its maximum in old age, and that the similarity between the symptoms and those of senile atrophy, popularly known as "softening of the brain," might suggest that its action was by causing spasm of the cerebral arterioles, and might indicate a possible liability to that form of pathological change.

Absorption of Corrosive Sublimate by the Skin.

Dr. Kopff states in the *Prezglad Lekarski* that, having made seven experiments with careful analyses according to the methods of Schneider, Schridde, and Lehmann, with the view of determining the power of absorption possessed by the skin for corrosive sublimate, he has found that healthy skin can absorb small quantities from aqueous solutions containing from 1 to 2 per cent. of the salt. The quantity absorbed, which, however, is never large, seems to depend mainly on the degree of concentration of the solution. The chloride of mercury is also invariably excreted very soon after it has been absorbed.

Neuroses at the Menopause.

Dr. William Goodell tells us that it not infrequently happens that we find women who are passing through the menopause complaining of a burning pain in the abdomen, running down through one iliac region to the vulva. To such women he gives:

℞. Ammonii chloridi, ʒ ij.
Ammonii bromidi, ʒ iv.
Tinct. gentianæ co.,
Aquæ, āā f℥ iij. M.

Sig.—A tablespoonful, in water, before each meal.

or,

℞. Acidi arseniosi, gr. $\frac{1}{40}$.
Ferri sulph. exsiccati,
Extract. sumbulli, āā. gr. j.
Assafœtidæ, gr. ij. M.
Ft. pil. j.

Sig.—One after each meal. If this does not have the desired effect, the dose may be increased.

A New Hypnotic.

Dr. Ghillany, pharmacologist to the Vienna General Hospital, has succeeded in preparing an alcoholic extract from the roots of Piper methysticum (kava-kava), which is called "extractum kava depuratum." Experiments made with this drug by some physicians of the hospital proved it to be a valuable hypnotic. In all the cases where it was administered sleep was produced, without any disagreeable consequence; even headache, following generally the exhibition of hypnotics, did not occur. It was given, as a powder, from 2 to 5 centigrammes being a dose; or as a suppository containing 2 centigrammes.

As Good as a Hypodermic.

The *Medical World* says that if you want as sure and speedy action from your drugs as if you gave them hypodermically, administer them in hot water. One-half the dose will have the effect. The reason is obvious. If the dose be given in hot water it is quickly absorbed, and the force of the drug thrown upon the system at once. Few people realize how long the dose will remain in the stomach if that viscus be chilled. Beaumont found that a glass of ice-water stopped digestion for one hour. This method of administration is particularly suitable for the vegetable preparations, opiates, etc.

Milk as a Prophylactic against Renal Albuminuria in Patients with Scarlatina.

Musatti has combined milk diet and cold baths in scarlatina, with the best results both in mitigating the severity of the fever and in preventing the nephritis which so often occurs. He employs milk from the beginning of the disease, and he has not seen the evil effects of cold bathing in causing renal congestion and irritation, of which others have spoken. With due care against shock and collapse, he would repeat the cold application every two hours if needed. Jaccoud is quoted as supporting the author's use of milk.

Surgical Dressings.

In the clinical wards of Professor Albert, of Vienna, experiments are made now with fossil meal (Kiesselguhr) as a surgical dressing. The fossil meal is sterilized and mixed with the antiseptic solutions of carbolic acid, sublimate, etc. The cavities of the wounds are stuffed with the paste prepared in this way. The results obtained with this dressing are very good; healing seems to be very much promoted by the mechanical action of the minute particles of the meal.

Ligature of the Funis.

To the Obstetrical Society of Boston Dr. Hodgdon spoke of an accident, quite unique in his experience, that had recently occurred to him. In tying the funis with a piece of twine he had completely cut it through, and the blood spurted freely. In answer to a question, he said he had frequently cut the funis, without tying it, after pulsation had ceased, and had never known the funis to bleed; but he never dared to leave the house without having applied a ligature.

Large Thrombus of Right Labium.

Dr. W. M Jones reported to an English society this case, which he was called to see about six hours after labor in a young primipara. He opened it, and evacuated more than a pint of clot, and applied carbolic dressings and pressure. Severe eclampsia and suppression of urine followed, but the woman made a good recovery. There was slight suppuration, but in a fortnight's time the wound had quite healed, leaving the parts in a normal state.

Treatment of Anal Fissure.

Dr. Crequy (*Les Nouveaux Remedes*, November 24, 1886), proposes to treat this affection by introducing within the fissure a fragment of lint soaked in a solution of chloral, 1 to 50. This application is made after the morning stool, and is expelled on the following day, when the bowels move. Its action as a stimulant to granulations and a local antiseptic has been most happy.

Cocaine in Labor.

Dr. Hertzhorne recommends (*Lancet*) the use of a compound of six parts of cocaine, twenty-four of vaseline, and twenty of glycerine, to be applied to the parturient canal during the second stage of labor for the purpose of producing anæsthesia of the parts, and so vastly lessening the pain incident to that stage.

Spraker said they must take another drink. Asking how many drinks it took to clear up a fog, Mr. Spraker said about a week ago it took twenty, but that was a very foggy morning.

I wish physicians who are so ready to possess their souls in patience in such cases could change places with their patients for a while, and see how long their patience would prove a "welcome guest." How any physician of ordinary skill can spend hour after

tients) by the

CORRESPONDENCE.

Suicide by "Rough on Rats."

EDS. MED. AND SURG. REPORTER:

An interesting case came under my care during the past week which, through the verdict of the coroner's jury, has become a subject of public discussion, and its history may be of some service to practitioners in general.

On the night of January 18, 1:30 a. m., a man called me to see a niece of his, twenty-one years of age, who he thought had taken poison. I arrived at the house about 1:40 a. m. Found patient sitting on chair complaining of nausea; pulse 80, full and strong; respirations nineteen per minute; temperature normal; skin moist; tongue and throat normal; *no absolute pain;* no purging; no special soreness nor any pain on palpation of abdomen; pupils slightly dilated; lips and facial expression quite natural. Could get no distinct history from patient of having taken any poison, as her answers to questions were unintelligible and unreliable. From family gained following history: Had been melancholy for some time; uncle had reprimanded her sharply for some neglect of household duties; she went out of house at 8:15 p. m., soon returning. About 11 p. m., went down stairs and asked for some gin and peppermint. At once began to vomit, and so continued, with intermissions, until I saw her. Found she had vomited in her room previous to going down stairs. Could not find any evidence of poison about. Complained more of nausea than pain. I placed her upon a lounge, and from time to time examined her general condition. Gained no new information. Nausea ceased somewhat, and she dozed quietly, having no pain, except a soreness from retching. Examined vomit (about three quarts), and gained no information. No odor; no peculiarities. Ordered milk, but had none; infusion slippery elm, but had none; hot coffee.

Remained until 2:35 a. m., giving occasional draughts of coffee, the most of which she vomited. When I left she was resting quietly, and said she felt much better. Told family I saw nothing serious in the case from her symptoms, and suggested an idea that perhaps some druggist had given her a nauseant emetic as a ruse.

Furthermore, at this time, five hours after ingestion of poison, and after such profuse vomiting, absorption had taken place, the stomach was empty, and as the ferric antidote was only of use before absorption to form an insoluble compound, there was nothing left for me to do but treat the case on general principles. I therefore left a prescription*:*

℞. Spirits am. aromat., gtts. xx.
Sol. cocaine (4 per c.), f.℥j. M.
Sig.—Tablespoonful, repeated in one hour, if necessary.

I told them if she should complain of pain in stomach to get prescription filled and give according to directions. I then left for home.

Morning, 8:30 a. m., patient died. I then gained the following history: After I had left (2:35 a. m.), uncle remained with her until 4 a. m., and having rested so well, they had not gotten prescription filled. She walked upstairs to water-closet, and fifteen or twenty minutes later returned; sat on chair awhile, and then complained of some pain and dizziness. Laid down on lounge. Family then went on with household work; one lady washing clothes near, to whom patient made no complaints, but said she felt better. At 8:30 a. m. they went to remove her from lounge to next room, and found her dead.

The case was at once reported to coroner, and investigations at once begun to discover the poison. Found "Rough on Rats" box in yard. Druggist was found who sold her the powder, 8:15 p. m., night previous.

Post-mortem three and a half hours after death by coroner, found stomach intensely inflamed, and mucous membrane brownish-red, and swollen; contained a pint of dark fluid. This fluid, analyzed by a chemist, was found to contain traces of arsenic, but no phosphorus; no heart lesion; no further examination of organs or body.

Evidence showed she had taken poison before 9 p. m., and about five hours previous to my being called, and had vomited freely before she first complained to family.

Jury returned verdict of death from "Rough on Rats," and added that "they believe more could have been done than was done toward the recovery of patient."

Although they are all laymen, and the one who insisted on the latter clause is a most ignorant man, yet I have been compelled to stand a greater share of censure than the family, who seemed to me to take but little interest in the welfare of the patient, who was an orphan and a late immigrant from Germany.

I cannot conceive how such active toxic gastritis could have existed at the time I saw patient, and she not complain of intense pain; and I am fully convinced that her visit to the water-closet was for the purpose of taking more poison, as she seemed determined in her idea of suicide.

Did the jury do right? The newspapers all condemn their action.

T. F. Heebner, M. D.
Scranton, Pa., Jan. 22, 1887.

A Remarkable Case of Congenital Hydrocephalus.

Eds. Med. and Surg. Reporter:

On July 16, 1886, I attended Mrs. B——, in her first confinement. The labor was somewhat tedious, and the woman becoming exhausted, I found it necessary to use the forceps. The child's head being abnormally large, was delivered with some difficulty. The child was a female, and was well-formed, except the hydrocephalic head. The mother made a good recovery. The child was strong and took nourishment well, but its head increased in size rapidly. The child lived four and a half months. At the time of its death, its head measured twenty-nine (29) inches in circumference. That it might be more readily placed in a coffin, I tapped the head and drew off five pints of liquid.

Roxborough, Pa. W. C. Todd, M. D.

Cocoa Butter for the Nails.

Eds. Med. and Surg. Reporter:

In the Med. and Surg. Reporter of January 15, 1887, p. 91, is a quotation from the *Therapeutic Gazette* of a statement of Thomas H. Irquhart on "Tin Oleate for the Nails." For finger nails that form longitudinal ridges, or that become fragile, split and break, I have used theobroma oil (cocoa butter) with most satisfactory results. The hands and nails are warmed, the butter in small quantities rubbed on the palms and with these upon the nails at intervals of two or four days. Two applications sometimes suffice for a month or more, the nails becoming very tough and glossy, and the ridges disappearing in a very short time.

D. L. Phares, M. D.

fossil meal (Kiesselguhr) as a

dressing. The fossil meal is sterilized and mixed with the antiseptic solutions of carbolic acid, sublimate, etc. The cavities of the wounds are stuffed with the paste prepared in this way. The results obtained with this dressing are very good; healing seems to be very much promoted by the mechanical action of the minute particles of the meal.

In all of these cases he has never used the forceps. He hardly knows whether "to be proud or ashamed to say I have never used this instrument." In the Reporter for '81 I had an article strongly advocating the frequent use of this instrument, and looking back through an experience of over thirty-six years of active practice, I emphatically reiterate what I then stated—The longer I practice medicine the more firmly established is my opinion of its inestimable value and the oftener I resort to its use.

Dr. M. prides himself that he has "never had a case of lacerated perineum." In my frequent use of the forceps I have had just one, which healed so perfectly with no operation that the woman gave birth to a child in eleven months after. Now Dr. M., I presume, will hardly claim that the forceps should *never* be used; in fact he acknowledges "that," in looking back, "I can see those instances in which the life of the child might have been saved by the use of the forceps," and yet he allows himself to go "some miles in the country" to attend a case of midwifery, without carrying his forceps so that when the "*necessity* (italic mine) *did* (italic his) arise I would have none with me" and says this might be unfortunate perhaps for him. I would be glad to hear if the woman thinks it was in any way unfortunate for her. He acknowledges that he has "had a good many still-born children." I should think more than likely. His remedy in lingering protracted cases of child-birth is for the physician "to possess his soul in patience."

This reminds me of old Spraken's (of Spraken's Basin in the Mohawk Valley) remedy for fogs. A guest one morning on rising found the country covered with a dense fog. Mr. Spraker assured him that he had a remedy that would surely dissipate the annoyance. On the gentleman inquiring what it was, the old gentleman said they would go in and take a good drink of whisky, and that would drive away the fog. Suiting the action to the word, they went in and imbibed. Bye and bye, the stranger observing the fog had not lifted any, Spraker said they must take another drink. Asking how many drinks it took to clear up a fog, Mr. Spraker said about a week ago it took twenty, but that was a very foggy morning.

I wish physicians who are so ready to possess their souls in patience in such cases could change places with their patients for a while, and see how long their patience would prove a "welcome guest." How any physician of ordinary skill can spend hour after hour (to the neglect of other patients), by the bedside of a woman in the unutterable agony of a tedious labor, withstand her tearful pleadings "to do something" for her, and yet withhold relief when it can be so easily, so quickly, and so *safely* furnished by the skillful, judicious use of the forceps, is a mystery. T. C. WALLACE, M. D.

Cambridge, N. Y.

NEWS AND MISCELLANY.

The Archæology of Artificial Limbs.

The *Lancet* says that the history of medicine is all but silent on orthopædic surgery. And yet the Greeks and Romans, who, as archæology has shown, had anticipated much of modern dentistry, cannot have been without artificial substitutes for limbs lost in the vicissitudes of peace or war. Herodotus tells us of a captive who amputated his foot to free himself from the shackle, and thus escaped to his friends, who replaced the limb by a wooden one. The elder Pliny (Nat. Hist., vii., 28, ed. Mayhoff) records the case of M. Sergius, great-grandfather of Catiline, who lost his right hand in his second campaign, was wounded twenty-three times in two campaigns, and thus had the complete use of neither hand nor foot. Twice made prisoner by Hannibal, he twice escaped, after twenty months spent in chains. He fought four battles with his left hand only, and then made himself a hand of iron, which he fastened on to fight with, and, thus accoutred, raised the siege of Cremona, protected Placentia, and took twelve camps of the enemy in Gaul. Similar substitution for amputated arms or legs must have been in use even before the time of Sergius; so at least we may infer from the treasure-trove turned up at Capua in 1885, in a tufa-grave. Among the contents of this tomb was an artificial leg, made of bronze, wood, and iron, the skeleton being entire save the bones represented by the artificial limb. This (probably unique) relic is now in the Museum of the Royal College of Surgeons of London, and is thus officially described: "Roman artificial leg. The artificial limb accurately represents the form of the leg. It is made with pieces of thin bronze, fastened by bronze nails to a wooken core. Two iron bars, having holes at their free ends, are attached to the upper extremity of the bronze. A quadrilateral piece of iron, found near the position of the foot, is thought to give strength to it. There was no trace of the foot, and the wooden core had nearly all crumbled away. The skeleton had its waist surrounded by a belt of sheet bronze, edged with small rivets, probably used to fasten a leather lining. Three painted vases (red figures on a black ground) lay at the feet of the skeleton. The vases belonged to a rather advanced period of the decline in art (about 300 B. C.)." Commenting on the above, General H. H. Maxwell says: "It is important to add, from other sources, that the upper third of the leg was hollow, while the lower two-thirds were filled with wood."

The Napoleon (III.) of Medical Editors.

Our valued colleague, Dr. George F. Shrady, of the New York *Medical Record*, has, we are glad to say, greatly relieved us by stating that the clipping we took from the New York *Tribune* (see MED. AND SURG. REPORTER, January 22, p. 127,) had been to him unknown and unseen. He adds that the operation was performed several years ago, and that the notice must have been of ancient date.

We will give another clipping, this time also from a New York daily paper, and no longer ago than Monday, January 24, 1887. It is from the New York *Mail and Express*, and its editor so bubbles over with admiration for our valued colleague that he leads his editorial column with this article :

> Dr. Geo. F. Shrady, the physician who is piloting Father McGlynn through the shoals and quicksands of a dangerous illness, was born in this city some fifty years ago. He and Father McGlynn attended the same school, and the warmest relations have existed between them ever since. When, about a year ago, the priest began to find his physical powers fail him, he went to his old playmate for advice, knowing that he would find not only a physician but a friend. Dr. Shrady looks very much like Napoleon III. He wears the same moustache and imperial goatee, and has the same Roman nose. In stature he is short. His head is broad at the top, and his eyes are deep-set and clear. His manner is always courteous, and his speech nervous and picturesque. Dr. Shrady, it will be remembered, was one of the physicians who attended Gen. Grant throughout his long illness. As a surgeon, he stands very high among his fellows. He is attached as consulting surgeon to many of our hospitals, and his private practice is large and lucrative. Perhaps he knows more of Dr. McGlynn's private affairs than any other man in the community.

"Napoleon" is good, very good! But, alas! Napoleon III.! We propose a nickle subscription to have a wood-cut of our distinguished colleague printed in the *Mail and Express.* We should feel encouraged in our labors by gazing upon his Roman nose and imperial goatee. Shall we have the pleasure of being again the first to bring this tribute of admiration also to the knowledge of our fellow-editor ?

How Shall the Death Penalty be Inflicted?

At a meeting of the New York Society of Medical Jurisprudence and State Medicine, held January 13th, the subject of discussion was "How Shall the Death Penalty be Inflicted?" It was opened by Dr. N. E. Brill, who read a letter which he had received from the Committee on Capital Punishment appointed by the State Legislature, asking his views on the subject. In reply he stated that he had expressed the opinion that hanging was barbarous; quoting Dr. Hardy, who had attended numerous executions by this method, to the effect that he never in a single instance saw death occur by a broken neck. Dr. Brill considered the most humane method that of the guillotine, and said that he was opposed to electricity because dynamos were too expensive; to prussic acid because its action was indefinite and often caused violent convulsions; and to the garotte because it frequently failed. Among those who took part in the discussion were Dr. John C. Peters, who favored the garotte; Dr. McLaurie, who advocated carbonic acid gas; Mr. W. H. Russell, who thought the criminal should be delivered over to a commission of selected scientists who should take his life in the interests of science; and Dr. Wood and Mr. D. S. Riddle, who believed that the present method of hanging was not necessarily brutal, and that it had more effect in deterring others from committing murder than would be the case with any of the other proposed plans.

Carlyle on the Medical Profession.

In a letter written to Dr. Hutchinson Stirling in 1842, and but recently published, Carlyle said of the medical calling: "What profession is there equal in true nobleness to medicine? He that can abolish pain, relieve his fellow-mortal from sickness, he is indisputably usefullest of all men. Him savage and civilized will honor. He is in the right, be in the wrong who may. As a lord chancellor, under one's horse-hair wig, there might be misgivings; still more, perhaps, as a lord primate, under one's cauliflower; but if I could heal diseases I should say to all men and angels, without fear, 'En! ecce!'" Carlyle also gives some good advice on the subject of writing *versus* working. He counsels his correspondent, Dr. Stirling, then a young man, to "learn the indispensable significance of hard, stern, long-continued labor," and of silence. "Be in no haste to speak yourself," he says. "Why be *porous*—incontinent? Nothing can foment itself to clearness in a *colander*." Avoid literature, he continues, which, as a trade, is the "frightfullest, fatalest, and too generally despicablest, of all trades now followed under the sun."

A Dangerous Operation—for the Doctor.

Dr. Souchon (*Texas Medical Journal*) relates a case of abscess of the axilla which was incised while the patient was only partially under the influence of the chloroform. As the knife penetrated the flesh, the patient sprang to his feet, rushed at the case of instruments, which was near by, and had half opened a drawer and was about seizing an instrument, when one of the students bravely caught him. He very soon quieted down. The next day he said that he had just come from a grinding on a sugar plantation where a number of Chinese were employed ; that he was always quarrelling with them, and that as he was going under chloroform, the students around him became gradually transformed, in his mind, into Chinese; and that as the knife penetrated him, though he felt no pain, he was satisfied it was one of the Chinamen who had stabbed him. Hence the rush he made to what he thought was his armory, for a weapon to defend himself.

Small-Pox in New York.

The *Med. Record* tells us that small-pox has appeared very suddenly and developed with much rapidity in that city. Up to January 11, 1887, there had been but one case reported during the winter. In the next week there were twenty-five cases reported, with two deaths. Up to Monday of last week there had been thirty-two cases reported, which is more than have occurred in the city since 1882, as shown by the following table:

Years.	Cases Reported.	Deaths.
1881	1,342	451
1882	708	259
1883	26	12
1884	5	—
1885	105	26
1886	109	31

The source of the present contagion seems to have been mainly in the neighborhood of West Fiftieth street and Seventh avenue. A few cases have been contracted on shipboard and brought through the quarantine before the disease had made itself known. Yet another source seems to have been the mysterious case of the Mauri family, in Brooklyn, to which it is thought a few of the earlier cases may be traced.

The University in the Cabinet.

The class of 1819 of the University of Pennsylvania sent two of its members into the national cabinet. Henry D. Gilpin was Attorney-General under Van Buren (1837–1844), and Robert J. Walker was the noted free-trade Secretary of the Treasury under President Polk. Mr. Walker was the first to suggest the Presidency of General Jackson, and was a sturdy supporter of "Old Hickory." He advocated the acquisition of Texas, and urged the divorce of the government from the banks. His celebrated report in favor of free-trade was reprinted by order of the British House of Commons.

The Pasteur Institute.

At a recent meeting of the General Council of Upper Alsace, M. Boch proposed that a grant should be made in aid of the Pasteur Institute for the Preventive Treatment of Rabies. M. Boch recalled the fact that the first cure effected by M. Pasteur was that or a young Alsatian, John Meister. The Council requested the Government representative to put aside a sum, out of the 12,000 marks accorded to public charities, to be presented to the Pasteur Institute, for the treatment of Alsatian subjects.

British Gynecological Society.

At the annual meeting of this Society on Wednesday, January 12, Dr. Bantock was elected President for the present year. Mr. Lawson Tait gave a farewell address as President for 1886, in which he referred to the work done by the Society, especially in relation to the true significance of menstruation. He also vigorously defended the operation of removal of the uterine appendages, when performed in suitable cases, and expressed regret that some leading authorities offered so much opposition to this operation.

New York County Medical Society.

The annual meeting of the New York County Medical Association was held at the Carnegie Laboratory January 17, when the following officers were elected:

President—Dr. John Shrady.

Vice-President—Dr. J. R. McGregor.

Recording Secretary— Dr. P. Brynberg Porter.

Corresponding and Statistical Secretary—Dr. Glover C. Arnold.

Treasurer—Dr. Charles Ellery Denison.

Member of the Executive Committee—Dr. Edwin Saunders.

A Tramp of Most Heroic Mould.

Woman (to tramp)—"I kin give ye some cold buckwheat cakes an' a piece o' mince pie."

Tramp (frightened)—"Wha-what's that?"

Woman—"Cold buckwheat cakes an' mince pie."

Tramp (heroically)—"Throw in a small bottle of pepsin, madam, and I'll take the chances."

The Cholera's Ravages in South America.

The Secretary of State has received despatches from Buenos Ayres stating that the deaths from Asiatic cholera in that city in November last were ninety-three, and that business is virtually suspended there. The death-rate in Rosario has sometimes reached fifty per day. The goverment authorities are working energetically to extirpate the plague by modern methods.

When You Have Eaten Rabbit.

"Yes," said a Madison street butcher, "You've seen dead rabbits hanging in front of this market for the past ten years, but they are not the same rabbits. Oh, no. Do we ever sell any? Once in a while. You have eaten rabbits, haven't you? No? Oh, I guess you have. Ever eat canned chicken? I thought so. Then you have eaten rabbit."

War as a Therapeutic Agent.

Montaigne relates that Jason Phereus, being given up by his physicians for an abscess in his chest, and wishing to make an end of his life, threw himself headlong into a battle in the midst of his enemies. He received a wound through the body which emptied his abscess, so that it healed and he recovered.

A Horse in Spectacles.

In a paper on near-sightedness, lately read before the New York County Medical Society, Dr. W. F. Mittendorf told of a fine horse in Berlin that became intractable, and on examlnation proved to be suffering from myopia. The owner had a pair of glasses made for it, and it became as tractable as ever.

Personal.

—Mrs. Clara Doane, of Harwichport, Cape Cod, celebrated her 95th birthday on the 26th of last month. She received her guests with an old tobacco pipe in her mouth, and smoked throughout her reception. She said to one of her horrified lady callers: "I've been a-smokin' now nigh on to eighty years, and if there's anything that's kept me alive all these years it's tobacco."

—Dr. Edward H. Leffingwell, of New Haven, Conn., now over eighty years of age, has a collection of autographs and engraved portraits, for which he has paid not less than $20,000. In early life he was professor of toxicology in a Missouri college. He subsequently visited Peru, where he married a lady of high family.

—Dr. Thompson Westcott, resident physician of the University Hospital, has temporarily resigned on account of ill-health.

—Dr. C. Jones Irvin, late of the Episcopal Hospital, has been elected resident physician at the Orthopædic Hospital and Infirmary for Nervous Diseases, Seventeenth and Summer streets.

—Dr. J. M. Anders, of this city, gave an interesting lecture before the Young Men's Christian Association, of Camden, last Saturday evening, his subject being "Food, Its Use and Abuse."

—Mr. Cleveland has been invited to attend the Mardi Gras festivities at New Orleans. Rex has conferred upon him the title of Duke of Washington, and through Bathurst, his Majesty's Lord High Chamberlain, advised him of the honor and presented him with his insignia of rank. The badge is of exquisite design, and the letter accompanying it is of a witty character.

Items.

—A druggist is not inappropriately termed the pill-ar of society.

—The following terse note was recently left behind an eloping couple in one of the Hampshire hill towns: "We've eloped. Forgive us if you can, and if you can't, what will you do about it?"

—The Madras Government is about to engage in the cultivation of jalap. The demand last year from the Madras Medical Department was for 1300 pounds, and only 400 pounds could be obtained from private growers.

—According to Spanish journals there is at present in Logroño a medical man, Don Rosendo Recondo, still in considerable practice and in the enjoyment of good health, who if he lives till next February will be 100 years of age.

QUERIES AND REPLIES.

Remedy Wantrd for Spermatorrhœa.

Eds. Med. and Surg. Reporter:

I have just received a letter from a patient asking me to send him a prescription for a "certain sure *undiscovered* remedy for spematorrhœa." If any of your readers know of such a "remedy," please have it placed in the query department of the Reporter. W.

Lead Solution.

Eds. Med. and Surg. Reporter:

If E. I. P. will boil his lead solution in a porcelain dish for fifteen minutes and then add sufficient hot water to make up deficiency for evaporation, it will restore it.

Geo. P. Blundell, M. D.

Yazoo City, Miss.

MARRIAGES.

GARRISON—LINDSAY.—On Wednesday, January 19, Dr. Daniel Garrison, of Pennsgrove, N. J., to Miss Maggie J. Lindsay.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE DIFFERENTIAL DIAGNOSIS OF CANCER IN THE MESENTERY.*

BY W. C. VAN BIBBER, M. D.,
Of Baltimore.

It was a surprise to me, whilst making some investigations connected with this paper, to find that the differential diagnosis of cancer in the mesentery may almost be considered as a new subject. To present the matter clearly, there are so many points to be submitted for consideration, and such a necessity that each one should follow the other in a proper sequence, that there is evidently a choice of ways in which the subject may be presented.

Fortunately, the high authority of Lord Verulam is applicable to such an emergency. He advises to commence by what he terms "the opening of the way." By this is meant a statement of the facts connected with the case, and of these facts, I have a record of three cases with which to begin.

Case 1. Miss Mary B., æt. 23, had been healthy as a child, a girl, and a woman, until about the middle of November, 1884. She was at that time engaged in teaching school, and being placed under favorable circumstances, there was no known cause to which her sickness could be attributed. She commenced by complaining of pain in the back. Soon the pain was referred to the left side, and gradually became more diffused and incessant. Yet as to location, it was always referred to the left side; sometimes in the hypochondriac, then in the lumbar, and sometimes again in the iliac region. The pain was always described as a deep-seated, internal, never-ceasing pain. Of its character there was less uniformity; sometimes it was said to be lancinating, making her cry out. Again, it was steady and constant; sometimes shifting from point to point, over a surface embracing the three regions mentioned. She had been attended during the course of her sickness by several physicians, who had tried many means of alleviating this pain, but without success. Finally, whilst Dr. J. Houck was her attending physician, I was called in consultation. I first saw her on the 10th of February, 1886, after she had been sick and under treatment for about a year and four months. I had no difficulty about expressing a diagnosis. A large tumor in the left hypochondriac region, with well marked pointing and fluctuation over the middle of it, accompanied by pain, a weak, thready pulse, and a general cadaverous appearance of the patient, left no doubt in my mind that it was an abscess, and most probably of the spleen.

To my great surprise, however, Dr. Houck's longer study of the case had taught him to think quite otherwise. "There can be no abscess," said Dr. Houck, "because at no time has there been any rigor, and the thermometer has never been above normal, but, on the contrary, most frequently it has been sub-normal."

Notwithstanding this evidence, such was the firmness of my conviction, that, at my earnest solicitation, it was agreed to return the next day and aspirate the supposed abscess.

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*Read before the Baltimore Academy of Medicine, January 18, 1887.

In the meantime warm poultices were ordered to be applied to the spot where "pointing" was then so distinct.

When we returned the next day, the appearance of the parts had entirely changed. The size of the tumor had subsided, there was no longer any pointing, or perception of fluctuation. Such a change was scarcely credible; so that the needle was passed deeply in at the point where fluctuation was so distinctly felt the day before. No pus was obtained.

Prof. S. C. Chew saw the patient with Dr. Houck and myself on the next day. He declined making a diagnosis. The patient died on the 20th of February, 1886. On the 21st, when we were assembled for the autopsy, I again committed myself to the diagnosis "of an abscess somewhere, most probably in the peritoneum." Drs. Houck and Chew again declined committing themselves to a diagnosis.

The autopsy was made by Dr. Claude Van Bibber, who has furnished this report. "Body emaciated and pale. Only the abdominal cavity opened. Immediately on dividing the peritoneum a large hard mass presented in the umbilical, the left hypochondriac, and lumbar regions. Examination showed this to consist of the mesentery, which was immensely enlarged, and as hard as cartilage. It was irregular in shape, and involved in the disease was the left kidney, enlarged to the size of a cocoanut, and very hard. On section, its tissue was dense and fibrous, no trace of kidney structure remaining. The right kidney was enlarged, but upon section, the structure was normal. The small and large intestines were completely devoid of fat, had a thin and shrunken appearance. The other organs were normal."

Dr. Chew took the specimen to the Johns Hopkins University to have it examined microscopically. It was the intention to exhibit it to this Academy with this paper, but unfortunately the specimen has been lost.

Case 2. H. Sardine, æt. about 65, whose disease was of more than a year's duration. He was a private waiter, temperate, well and comfortably provided for, and no adequate cause could be assigned for his sickness. His early symptoms are indefinitely described, but consisted for the most part of constant and deep-seated pains in the abdomen with constipation. When the bowels were forced by purgatives the pains increased, and toward the last were principally in the rectum. For these reasons, and also from the character of the moulded fæces, the diagnosis of his physicians was "stricture of the rectum."

Dr. Nathan Gorter, assisted by Dr. Claude Van Bibber, made the post-mortem examination of this case. Their detailed report of the autopsy is long and minute, so that those points only which apply to the subject now under consideration will be given. The report says: "The mesentery was the part most completely involved in the disease. It was harder than cartilage, and equally without vascularity. It was four inches thick, and twelve inches broad. It pushed the other viscera from their situation *in situ*. The meso-colon was largely diseased, as also the meso-rectum, which gave reason for the diagnosis of "stricture of the rectum."

Case 3. Mr. F., which I reported in the *Transactions* of the Medical and Chirurgical Faculty of Maryland, in 1876. The diagnosis before the death was "cancer of the omentum." The autopsy was made by Dr. C. F. Bevan. A synopsis from his report says:

"The omentum was small and atrophied; stomach, liver, spleen, pancreas and kidneys normal; small and large intestines normal except in size and color. They were thin, shrivelled, and wasted, and of a peculiar pink hue. The mesentery alone was diseased; it was three inches thick by fifteen inches broad. Microscopically, in consistence it was harder than the hardest cartilage. No trace of a single vessel in it could be found. Microscopically, it was examined by Professors Bevan and Tiffany. The cells found were of a mixed and undefined character."

I have not been able to find any case like this on record, and more will be said of it hereafter.

There are three cases and three autopsies. The scalpel revealed three cases of cancer of the mesentery.

There were three mistakes in diagnosis. One case was mistaken for abscess of the spleen; another for stricture of the rectum, and the third for cancer of the omentum. The object of this paper is to show, if it is possible, how cancer of the mesentery may be recognized with greater certainty.

So far as my study of the subject has gone, this is a point which needs elucidation and authority.

Without tracing the subject further back than 1855, the date of the issue of "Copeland's Medical Dictionary," which was supposed to be the most comprehensive book of its time, I fail to find in it, or in any of the many excellent systems or compendiums of the practice of medicine which have been published since, or even in any of the special works upon diseases of the abdomen, any detailed assistance towards "the differential diagnosis of cancer of the mesentery." It is casually mentioned in some of the authorities, but not especially dwelt upon.

Yet, I cannot assert, that much more than I have been able to find, may not yet be contained in the wealth of the National Library, or referred to in the "Crœsus" pages of the Index Medicus.

He who has more of the excellent and exceeding virtue of the patriarch of old than I have, or whose days go further towards the days of the son of Enoch than any of us can expect to go, must complete the search, and correct me, if I am wrong.

The suggestions which will now be made concerning the differential diagnosis of cancer in the mesentery and the points to which attention will be called, are, the frequency of the disease, some of its anatomical peculiarities, its duration, its symptomatology and pathology.

One point to be taken into consideration in the diagnosis of any disease is its frequency. The importance of any disease in general practice is also measured, in some degree, by its frequency.

In what proportion of the cases of abdominal disease mesenteric cancer occurs is, as yet, not numerically established. The data which I can give, or have been able to collect, on this point, can scarcely as yet be considered as even a basis for conjecture.

The number of autopsies which I have made in my own private practice, together with those at which I have assisted in the private practice of others, amount to 152. Of these, three deaths have occurred from malignant disease of the mesentery. But this will give no real data for the proportional frequency of this disease, because the autopsies made in private practice are only occasional opportunities, and are principally of recondite cases, of which a diagnosis during life was most difficult.

Of the 152 post-mortems, 68 were of abdominal diseases. In 1, the mesentery alone was affected. In 2, the mesentery was so much more affected than any other organ that it was reckoned as the cause of death. In 7 other cases the mesentery was, more or less, involved in the malignant disease. This gives for the 68 cases 14.7 per cent. of mesentery disease. This may be considered too large a proportion for abdominal diseases generally; but it is intended to approximate to the proportional figure for malignant diseases of the mesentery when other abdominal organs are involved.

The next point to which attention will be called is what assistance can be obtained for the diagnosis of mesenteric cancer from a study of the anatomy of the part.

It will be admitted, upon reflection, that the means to be commanded, and the physical explorations which can be used to facilitate the diagnosis of disease of the mesentery are necessarily limited. The exclusion of other diseases holds a more prominent place in this than in the diagnosis of almost any other organ. Otherwise than by exclusion, the diagnosis must be made entirely from symptoms which must be studied.

In order to show this important point more clearly, let me recall to you a few points in the anatomy of the mesentery. M. Sappy, who is high authority upon the anatomy of the viscera, says: "In measurement, the plane of the normal mesentery is not larger than the hand. It is six inches long by four in width. It is a membranous pedicle to which the convolutions of the intestines are attached upon its movable border. This pedicle, of an irregular quadrilateral figure extends from the left side of the second lumbar vertebræ to the posterior border of the cæcum. Its direction is not vertical, but a little oblique from top to bottom, and from right to left. It is highest in the middle part and arches to its extremities. Firmly attached posteriorly, it undulates with a fluted border, and has been compared to a fluted cuff, the outer edge of which bears, like a ruffle, the small intestines from the jejunum with the ilium to the cæcum. The mesentery is formed by a folding of the peritoneum two blades upon each other. Between these blades, from the base of the pedicle, run voluminous arteries, corresponding veins, lymphatic ganglions, and a quantity of cellular tissue. Such are the parts which compose this membrane." The anastomoses of the arteries are free and numerous. They anastomose with the colic, the sigmoid, and the hemorrhoidal arteries.

A knowledge of its anatomical peculiarities, as compared with those of other organs, may assist the study of its diagnosis in disease.

It is important to observe that, as a pedicle, the mesentery is attached behind, to a thick and hard base, and cannot be approached by the sense of touch from any direction. It is not possible to reach it by sight or sound, therefore, the senses are excluded from our means of diagnosis.

In order to show yet more clearly the difficulties to be encountered in the diagnosis of disease in the mesentery, let it be compared, in this respect, with the diseases of the viscera in the other three cavities of the body.

In the encephalon, some of the means now relied upon for a diagnosis are the knowledge possessed of the localized functions of the separate parts of the two brains, together with the tracings of the nerves which go out from these organs. This, in its entire embrace, is one of the most absorbing studies of the day, and is being advanced with industry.

The means for the diagnosis of the diseases of the viscera within the cavity of the thorax are amply facilitated by four of the senses.

The viscera in the cavity of the pelvis by the same, and even more largely assisted by other means, especially by instruments.

But the changes which occur in the mesentery cannot be thus aided by physical exploration. Other means must be relied upon.

What is the function of the mesentery? Although it is necessary to the support of human life, it has no active function. It simply serves as a support, or a table, for the transmission of vessels going to organs which sustain life. When a free flow through these vessels is being gradually obstructed, health must be impaired, and finally, when completely obstructed, life must be extinguished. A knowledge of what changes may occur while this process is going on is worthy of study, and to assist in demonstrating this point, there are three prominent analogues of similar pedicles and pediculated bodies, to be found in the human body. These are the roots of the lungs, the spermatic cord, and the ovaries. It is scarcely within the range of fair anatomical definition to speak of the neck as the pedicle of the head, although in certain diseases of the neck the circulation of the blood, in the head, is impeded.

The lungs have no vascular connection with the body except through their roots. They are otherwise completely isolated. All that enters into the parenchyma or substance of the lungs in health or in disease, or what is removed from them in this latter condition, must pass through the roots of the lungs. Diseases in the roots, as well as in the substance of these organs, may be recognized by various means of diagnosis, and it is known that when the disease involves the root the body of the organs beyond suffers in a peculiar manner. The peripheral circulation, both of ingress and egress, are impeded, and those who treat diseases of the lungs with these facts before them have advantages. In pneumonia, for example, how can the masses of plastic deposits be removed except through the roots of the lungs?

The same may be said for the testes and the spermatic cord. I am now treating a case in which the circulation through the spermatic cord of the right side is nearly obliterated. and the testicle upon that side is correspondingly affected.

The diseases of the uterine ligaments, which transmit vessels in the ovaries, are sometimes difficult to diagnosticate. but these are more easily reached than the mesentery, and the rules which govern the diagnosis in the one case cannot all be applied to the other.

Duration of the disease. There is but little certainty as yet upon this point, because there are not enough cases collected from which to obtain an average. It may be said, as a rule. that cancer is a disease of long duration. In my own cases, all three of them were under treatment more than a year. The nearest approximation to which I can arrive is 40 months for the three cases. This gives an average of 13.3 of a month for each case. The difficulty consists in not being able to determine the initiation of the disease. By what train of symptoms, when grouped together, may the disease be first suspected?

A rule which may be applied to the answer of this question may be expressed somewhat in this way. Granting that an existing disease, in any individual, can be fairly located in the abdomen; then, if it be obstinate, unrelievable, and progressive, malignancy may be suspected or inferred. Again, if in the progress of the disease the symptoms do not show by well known pathognomonic and individual symptoms that other organs are involved, as for example, the stomach, the liver, the pancreas. spleen, or kidneys, then it may be inferred that some rarer form of disease exists. Such a train of reasoning may, by being closely followed, finally lead up to the opinion that there is cancer of the mesentery.

What are, besides these, its own pathognomonic symptoms? The three cases which I have reported had one symptom in common. But the third case given, viz., that of Mr. Fondriat, is remarkable. So far as I can find out, it stands solitary and alone, in the fact that the mesentery was the only organ found involved in the malignant disease. The post-mortem was made most carefully, and in the presence of many experienced physicians, hence the history and prominent symptoms of this patient may be interesting.

He was 68 years of age, and of a strong and healthy figure. His occupation had been formerly a distiller, and latterly a lace finisher. He had always been temperate. His symptoms from the beginning to the end were those of an aggravated and increasing indigestion, or dyspepsia. He had constant uneasiness in the abdomen, and many acute and prolonged pains. These pains were always referred to the region of the mesentery. The most painful symptom was an obstinate constipation. For the relief of this he used powerful purgatives and enemas. The action of these remedies was invariably attended with intense suffering, and generally with the expulsion of a small amount of fæcal matter. He had disturbed sleep, anorexia and emaciation. He had beside these many other wandering pains, but the great peculiarity of his pain, and also that of the other two cases, was that of being deep-seated, constant, sometimes acute and lancinating in character, at other times dull and wearing. These pains were always referred to the region of the mesentery. Under anodynes the pain would be ameliorated, but only to return as the anodyne effect wore off.

This is what may be said for the symptoms: concerning the pathology of the third case reported, it may be considered a rare opportunity and a treasure. The mesentery was the only organ involved. It is a solitary case, consequently the pathology of the disease, so far as I can give it from my own knowledge, must include only this one case. All the other cases had complications.

It was well put by Professor Bevan. "The small and large intestines," he said, "were normal except in size and color; they were thin and shriveled, and of a peculiar pink hue."

This might have been anticipated from the nature of the disease.

All blood supply and vital activity had been cut off from the intestines.

The same fact and illustration of the same principle may be seen in nature every day. They may teach us.

A full-blown flower, when the circulation of its sap is impeded by a disease or a break in the stalk, shrivels and changes its color as it dies.

There is another law supposed to govern the frequency of cancer in the abdominal organs, which should be mentioned. It is this, that the abdominal organs are attacked, with malignant disease in numerical frequency, according to the supposed activity of their physiological functions. Thus, first the stomach, then the liver, third the intestines, and of these lattter the most frequent points for malignant diseases are the cæcum, the sigmoid flexure, and lastly the rectum.

Judged by this law of function alone, malignant disease of the mesentery might reasonably be expected to be of rare occurrence.

Concerning the diagnosis of cancer of the mesentery, I have shown that in frequency it may be expected in 14.7 per cent. of all malignant abdominal diseases. If it is thought that this is too large a proportion, time and further observation will prove it to be so.

It must be remembered that this is an approximation to the number of cases where the mesentery is involved in the malignant disease together with other organs, not where it is primarily affected and the sole organ diseased.

I have endeavored to show not only how a study of its anatomy as a pedicle, and its use as a support for the circulating vessels of the intestines, may assist in the matter of a diagnosis, but I have tried also to show how its study together with its analogues as a pedicle may illustrate many practical points of interest and usefulness.

Further than this, I have shown what character of pain may be expected to demonstrate the disease, and how the diagnosis may be facilitated by a careful study of the character of the pains.

In the single case which has been brought forward so frequently, it is believed there is not one like it upon record, and it well deserves to serve as a starting point in the study of the differential diagnosis of cancer of the mesentery.

ON THE USE OF WHALEBONE BOUGIES IN THE TREATMENT OF URETHRAL STRICTURES.*

BY J. H. BRINTON, M. D.,

Professor of Surgery, Jefferson Medical College.

I propose, for a few moments, to ask the attention of the Society to some points in the application of filiform bougies to the treatment of urethral stricture, although it is not my purpose to institute any comparison between other modes of treatment and that of which I shall speak. I wish merely to refer to the process of rapid dilatation, effected in the course of a few minutes, by the introduction of stretching instruments, the employment of which is preceded and accompanied by the use of filiform bougies. When these latter were first introduced they were warmly welcomed, but I think that of late some disappointment has been felt in regard to their efficiency, a disappointment which, however, I do not share. I believe that in these instruments we have an efficient mode of treating stricture, provided they be properly constructed, and skillfully manipulated.

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* Read before the Philadelphia County Medical Society.

As I have never been quite satisfied with the whalebone filiforms of the shops, I have for some years been in the habit of making my own, and with these I have experienced comparatively little difficulty in treating stricture, and in relieving obstinate cases of retention. My experience has convinced me that all organic urethral strictures of non-traumatic origin are pervious to the filiform bougie, patiently and systematically essayed, and this is the essential and starting point in the treatment which I prefer.

In making my bougies, I purchase the material from a dealer in New York.* These long, slender, rounded whalebones of various thicknesses are articles of commerce, and are used for many purposes in the arts. They are rounded through a drawplate, and come in lengths of twenty-seven or twenty-eight inches, costing about two dollars a gross. Each piece will make two bougies. In preparing them I first cut off the end transversely, so as to get rid of any tendency to split. I then round the end by rubbing it lightly on a sheet of emery paper gummed upon a board. I then make the extremity bulb-shaped. I am told that the bulb is usually produced by the action of a file. This, I think, is objectionable, as it impairs the fibre of the bone, and renders it liable to break or cut when metallic instruments are slid down over it. I make the bulb extremity by placing the end of the whalebone in a groove on the board, and shave or scrape it from the end with a very sharp knife. I then shave down the shank and neck in like manner in the opposite direction, until I have formed a conical neck from three to four inches long and of almost capillary thickness as it approaches the bulb. The shaping of the bulbar end demands some dexterity in handling the knife, and to insure accuracy I do this under a lens of low power. Having shaped the filiform with the knife, it may, if desired, be yet more smoothed by being rubbed laterally on the emery-board. In case cylindrical whalebone can not be obtained from the manufacturers, the irregular strips may be readily rounded by being passed through a watchmaker's drawplate or wire-gauge. As the filiform whalebone bougie is the guide upon which or over which metallic instruments are to be passed, each one should be carefully fitted. This can be done by frequently passing it upward and downward through the tunneled perforation in the beak or extremity of each and every instrument in conjunction with which it may in future be used. This may seem a small matter, but, in fact, the harmonious action of the guide bougie and its metallic companion has much to do in effecting a ready passage of a strictured point. [The speaker here illustrated the process of constructing the bougie.] After using one of these instruments, should the neck become bent or twisted, I place it for a moment in hot water, and then press it in the leaves of a book.

In endeavoring to pass a stricture I make the first attempt with a whalebone: if it passes, well and good. If it does not go through, I follow it with others, perhaps five or six, until the follicles or folds of the mucous membrane near the stricture are occupied. Then by patiently essaying the inserted filiforms, I almost always succeed in getting beyond the stricture at the first sitting. Sometimes, although very rarely, and in non-urgent cases, if great difficulty be encountered at the first trial, and the patient be frightened and irritable, it may be advisable to desist for the day, and to make a subsequent second attempt. Success at the first trial is, however, the rule, if the instruments be well made and the efforts be gentle. There is, however, a caution to be observed as to the time of making use of filiform instruments. Their application in cases of tight stricture should be primary—I mean that one cannot expect to succeed with them if they have been preceded on the same day by the attempted introduction of round-ended instruments, the tendency of which undoubtedly is to obscure or close in some way the narrow opening of a resisting stricture, and thus to render its detection more than usually difficult. I may add here that I always use the straight filiform.

The whalebone, when once introduced, serves as a guide to the metallic catheter, or stretching instrument. This may be the tunneled catheter, or any of the various forms of dilators or divulsors; preferably, I think, that of Sir Henry Thompson, followed by the powerful and most efficient instrument designed by Prof. S. W. Gross, and which registers from 16 to 40 of the French scale.

In using metallic instruments in conjunction with the filiforms, there is one point to which, I think, attention has not been directed. We are ordinarily told to slide the metallic instrument over the whalebone through the stricture into the bladder; in so doing, the whalebone may be cut at the seat of stricture. I have often heard of this accident, and I have seen it happen. I avoid it in this manner: Having passed the whalebone into the bladder, I carry the metallic instrument—threaded on it, as it were—down until I reach the stricture, the point of resistance. I then cease to push the metallic instrument along the filiform, but slightly withdrawing the latter to gain a little by its conicity, I grasp firmly both instruments between my thumb and finger, and gently carry them on together. In this way I am almost certain to pass the resisting point, and, if the stricture be single, to reach the bladder. I speak on this matter somewhat positively, since I have used these instruments largely, and cannot, for many years, recall a case which I have failed to pass in the manner described.

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*Joseph F. Tobin, 82 Duane St., N. Y.

In employing the stretching instrument, I usually separate the blades as far as No. 30 or No. 35 of the French scale, and on its withdrawal introduce a steel bougie of about the same calibre, to see that all is right and that the urethra is clear. The bougie is then removed, and is not reintroduced until the third or fourth day. The after-treatment consists in the hypodermic use of morphia, etc., full doses of quinine, and in a milk-diet.

. In retention dependent upon tight and irritable stricture, not readily overcome by the catheter, I have often succeeded by simply passing a whalebone into the bladder, and leaving it *in situ*. The urine will readily pass along the filiform by capillary action, and the steady dribbling thus established will in a short time empty the bladder. The presence of the whalebone serves also to render the stricture less tight, and so facilitates the after-passage of metallic instruments should their use be considered desirable.

RUPTURE OF THE BLADDER.

BY WALTER H. PARCELS, M. D.,
Of Lewistown, Pa.

A case which has excited half the State of Pennsylvania because of its legal and sensational features may possibly possess some surgical points worthy of record. John A., aged about thirty-five, came to my office in October last complaining of cystic irritation. · He said he thought an old stricture was troubling him, which had some years before been discovered and dilated by a reputable physician, who regarded it as the result of gonorrhœa. He objected to my passing the sound, as the symptoms were not urgent, promising to have the matter attended to if the difficulty increased. I gave a prescription for some palliating medicine. I had never seen him before. About two weeks later he called, saying that he was somewhat relieved. I did not see him again until the day after Christmas, when I was hastily summoned to his bedside. I found him suffering intense agony, the pain being located in the lower part of the abdomen, chiefly on the left side. He was in too much misery to give an intelligent account of his ailment. I gave a hypodermic of morphia, and after he was slightly easier, began my interrogatories.

I naturally congratulated myself that I had a previous knowledge of the supposed existence of a stricture of the urethra. He said that during the previous night he had had frequent calls to urinate, passing, probably, a tablespoonful at a time. Had suffered some, though not serious, pain during the night and forenoon, which had become terrible about twelve o'clock, or four hours before I saw him. Had, during the forenoon, made a trip to Lewistown (three miles distant), at which place he attempted to urinate, when the pain became so intense that he could with difficulty get home again.

These were all the facts I could get from him, and the throng of fellow-workmen were either unable or unwilling to volunteer any further information, though they were zealous in their efforts for his relief.

He had slight fever, pulse hard and slightly accelerated. The bladder did not seem to be distended, though he claimed that he had passed no water for about five hours, but persisted in his statement that previously, though the amount at each time was very small, the efforts to urinate were so frequent that the aggregate was about the normal amount. What ailed this man? The intense pain, the abdominal tenderness, and, above all, the anxious facies, indicated peritonitis, and so I diagnosed the case. That it complicated inflammation of the bladder I also thought. I was in considerable doubt about the correctness of my diagnosis. The general aspect of the case, however, called to my mind the language of the Ohio M. D., who, when pressed for the foundation upon which he based an unfavorable prognosis, replied, "I feel it in my *bones* that that man is going to die." I saw my patient about an hour later. He was much relieved of the pain, but the anxious facial expression was still there. I again carefully examined the abdomen for evidence of a distended bladder. I made a careful effort to pass the catheter, but, meeting an obstruction near the prostate, I concluded to defer the operation until morning, inasmuch as I could not satisfy myself that the bladder was at all distended.

A poultice was applied to lower part of abdomen, and I ordered pareira brava and morphia sufficient to control intense pain. I need not detail the medicinal treatment, but simply say that throughout reliance was placed upon the opiate treatment for peritonitis. The following morning I found no urine had been passed yet, and he said he had no inclination in that direction, though the lower part of the abdomen was greatly distended now. With finger in rectum, I succeeded in introducing the catheter, but, to my surprise, I could only draw off a couple of ounces of urine.

In the afternoon, Dr. Harshberger saw case with me. After many efforts, we failed entirely to re-introduce the catheter. The swollen condition of the abdomen above the pubes, and the intense pain and tenderness, and last but not least the fact that no significant amount of urine had been passed for about thirty hours, argued in favor of puncture of the bladder. With a curved trocar I performed the operation per rectum, but was again surprised at the small amount of urine we got. Further efforts to introduce the catheter were unsuccessful, a few drops of urine coming away, and the instrument was left in place. There was some dribbling through the catheter during the night. The following morning the patient was found to be making rapid strides toward another and we hoped better world. Now, for the first time, we learned from outsiders a story which, for nastiness of details, has scarcely a parallel in a civilized community. Here it is in brief:

Christmas day he came to Lewistown and procured a horse and sleigh, and loaded into it three girls of easy virtue and a twenty-five pound turkey. This crowd, all drunk but the turkey, rode a number of miles through a thickly-settled portion of the country, engaged in obscene performances. It is claimed by some that the girls lifted the man out by the penis and tramped upon his abdomen. The sensational newspapers have eagerly seized upon this matter, and some of the reading public think they are rolling upon their tongues some of the sweetest morsels they have tasted since the Beecher scandal. The story has lost nothing by frequent repetition. Our patient's mind was becoming clouded, so we asked him no questions about his Christmas escapade. The following day he died. The girls had previously been arrested and lodged in jail.

The coroner ordered an autopsy, which was made by Drs. Harshberger, McKim, and myself, in the presence of the coroner's jury. The tissues beneath the skin showed strong evidence of external violence. On opening the peritoneal cavity it was found filled with urine. The bladder was empty, and in its upper portion, on the left side, was a *rent* through which I could readily introduce my finger. There was of course extensive peritonitis, which was the immediate cause of death.

There is abundant evidence that the girls threw him out of the sleigh, and that he attempted to get in again, and hung to the sleigh while they drove on. In this way he was dragged along upon his face (which also showed marks of violence), and his bladder being full was probably ruptured at that time. The grand jury found a true bill against the girls, and they will be tried for "murder" at the April term of court.

Had we known that the bladder was ruptured, could we have done more than we did? I say, yes; we could have performed abdominal section, which I think is the surgeon's duty in such a case after he has made a *positive* diagnosis.

OBSTETRICS IN THE COUNTRY.

BY A. D. BUNDY, M. D.,

Of St. Ansgar, Iowa.

Two very interesting letters in the REPORTER of late date on the above subject, induce me to say a few words on the subject. My experience extends over a period of perhaps twenty years, and includes about five hundred cases at term. Practicing in a community largely of foreign extraction accounts for the rather small number of cases, as the majority of them employed midwives, they only calling a physician when nature failed. In about four per cent. of those cases forceps were used. In two cases only, that I positively know of, was the perineum ruptured to the sphincter ani; nor am I aware of any lacerations of the cervix uteri, though I presume there were; nor am I aware that the mother was injured in any other way. I met shoulder and arm presentations four times; of breech cases there were six; of placenta prævia five cases. I have only to record the death of one woman—that was an arm presentation, and the patient was moribund when I arrived; the child was delivered dead. In one case of breech presentation, in a contracted pelvis, the femur of the child was broken while bringing down a foot.

I use the forceps only when the os is dilated, and when the head ceases to advance. I always take them with me—*i. e.*, the forceps. My craniotomy instruments I leave at home, never having as yet a case for them. I do not use an anæsthetic of any kind, especially in forceps cases. I want the patient to know what is going on. One case of puerperal eclampsia in the eighth month; two cases after labor, all recovering. I carry a cake of Stifel's ½ per cent. sublimate soap and finger brush, and use them thoroughly on my hands before examinations, using the soap to lubricate the fingers or hand. I aim to be surgically and ethically clean.

I have to record only one severe case of septic peritonitis, and a few mild ones; all recovered. I deliver placenta by Credé's method, sometimes aided by extraction. I do not use a binder, but, as recommended by Lusk, use a small bag of salt to lay on abdomen, while patient is in bed; binder to be adjusted when patient gets up, if she desires it. Ergot I give after secundines have passed. Very rarely do my patients suffer from after pain. The cord is stripped and tied, then wrapped in borated cotton.

Such, in brief, is the way I do it. The results seem to be good, and patrons well satisfied, unless it is when the bill is presented—for I charge full prices.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Thursday, January 6, 1887. B. F. Baer, M. D., President, in the chair.

The Secretary read

A Report of 616 Cases of Labor in Private Practice,

by Dr. H. H. Whitcomb, of Norristown.

Up to March 31, 1886, I had attended 616 cases of obstetrics. I have had no death of a mother, and only two still-born children; one of these was destroyed by craniotomy. The forceps have been used in two cases only. I have had no case of twins. I have had one case of elbow presentation, one shoulder, one a hand and face, and three breech presentations; all the others were by the vertex. Placenta prævia was present in two cases at full term and in two miscarriages—one at seven and one at five months. Puerperal convulsions occurred in two patients. A series of thirty-two cases of puerperal fever, but fortunately without a single death, followed me in the winter and spring of 1882. The first case occurred after I was in attendance on a case of scarlet fever, and was followed by three other cases; the next two or three obstetric patients escaped, when I was called to attend a woman who was confined while convalescent from erysipelas. The fever developed in her, and then every case I attended that winter and spring suffered from it. Consultation confirmed the diagnosis in all the cases. One instance was after a miscarriage at seven months following pneumonia. The patient had a tedious convalescence, but has since had a child weighing 13½ pounds. I tried to stop attendance on this class of patients, but could not get rid of them. The epidemic ceased as suddenly as it commenced, and I have not had a case since. The smallest child delivered at full term weighed three pounds and lived only three days. Three deaths of infants have occurred from trismus, and four deaths, in children a few days old, for which I was unable to assign a cause. They simply moaned until they died, while they appeared to be in good condition. I had one case of hour-glass contraction and four of severe post-partum hemorrhage at term. My success I ascribe to patient waiting and conservatism. I do as little meddling as possible, and do not use antiseptic injections. The credit is partly due to my old teacher, Prof. Penrose, who is a safe guide to follow. I owe much to his careful instruction. I see so many doctors, who, in almost every case of obstetrics they get, if they arrive before the child is born, put on the forceps to "hasten delivery and shorten the woman's suffering." I am very positive that this frequent use of the forceps is abuse. I have had a number—possibly twelve—of ruptured perineums; they were immediately stitched, with a perfect result in all cases. I have never had a vesico-vaginal, although one of our teachers would impress his classes with the idea that these cases occur in the hands of the country practitioner. I might say the only cases I have ever seen were those in the care of the city doctors.

Dr. H. A. Kelly remarked that Dr. Whitcomb's report was full of interest, and in criticising the observer must be careful not to impose the rules and statistics of an average Philadelphia practice upon the Norristown people. While it is true that ailing, delicate women live and require obstetrical services in Norristown as elsewhere, yet it is a fact that in Philadelphia the up-town mill population, from all over the civilized world, and the down-town population of pampered society women and alley off-scourings, present very different problems to the accoucheur.

With notable exceptions, labor in the country is *easier*. Differences of the same kind in greater degree exist between our native and the foreign population. I was much struck with this fact this summer when I went to the Anatomical Institute in Leipsic, to Herr Dornfelder, to buy a normal female pelvis. I was going to Berlin to return in a month, and instructed him to find a pelvis as near a normal specimen in the museum as he could in the large amount of material passing weekly through the institute. On my return he gave me a specimen I now have in my office, which was the nearest to the normal he was able to find; and he assured me that a normal pelvis was rare. This dried pelvis with artificial ligaments measures: Sp. I., 25½ cm.; Cr. I., 29½ cm.; Cr., 9 cm.; Dr., 13 cm. The argument as to different necessities in different localities holds with regard to the use of antiseptics.

Dr. Wm. Goodell read a paper entitled

A Year's Work in Ovariotomy.

In it he stated that he had had during the past year fifty-nine laparotomies, but that lest his paper should be too long, he should limit himself to the consideration of his ovariotomy cases. Of these he had had thirty-nine cases, with three deaths.

Of these deaths, one occurred on the table, from the difficulties of the operation. It was a dreadful case of intra-ligamentous cyst with universal adhesions, from which it was shelled out without a pedicle. The ureter had to be dissected out for twelve inches, and the entire colon, womb, bladder, and small intestines, were attached to the cyst. It was a very forlorn case from the start, and he operated merely from a sense of duty. He stated that in the removal of intra-ligamentous cysts the ureter is in great danger, and he believed that it had been repeatedly torn across without the knowledge of the surgeon. Dr. Goodell stated that before the death of this case he had had in succession twenty-two successful cases, and afterwards a series of eight cases before another death took place, viz., thirty-one cases with one death. The second death was due to obstruction of the bowels in a case of large fibroid of the womb and ovarian cyst weighing sixteen pounds. On account of the fibroid, both ovaries were removed. He had had his share of cases of obstruction, but this was the first fatal one in his recollection. The remedies that he used were calomel and belladonna by the mouth, and turpentine by the rectum. The obstruction is due to the adhesion of a knuckle of the intestine either to the stump of the pedicle or to the abdominal wound or to some denuded surface. As soon as symptoms of obstruction presented themselves, he always aimed at once to open the bowels.

The third death occurred in a case of malignant cystic disease of both ovaries in which the operation was incomplete. Malignancy had been suspected, but the operation was forced on him on account of the excessive pain from which the woman suffered. Yet he argued from his own experience and from that of Schroeder and Martin, that, other things being equal, it was always wise to remove ovarian cysts, even when malignant, for patients' lives would be greatly prolonged by the operation.

The right ovarian cyst had no pedicle, but ended in a brittle cancerous mass as large as his fist. This, with very great difficulty, was ligated *en masse*, and then bleeding vessels were secured separately. The left ovarian cyst was so fastened to the womb, pelvis, and broad ligament by masses of cancerous excrescences, that he did not attempt to remove it. He would have abandoned the case after he had discovered the nature of the complications, but he had gone too far to recede, for his hand had been inside of the right cyst to break up its septa, and blood was flowing profusely from it. The lady died twenty-six hours later from shock and hemorrhage.

He stated that some ovariotomists do not report their incomplete operations or their exploratory incisions, but that he thought it fairer to do so. If his memory served him no trick, this was the only incomplete operation for ovarian cyst that he had ever had. None of his cases had been selected, and he had refused to operate in one case only, and that one on account of epithelial cancer of the cervix; so that he did not have any exploratory incisions to report. He had twenty-one cases with adhesions; a very large proportion, which he attributed to the tendency women in this country have of postponing the day of operation. He also had had twenty cases of double ovariotomy; but this large number was due to his rule of removing the second ovary in all malignant or suspicious cases, in all cases which have passed the climacteric, in all cases of incipient disease, and always when asked by the patient to do so. He further stated that he still adhered to Listerism, and that he used Keith's dressing of one part carbolic acid to seven of glycerine.

Mr. Parish cited a few instances of evil results following abdominal tapping for purposes of diagnosis, or for relief from distention. In his first ovariotomy case, with the view of clinching the diagnosis, he aspirated and withdrew a few drachms of somewhat cloudy ovarian fluid. The patient presented some symptoms which in a few days became grave; pain in the tumor, rigors, rapid and feeble pulse, and high temperature. He operated during the existence of these symptoms and found suppuration of the interior of the cyst, and extensive anterior adhesions—both conditions doubtless dependent upon the aspiration. The patient recovered.

A few years ago a well known medical gentleman of this city aspirated a tumor supposed to be a multilocular ovarian cyst. Though the fluid was stated to verify the diagnosis, the patient miscarried in one or two days of twins at about the fifth month, and the tumor proved to be simply a uterus enlarged by reason of a multiple pregnancy.

I have recently seen in the Philadelphia Hospital a shocking case of labor, in which active labor pains began one week previous to her admission to the hospital. No urine had been voided for several days. Pregnancy was denied by the patient and her friends, and was not recognized by two physicians. The woman was small and deformed, and in the abdomen were two fluctuating tumors, one due to a distended bladder, the other the uterus. Aspiration was resorted to in both tumors, a procedure that was not only unnecessary for diagnostic purposes in this case, but which would probably have been highly detrimental to the patient, had not the neglected and protracted labor already determined a rapidly fatal result. Though tapping for relief, and especially for diagnosis, is less frequently resorted to than was the case a few years ago, yet even now it is too frequently done.

In reference to the development of cancer or sarcoma after the removal of seemingly benign ovarian tumors, I have seen recently an example in a patient operated on by Dr. Hickman and myself. A large cyst of one ovary and a small one of the other, both free from the appearance of malignancy, were removed, and the patient made a tardy recovery. In about a year sarcomatous growths developed in the neck and axilla, and a large one in the abdominal wall of the left lumbar region. The patient died a few weeks ago, and the autopsy was made by Dr. Morris Longstreth, and though the sarcomas referred to were present, there was not intra-pelvic disease. An interesting feature was the total disappearance of the ligature of iron-dyed silk with which the pedicles and several vessels were secured about eighteen months previously.

Dr. H. A. Kelly stated that while simple tapping often was in no way injurious, it was also often productive of grave injury, and one of his own cases illustrated this point very well. The patient having a cyst weighing 100 pounds was tapped in the left iliac region by a notorious homœopathic surgeon. She had previously suffered from pressure symptoms. From now on she suffered from severe inflammatory pains around the puncture, and at the operation the extensive dense adhesions at this point constituted the chief difficulty. She is now well, more than a year since the operation.

It is a cause for mutual congratulations for American operators that their results are becoming so good. The whole credit of this lies in the thorough use of antiseptic agents and the rendering the field of operation completely *aseptic.*

He believes too that our cases at home are more difficult than those now being operated on abroad. The tumors we operate on are older, and with the increasing age of an ovarian tumor occur many changes detrimental to the patient—depression of vitality from pressure symptoms, diversion of so much albumen from the system at large, surcharge of the emunctories, as well as adhesions and unfavorable changes within the tumor itself.

Keith's dressing of a strong carbolized glycerine has rendered excellent results in my hands in at least twenty cases.

Dr. Goodell, in answer to a question by Dr. Baer, said he operated during menstruation merely from pressure of time on the part of the patient, and little or no effect was produced on the discharge by the operation.

Dr. Joseph Price, in commenting on some points alluded to in Dr. Goodell's paper, fearing the contaminated atmosphere of a general hospital, cited the statistics of two hospitals: Special Department of Birmingham General Hospital and Birmingham

Hospital for Women, covering a period from January, 1878, to September, 1885:

Special Department of General Hospital, ovariotomy 35 cases, 11 deaths—31.4 per cent.

Birmingham Hospital for Women, ovariotomy 268 cases, 19 deaths—7.1 per cent.

During the same period the total number of intra-abdominal operations in the Special Department of General Hospital, 85 cases with 21 deaths; mortality 24.7 per cent.

Birmingham Hospital for Women, 632 cases with 49 deaths; mortality 7.7 per cent.

One point as to the value of the spray, quoted from Keith's report of cases treated in the Royal Infirmary, Edinburgh:

CARBOLIC ACID SPRAY CASES.

Ovariotomy, 21 cases; 18 cured, 3 died.

Hysterectomy for fibroid, 2 cases; 2 cured, 0 died.

Battey's operation, 1 case; 0 cured, 1 died.

Twenty-four cases with four deaths—16.66 per cent.

BORO-GLYCERIDE SPRAY CASES.

Double ovariotomy with hysterectomy, 1 case, died.

Hysterectomy for fibroid, one case recoverd.

Result with boro-glyceride spray; two cases with one death.

NO SPRAY.

Ovariotomy,	47 cases,	46 cured,	1 died
Hysterectomy for fibroid,	7 "	7 "	0 "
Battey for fibroid,	1 "	1 "	0 "
Interstitial pregnancy,	1 "	1 "	0 "

56 cases, with one death.

Mr. Keith says: "No cases of serous cysts of the broad ligament were operated on. These all were treated by tapping, and none of them have returned." One such case that Dr. Price saw, died a few days later. Of Dr. Keith's cases, one-half had no adhesions.

Dr. Montgomery expressed pleasure at hearing Dr. Goodell's details and success, and considered his success gratifying, especially after tapping. A patient came to him one month after tapping. She had a high pulse, septicæmia, large adhesions to viscera, etc., putrid clots in the tumor, and died on the fifth day with a temperature of 105°. He does not approve of tapping broad ligament cysts. One patient with such a tumor was tapped seven times. He afterwards removed the tumor, and did not have a single vessel to tie. In this case the peritoneum had been pushed up by the tumor, and was not opened until late in the operation.

Dr. Goodell made a few remarks on the subject of statistics. Dr. Keith's have improved not because he has given up the spray, but because he has grown to his work. Dr. Goodell will give up the spray, because it is an intolerable nuisance. As to the question of malignancy of ovarian tumors, it has been said that "all ovarian tumors are malignant, and should be so treated." This is too sweeping; but the tumors should in all cases be removed as soon as possible, as soon as it is discovered.

Dr. R. P. Harris desired Dr. Parish to report the present condition of the patient from whom he had removed the ovarian tumor exhibited by him before the Society, at its meeting on March 4, 1886, the day after the operation. Dr. Parish requested Dr. Harris, who had seen her much more recently than he had, to report her condition. Dr. Harris stated that notwithstanding the fact that the tumor was largely solid; that it had grown rapidly; that the solid portion had an appearance of malignancy, and that there was a small morbid growth projecting upward from the fundus uteri, the lady was to all appearance a well woman. He saw her on December 26, when she claimed to have perfectly recovered her health and strength, after a very prolonged convalescence. Her appearance and activity certainly indicated that her statement was correct. The uterine nodule must have been a fibroid, as had it been cancerous, it must have materially developed in nine months. The future of this case will be of much interest.

Dr. Chas. Meigs Wilson reported

Three Successful Tait Operations.

These cases are the first of a series performed without the use of carbolic acid solutions for instruments, and without the spray. Hydrant water boiled for six hours was used for the instruments and sponges in the first and second cases, and a solution of mercuric chloride 1 to 8,000 for like purposes in the third. The wounds in all three were dressed after the manner of Keith. The incisions were less than two inches in length. More than three months have elapsed since the operation in each case before it has been reported. It has seemed best to publish the cases in this manner, because the vast majority of all cases recover without accident from the operation, and hence mere statistics of the healing of the wound amount to little but evidence of individual skill. Statistics of the real relief afforded by the operation is what the profession needs in order to give the operation its just place in modern surgical procedures.

Case 1. Myo-fibroma of the Uterus.

This case first came under observation in

July, 1886. She gave her history as follows: Miss McM., æt. 32, nullipara. For the last sixteen months she had a rapidly growing tumor of the abdomen, menses profuse, catamenial intervals ten to fifteen days; for the past four months has been rarely free from bloody vaginal discharge. She was emaciated and anæmic.

She was very nervous and alarmed about the constant bloody discharge. She had reflex pains, but no ovarian tenderness or pain. She was obstinately constipated, owing to the pressure of the tumor upon the rectum. She was found to have a large fibroid tumor of the fundus and anterior wall of the uterus. The enlarged uterus was incarcerated in the cavity of the pelvis, and was very immobile. The sound entered the uterus 7¼ inches. Abdominal section was performed September 20, 1886, with assistance of Drs. E. Wilson, C. P. Noble, D. Longaker. The tubes were as thick as the finger, they had thin walls, and were distended with blood. The ovaries were over-size, and the right one was cystic. The ligature slipped from the uterine end of the left tube, and before it could be secured there was free hemorrhage. The operation lasted forty minutes. Convalescence was retarded by abscess of one of the suture tracts. The patient made an excellent recovery. Present condition: has lost no blood since the second day after the operation; appetite good, and is able to resume her occupation of seamstress; frequently walks two miles to her work; all pain has disappeared; has gained twenty-two pounds since the operation. December 20, 1886, the sound entered the uterus 3¼ inches; the tumor was greatly reduced in size.

Case 2. Hystero-epilepsy.

Mrs. C., æt. 30, primipara. Had always enjoyed good health until after the birth of her child six years ago. She had been delivered with forceps, and the cervix and perineum had been badly torn. She was in bed nine weeks after the confinement. No clear history of her puerperal trouble could be obtained. She has had profuse catamenial discharges since. About six months after the birth of her child she first commenced to have attacks of loss of consciousness, followed by epileptiform seizures at her menstrual periods. These gradually became so violent as to place her life in seeming jeopardy during their occurrence, and left her utterly prostrated. She had been in bed about twenty days out of every month for four years. Her epileptic seizures occurred only at her monthly periods. Everything that her medical attendant could think of had been done for her, and her family were about to place her in an insane asylum. The ovaries and tubes were removed October 3, 1886. The operation was an easy and simple one. The patient made a speedy recovery without any untoward symptoms. Present condition: She is now able to earn her living as a yarn-picker, working full time; has had no discharge of blood; little or no pain; *and not one seizure since the day of operation.*

Case 3. Tubercular Pyo-salpinx.

Miss E. R., æt. 19, nullipara. This patient was also operated upon on October 3, 1886. Since menstruation began, at fifteen years of age, she has had constant dull, aching pain, deep-seated in the pelvis. At her menstrual epochs "her agony has been unbearable." Menses have always been slight in quantity and regular as to time. She presented a badly-nourished appearance. Physical examination showed marked evidence of general tuberculosis. In spite of this fact, and in view of her intense menstrual pain, oöphorectomy was deemed justifiable, and was accordingly done. Both tubes were as large as large bologna sausages, and both ovaries were cystic. Tubes and ovaries were matted in a mass of adhesions which rendered the operation very tedious, it lasting one hour and ten minutes. Microscopic examination of sections of the tubes showed colonies of the bacillus tuberculosis. Both tubes were filled with a greenish pus, which was very offensive. The recovery was complicated by an arthritis, the symptoms of which were so obscure as to render it difficult to say whether it was septic, rheumatoid, or hysterical. She eventually made a good recovery. Present condition: Her physician, Dr. Walter E. Bibby, of Kensington, Philadelphia, reports: "She is entirely free from pain, able to walk about, and to attend to light household duties. Under the use of cod-liver oil and malt and alcohol, her tubercular trouble seems to be making little or no progress." As her peritoneum showed evidence of tuberculosis, as an experiment, bichloride solution (1 to 8,000) was used to wash out the abdominal cavity. Cases 2 and 3 were operated upon before Drs. A. W. Biddle, W. E. Bibby, W. C. Goodell, E. Wilson, Longaker, and C. P. Noble. All were done at the Philadelphia Lying-in Hospital. In each case the abdominal cavity was thoroughly flooded with boiled water before it was closed. The drainage-tube was not used. Uncarbolized Chinese silk ligatures and silkworm-gut sutures were used. No anodyne was given after the operation, and no food was given for thirty-six hours after operation.

Dr. H. A. Kelly was particularly interested in the tuberculous tubes, and regretted that an examination of the uterine discharges had not been made, as it would almost certainly have established the diagnosis. As to the right to operate upon a patient having a cavity in the lung, no general rule can be laid down; every such case stands by itself, and much must be left to the judgment of the operator.

Dr. Baer would hesitate for some time before operating in a case of general tuberculosis with a pulmonary cavity. He did not think tuberculosis could cause pyo-salpingitis.

Dr. Kelly remarked that at least two cases have been observed here, and many more abroad, and it has been recently formulated by Prof. Hegar among the tubal diseases which may require operation.

Dr. Parish thinks the general condition of the patient, outside of the pulmonary disease, would decide the question. Severe pain should be relieved, unless the patient had a very short time to live.

Hydrosalpinx.

Dr. H. A. Kelly exhibited the tubes of a patient who had suffered from metrorrhagia over thirteen years. She had been in five large hospitals in Philadelphia, without relief, and had faithfully tried every plan of treatment, systemic and per regimen. The diagnosis of enlarged tubes was made before operation, and on removal, with their respective ovaries, the tubes were found, one as large as a bologna sausage, and the other a small sausage, with a limpid fluid. She has lost no blood since the metrostaxis following the operation about six weeks ago.

Dr. Kelley also exhibited fresh large cystic ovaries and tubes of a large fibro-cystic tumor, upon which he had operated in the morning. The ovaries were sessile, surrounded by congeries of great dilated vessels. The operation was one of extreme difficulty. (*Note five days after operation:* "The patient's condition is perfect.")

The patient whose history was read at the preceding meeting, who had ovaries and tubes removed for chronic subinvolution and endometritis, was presented to the meeting. She has lost all pain, and feels perfectly well for the first time in years. The uterus is normal.

Dr. Parish reported a Porro-Müller operation. W. H. H. Githens, Secretary.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated meeting, January 12, 1887.

The President, J. Solis-Cohen, M. D., in the chair.

Discussion on Urethral Strictures. (*See page* 197.)

Dr. S. W. Gross said: "I take it that Dr. Brinton has confined his remarks to the treatment of very tight strictures, I think that the younger members of the profession, who are not much accustomed to the use of filiform bougies, ought to be told not to put too much confidence in them. The filiform bougie does not pass with a great degree of readiness through a small stricture, or even through a large one in all cases. I differ from the speaker in regard to the usefulness of the twisted bougies. In the great majority of strictures the orifice is eccentric. A twisted bougie will often pass after we have failed to pass a straight bougie, although the urethra has been packed with them.

"We know that in cases of stricture not the result of traumatism, the obstruction does not arise from the organic stricture itself. A man may have been suffering with stricture for some time, and the calibre of the urethra have been gradually narrowing until the stream of urine becomes very small. In this condition he exposes himself to cold and wet, and in the course of a few hours is unable to pass urine. In such a case the obstruction is not due directly to the organic stricture, but there is superadded spasm of the muscles of the urethra, and it is spasm which we have to overcome rather than the coarctation itself. In such a case, the patient being under the influence of an anæsthetic, I carry a medium-sized instrument, say one whose shaft measures No. 16 and whose point is No. 13 of the French scale, down to the stricture, supporting, if necessary, the curve of the instrument with the finger on the perineum or in the rectum. In the majority of cases gentle pressure for a few minutes will enable the instrument to pass into the bladder. I have succeeded in this way in cases where I have failed to introduce a filiform bougie. A convenient way of passing the filiform bougies is first to pass into the urethra to the seat of stricture a short metallic tube, and then carry the whalebone bougies through this tube.

"I have met with the difficulties referred to in the manufacture of the whalebone bougie. The cutting of the bougie is often due to the instrument which passes over it. The eye is at times so sharp that it strips up the whalebone. Care should be taken to see that the opening is well rounded.

"In the operation described by Dr. Brinton, which is the one to be used if it is so desired in these cases, it is always well after passing the coarctation and relieving the retention, to bring the urethra up to a certain calibre, and that is another point in the treatment of stricture. How shall we know to what extent we shall divulse or incise a stricture? The operation described to-night is really that of divulsion. I had to-day at my clinic a case in point. It was that of a young man from a distance. He was etherized, and in order to determine to what extent the stricture should be cut or dilated, I introduced into the urethra the urethrometer, with which we can measure the capacity of the urethra. In this case there were two strictures. Immediately in front of the first, which was six and one-fourth inches from the meatus, the urethra had a capacity of No. 31. In such a case, as the stricture always shows a tendency to contract, it is well to cut or rupture it to No. 34 or 35, to allow for the subsequent contraction.

"The instrument to which Dr. Brinton has referred, I had made particularly for the purpose for which he has used it. At the time that I invented this instrument, I was a rather firm believer in the treatment of stricture by divulsion. I do not employ this method now, although I would use it in a case of retention of urine. It is no more dangerous than cutting, and cutting is no more dangerous than divulsion. The cutting can be more accurately limited than the divulsion. With the latter method we tear not only the stricture but also the mucous membrane at some distance in front of and behind the stricture. In a specimen in my possession where divulsion was employed, there were no less than nine rents in the mucous membrane; and the rent in the stricture was oblique and had not gone completely through the stricture. This method will do in superficial strictures, but in hard fibrous strictures we have to supplement this operation for urethrotomy. It is for this reason that I have given up divulsion for internal urethrotomy, and I do not resort to this latter operation so frequently as I formerly did. When the patient is within convenient distance, I much prefer in ordinary cases of inflammatory stricture, and in recent cases more particularly, to resort to gradual dilatation. I have reached the firm conviction that the cases in which radical cure is produced by divulsion, internal incision or external incision, are so rare that it is rarely worth while to resort to these operations."

Dr. Charles B. Nancrede said: "While agreeing with most of what has been advanced by Dr. Brinton, I am rather more in accord with the last speaker. When I intend to do any radical operation I prefer incision, for then I know exactly what I am doing. My experience teaches me that filiform bougies are not always easily passed through a stricture, even when it is of comparatively large size. Where I have failed to pass the filiform bougie, I have frequently succeeded with a metallic instrument of fair size. I have never had to tap a bladder for retention, but have always succeeded, sooner or later, in getting into the bladder with a filiform bougie.

"Although well aware of the eccentric position of the orifice of most strictures, I was particularly struck with the usefulness of recognizing this fact some years ago, in a case of organic stricture in which the urethra had ruptured. Dr. Packard had made several incisions to relieve the infiltration of urine, and when the patient was turned over to me as a hospital case, the larger part of the urine was passed through an opening at one side of the root of the penis. I tried, on a number of occasions, to pass filiform and other bougies, but always failed. I then called a consultation, intending to perform external urethrotomy. Under ether, I again failed to pass my instrument. I asked Dr. Packard to try. Passing the bougie down to the stricture, he carried it transversely to the left, at a right angle to the course of the urethra, passed it in this direction for about half an inch, and then again by a right-angled turn passed the instrument on in the normal direction of the urethra through the stricture, which was not tight. The instrument was tied in, and the patient eventually recovered. In like manner, a twisted filiform bougie may do good service in a tight stricture. I do not think that the filiform instrument is entirely free from danger in the hands of a tyro. There are cases in which the extremity has been caught in a crypt behind the stricture, a false passage made, and this erroneous route has been followed up with other instruments. Whalebone filiform bougies are, however, of the utmost value when skilfully used, and I should feel completely lost without them to fall back upon in a difficult case. Like Dr. Brinton, I have found it necessary to make them myself. I heartily endorse his method of procedure after the tunnelled catheter or sound has entered the stricture, and have for years resorted to it myself, with invariable success."

Dr. Brinton said: "The remarks which have been made only show that every surgeon operates according to the habit of his own mind and hand. While I do not claim that the method which I have described is better than that of others, I can only say that it is one which I have followed for many years, which has yielded me great success in the past, and to which I look forward with confidence in the future. I believe, too, that uniform success in this procedure can only be secured by the use of properly constructed filiforms, and by the observance of the cautions to which I have referred."

EDITORIAL DEPARTMENT.

PERISCOPE.

Surgical Mishaps.

Dr. T. Pridgin Teale thus writes in the *Lancet:*

Surgical mishaps are happily not always identical with surgical calamities, as the following three cases, slightly sketched without much detail, will show. The narration may be useful, and may bring comfort to others who meet with similar occurrences.

Case 1. *Disappearance of Tumor after Ineffectual Attempts at Removal.*—I cannot do better than describe this case in the words of a letter which I wrote to Sir James Paget on January 11, 1878: "Mr. H., of H——, consulted me three weeks ago about a tumor behind the angle of the left lower jaw. After existing for several years as a small movable lump, the tumor had within a few weeks begun to grow with an increasing rapidity. It was fairly movable in all directions, and I advised its removal. A fortnight later I went over to H—— to remove it, and then found that the tumor had become at least double in size, was very elastic, and more fixed. I cut down upon the tumor, and found that it involved, and seemed to be growing in the anterior portion of the sterno-mastoid, and that it had no limiting capsule, as I hoped. Having stripped the outer side of the tumor with the finger, separating it from contiguous fibres of the muscle, I followed it deeply until I could almost touch the transverse processes, where it was firmly attached to deep structures in the neighborhood of the large vessels. I therefore thought it more prudent to abandon any further attempts at removal. Having inserted a drainage-tube, I closed the wound, and all healed satisfactorily. Curiously, the rapid growth seems to have been checked, and this makes me regret that I did not strip the opposite side also, with a view to cutting off supplies." Sir James Paget and Mr. John Wood, who saw the patient, after hearing my description of the operation, agreed that no further surgical interference was advisable, and the former suggested a course of small doses of iodide of potassium, with large doses of liq. potassæ. On April 24, Mr. H. wrote that, apparently under the influence of the medicine, the tumor had decreased so rapidly that ten days previously he had omitted the medicine, and that "it is now scarcely feelable and not perceptible." In December, 1878, he again wrote: "The tumor, or whatever it was, has departed in peace, seemingly never to return." I have heard of him from time to time, but never of any relapse.

December 25, 1886, Mr. H. writes: "The tumor had existed two years before the operation. There is not a trace at present. I took about six bottles of the medicine, and the tumor disappeared in six months."

Case 2. *Chronic Inversion of the Uterus; Attempted Reduction by Taxis; Laceration of Vagina into Douglas's Pouch; Recovery.*—Mrs. J., aged twenty, was sent to me in November, 1884, by Dr. Blair, of Goole, suffering from inversion of the uterus resulting from her second confinement four months before. The labor was prolonged and difficult. She remained in bed for a week after delivery, and on getting up for the first time the womb came down and protruded nearly two inches. The womb was returned, and never prolapsed again, but it was afterwards discovered that she was suffering from inversion of the uterus. The patient was anæmic and frail-looking. In consultation with my colleagues, it was considered that the os and cervix were so much relaxed that I might attempt to reduce the inversion by taxis whilst the patient was under ether. I therefore at once made the attempt, using, as I believed, no immoderate force, and fully realizing the need of caution so as to avoid the danger of laceration. After careful pressure with the fingers upon the fundus, which in about a quarter of an hour had been reduced to within the level of the os, and just as it seemed that complete reduction was being effected, the whole receded within the peritoneal cavity through a rent in the roof of the vagina posterior to the cervix. I was then face to face with a most difficult problem, and called to my aid Mr. Robson, who was in the Infirmary at the time. After some deliberation, we came to the conclusion that the safest course would be to transfix, tie, and cut off the inverted womb. This having been done, one stitch was inserted into the rent in the vaginal wall as a safeguard against prolapse of the bowels, and a large drainage-tube was inserted within the lips of the wound so as to project for about an inch into the peritoneal cavity, and was fixed by catgut sutures to each side of the ostium vaginæ. The vagina was carefully syringed with weak carbolic acid lotion, and well charged with iodoform. Her further progress was satisfactory. There were never any symptoms of peritonitis. In a few days her temperature rose to about 103°, and then slowly fell, and she returned home within three weeks of the operation. I have since heard that she is in good health, and menstruates regularly.

December 25, 1886, Dr. Blair writes me: "Mrs. G. is quite well, menstruates reguates regularly, and suffers neither pain nor inconvenience."

Case 3. *Wound of Popliteal Artery and Vein during an Operation for Necrosis of the Femur; Recovery without Gangrene.*—A young man, aged about twenty one, came under my care at the Leeds Infirmary about six years ago, on account of necrosis of the femur. The sinuses led to the back part of the femur, about the bifurcation of the linea aspera. Having enlarged the sinuses, I had considerable difficulty in reaching the denuded bone. In trying to release what seemed to be an indurated edge of the fascia or a ridge of new bone, I passed the knife along this edge, loosening it, as I thought, from its apparent attachment to the bone, when a gush of hemorrhage startled me. To my dismay, the cord proved to be the popliteal vessels coated with a tough, hard case of cicatricial lymph, and both artery and vein were wounded. Having commanded the breach in the vessels by the finger, I sent for my colleague, Dr. Wheelhouse, who fortunately was paying his visit to the wards, and most kindly came to my assistance and gave me timely aid and counsel. Finding it impossible to deal effectively with the wounded vessels through the lateral wounds, I made a vertical incision about four inches long in the middle of the popliteal space, and so exposed the wounded vessels. Having severed the vessels at the seat of injury, I tied both ends of the artery and vein. The whole proceeding was both difficult and tedious. For some days I watched the case with grave anxiety, fearing gangrene and the need of amputation. Fortunately, my fears were disappointed. The foot soon became warm, was never blue, and gave me no cause for anxiety. The wound healed favorably, and the patient recovered the use of the limb. Knowing the frequency with which gangrene results from arrest of circulation through both the main artery and vein of a limb, the impunity which resulted in this case was unexpected, and gave great relief to my mind.

The Physiology of the Harem.

The *Boston Medical and Surgical Journal* says:

Oriental woman has for many generations occupied a position in which the one element of sexuality has absorbed into itself all other qualities and functions of her existence. Sex *et præterea nihil* has represented her value and significance in the national economy, and that not for the primary end of reproduction, but of sensuous gratification. The effects of this condition upon her physical and moral nature have been sufficiently illustrated to the western reader by the concurrent testimony of travellers, and by the coloring imparted to the poems of Moore and Byron. The physiological results of this mode of life have not, however, beyond the general and obvious statement that the women matured very young, been given us in satisfactory detail.

Much has been said of late of the prejudicial effect upon the maternal function produced by extraordinary intellectual activity in women, and it has seemed that the higher education, with late marriages and much study, was not a favorable preparation for fruitful motherhood. But it is not without interest to know that the women of Turkey, educated almost from birth with a sole view to the stimulation of the generative functions, are quite as infertile as the blue-stockings of New England. Dr. Zambaco, of Constantinople, presented a communication to the Gynæcological Section of the last International Medical Congress at Copenhagen, on the general subject of the physiology of oriental women, which has appeared in the report of the Congress and will well repay perusal, not only from its intrinsic interest, but because of the light which it throws on the effects liable to follow sexual precocity in any country.

Circumcision is practiced, according to Dr. Zambaco, almost universally upon Mussulman girls in all classes of society in Egypt and Arabia. In Egypt, the operation is performed at about the age of seven, as with boys. Great ceremonies attend the event. The girls walk in files or ride in carriages to the scene of the operation, decked in all the finery their parents can give or borrow. The operation is performed by a woman, who makes it her trade. It consists in cutting off the clitoris with scissors, and dressing the wound with hæmostatic powders. The children are taught to look forward to the operation with anticipation, and with their precocious little minds clamor for it as the necessary condition antecedent to their marriage. It is, in fact, indispensable for marriages in these countries, as no man of the lower classes will consent to marry a girl who has not been circumcised. In Constantinople, under the influence of European ideas, it has been largely done away with, at least as a preliminary to marriage, in the families of the government officials and others, though it is said to be common for the husband to instruct the midwife to perform the operation immediately after the birth of the first child.

The Ottoman Empire includes a wide range of nationalities with different habits and religions and climates, the temperature varying from 46° C. to — 30°. Yet the differences in the physiological condition of the women seem not to be racial, or even climatic, so much as the product of social habits affecting the precocity of sexual development. Among the Mussulmans these influences are at a maximum. From earliest childhood the conversation to which girls listen, the whole atmosphere in which they live, is permeated with the one thought of sexuality. Hence menstruation begins at nine or ten years in Egypt, Bagdad, and Arabia. In the Soudan it is even earlier. In Constantinople and its environs, the function is established among the Turkish girls at from ten and a half to twelve years, while in villages a little more remote, where the customs are more rigid, and also among Christians, Armenians, and Greeks, the average date is two or three years later. Circassian slaves who remain in their native land till they are grown up, menstruate at fifteen to seventeen, while if brought when young to Constantinople and exposed to the life of the harem, they menstruate at twelve or thirteen.

In Albania, a mountainous country, where female virtue is well preserved, maturity comes late, at seventeen years. This is the case both with Christians and Mussulmans. The latter are not veiled or sequestered like other Mahometans, and their intercourse with men is on much the same terms as in our own country. The menopause comes late, and they often bear children at forty-eight or forty-nine years of age.

Of course it may be true that the climatic conditions are the primary cause of the tardiness of the menstrual function, but, if so, they act through the medium of quiescent sexual emotions, and the inference from Dr. Zambaco's paper is that such a mental state is not merely the product of a low temperature, but may also result from an unstimulating character of the social atmosphere.

Mussulman women have such a horror of pregnancy as being likely to destroy their shape and beauty, as well as to cause alienation of their husbands in favor of a non-pregnant rival, that abortions are universal. They are spoken of freely in the social and domestic circle, and performed openly and as a matter of course. For these reasons, as well as on account of the incapacity for conception of these overstimulated sexual organs, despite the opportunities afforded by polygamy, the population fails to increase to any extent. It is true that one pasha had eighty-five children by forty-four women, but with increasing poverty of the people, fewer men can afford multiple marriages, and so the births among the Mussulmans are, on the whole, diminishing. Armenians and Greeks, on the other hand, rarely perform abortions, and Jews never.

Marriage among the Mussulman girls takes place usually before menstruation is established, namely, at nine to ten years, and sexual relations are at once established. The result is various local derangements, and *very small fecundity.* One, or at most, two children represents the average productiveness of Mussulman women. The effect of this overstimulation of the generative function is further seen in a premature menopause and early fading. The few women who marry late are also likely to complete their sexual existence early. In the one class of cases the sexual career is shortened through exhaustion; in the other, through lack of function.

The atrophy of the sexual sense is rare

enough in Turkey; we occasionally see it in one of the extremes of our own civilization, where muliebrity has perished from inanition. The Harem and the "Higher Education" may lead, by widely divergent paths, to a common goal, sterility.

Stricture of the Œsophagus.

Dr. Walker Schell thus writes in the *Indiana Medical Journal:*

On the 28th day of September, 1886, I was called to see A, aged two years. The child was very small and badly nourished. She was in great distress, calling for water and milk almost constantly. Whatever was given her was promptly ejected. She was utterly unable to swallow a drop of fluid or food of any kind, and such had been her condition for four days, as I learned from the parents and the physician in attendance. Unless relieved, she would soon perish of hunger and thirst.

The history of the case was such as to make the diagnosis easy. Some months before, the child had accidentally swallowed some concentrated lye. We then had to do with an organic stricture of the œsophagus, the result of a cicatrix. The cicatrix had gradually narrowed the calibre of the œsophagus till, in consequence of some source of irritation of the stricture, deglutition became impossible.

By gradual dilatation I succeeded in passing a catheter equal in size to a number 4 on the English scale. She was then fed an abundant quantity of milk. In five sittings I succeeded in dilating the stricture, which was some three inches in extent, commencing at the junction of the pharynx and œsophagus and extending downward, till I could pass a number 14 olive bougie of the English scale.

English bougies with the olive point, such as are commonly used in stricture of the urethra, are in my opinion the best instruments to use for a similar purpose for stricture of the œsophagus, especially in children. They are more easily handled than the œsophageal bougie, and are cheaper. They are sufficiently long for every use which we may have for them in children, and can easily be introduced into the stomach. It is important to feed these cases immediately at the close of our sittings, and for that purpose an English œsophageal tube must be passed into the stomach. Milk and soups are the only food suited to these cases.

The little child whose case I have reported, gained rapidly in flesh, under treatment.

Since the finger must be introduced far into the mouth, it must be well wrapped, otherwise the child will constitute itself into an instrument of torture. This advice is also good in the introduction of the stomach tube in morphia-poisoning, as I have recently had occasion to learn, even where a good mouth speculum was used. The result in these cases is usually in the end unfortunate; still, with proper treatment, life can usually be prolonged, often many years. In most cases, with whose history I am familiar, the parents were negligent, and the child would only be brought for treatment while the symptoms were urgent. The death then usually resulted from some disorder of nutrition.

In cases of malignant disease of the œsophagus, I think, as a rule, gastrotomy ought to be performed, unless the diagnosis is made very late. Of course, the end is the same, but I think life would be prolonged, and many of the most distressing symptoms would be avoided. This I say with the vivid memory of the suffering of one of my first cases in practice before me. It ought not, I think, to be done for organic stricture; at least, not when any instrument can be passed.

Morphia in Diabetes.

Dr. J. M. Bruce thus concludes the report of a case in the *Practitioner:*

When I come to the *conclusions* which may be drawn from these observations, it will be well to arrange them under two heads:

I. *Therapeutical.*—There can be no question that in this case morphine was of value in the treatment of diabetes. Not only did the sugar disappear entirely under the use of the drug, but the patient's weight increased four and a half pounds during the first course of morphine by the mouth, and his personal condition, subjectively and objectively, was greatly improved. It is true, the improvement was but temporary; but it would be equally correct to say that the benefit continued as long as the treatment was maintained. Upon the general subject of the treatment of diabetes by morphine I do not intend to enter. I only wish to recall the attention of the profession to the value in diabetes of a drug which appears lately to have suffered somewhat unfairly in reputation by comparison with codeine.

II. *Physiological and Pathological.*—1. In the case before us *the glycosuria was proved to be due to an increased income of sugar into the blood; not to diminished destruction of sugar in the system.* This conclusion was established by the fact that whilst the glycosuria was controlled by morphine, the drug had very much less influence on the disorder when it was thrown into the general circulation (where destruction of sugar is accomplished) than when it was introduced into the *portal* circulation.

2. In the present case *the increased income of sugar was proved not to originate in simple transportation of sugar from the intestine or portal vein to the general circulation.* When all saccharine and amylaceous materials had been removed from the diet, the patient continued to excrete as much as 1,360 (later on, even 4,000) grains of sugar per diem. It was clear, therefore, that glycogenesis was still active, and that the sugar was derived from the nitrogenous constituents of the food by some organ—whether the liver, situated on the portal circulation, or the muscles and other viscera, situated on the general circulation.

3. *The excessive glycogenesis that was going on in this case was proved to be effected mainly or entirely in the liver, not in the muscles or any of the other viscera.* This conclusion followed from two facts: (i) That when the morphine was introduced into the liver by the portal vein, it reduced the sugar to *nil*, whilst it did not materially affect the other viscera, such as the central nervous system; and (ii) that when it was introduced into the general circulation it diminished the amount of sugar excreted only to the degree that might have been anticipated from the portion that would reach the liver through the hepatic artery, whilst it markedly affected the other viscera, such as the central nervous system.

4th and lastly, these results appear to prove that in this instance, if the diabetes was of nervous origin (as it is believed to be in some cases), the seat of the disordered process—I do not say the seat of the nervous derangement originating it—was in the liver, not in the central nervous system or nerve-trunks. This conclusion again follows from the effect of morphine by the mouth as compared with its effect *sub cute;* for the subcutaneous method distinctly proved that whilst the central nervous system was profoundly depressed by morphine, there was but little effect on the glycosuria—through this channel, probably *none.*

A Case of Femoral Aneurism Cured after Eleven Hours Intermittent Digital and Instrumental Compression.

Dr. Justin F. Donovan thus writes in the *Lancet*, October 23:

Lorenzo B., a Maltese, aged thirty-eight, a stoker, a well-nourished though anæmic man of abstemious habits, was the subject of syphilis (chancre and non-suppurating bubo) before marriage; secondary eruption was not noticed. On the 10th of June, 1886, whilst coaling ship at Suakim, he experienced a sharp pain in the left groin; this was followed by a swelling, and on presenting himself to the medical officer of his ship, "a pulsating tumor in the left groin was detected, with a distinct bruit." On admission to the Naval Hospital at Malta on the 19th of July, a pulsating tumor, about the size of a small lemon, was seen immediately below Poupart's ligament, and extending half an inch below it (proximal side); no bruit could be detected. The pulsation, which was very strong, could, however, be checked on making forcible compression on the external iliac artery. The patient complained of only slight pain at the seat of the tumor. He was put on low diet, confined to bed, and ordered to take an ounce of iodide of potassium mixture (ten grains to the ounce) three times a day. Pulse 72, temperature 98°; urine free from albumen. On the 26th the diet was reduced to one pint of chicken broth, one pint of milk, four ounces of bread, and ice to suck when thirsty. Iodide of potassium (fifteen grains to the ounce) to be taken as before. Digital pressure on the external iliac artery for an hour and a half was carried out and was borne very well, the part compressed having been previously shaven and dusted over with oxide of zinc powder. On the 27th there appeared to be a slight diminution of the impulse. Pressure (digital, and a pad with a seven-pound conical-shaped weight suspended from a cross-bar and resting on the pad) was kept up for two hours and a quarter, at the end of which time the patient became restless, and appeared to suffer a little from the pressure. Pulse 80; temperature normal. Iodide of potassium (one scruple to the ounce) to be continued. On the 28th, the pulsation in the tumor was markedly diminished. Temperature normal; pulse 84. A hypodermic injection of one-third of a grain of morphia having been administered, digital pressure (assisted by the weight) was applied for seven hours and a quarter unremittingly, and at the expiration of that time no pulsation could be detected in the tumor. In the evening the patient felt very weak; pulse 90, feeble; the extremities were decidedly cold, especially the left foot and leg, although they were enveloped in cotton-wool and a flannel roller; no numbness or discomfort of any kind was complained of, though there was lividity of the toe-nails and diminution of the temperature of the limb for a few days. Pulsation in the left posterior tibial artery was not detected until August 4 (seven days after the consolidation of the aneurism). Up to the present (twenty-three days after consolidation of the sac) there has been no return of pulsation in the tumor, and the patient is now walking about, and complains only of very slight comparative weakness in the affected limb.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——The late Dr. Albert H. Smith occupied a position of deserved distinction among the physicians of Philadelphia. A discriminating and sympathetic description of his life and labors is given by Dr. Harrison Allen, reprinted from the proceedings of the American Philosophical Society.

——"Pneumato-Therapy" is the word applied to the treatment of diseases by the use of compressed and rarefied air. A brief and well-prepared review of its methods and their value is given in a reprint before us, by Dr. Solomon Solis-Cohen, of Philadelphia.

——The therapeutic uses of the new salts obtained from the Karlsbad waters is explained in a large pamphlet lately sent us from Vienna. It is an interesting addition to the balneological literature of the season.

——In a reprint by Dr. H. Hathaway, of Toledo, on the Temperature of the Body in Health and Disease, the author illustrates the thesis that heat is dispersed in tissue-building.

BOOK NOTICES.

The Principles and Practice of Operative Surgery. By Stephen Smith, A. M., M. D., etc. New and revised edition, with 1,005 illustrations. Pp. 877. Lea Brothers & Co., Philadelphia, 1887.

In his preface to this edition the author justly observes that the science of surgery has undergone such extensive changes, even within the few years since 1879, that its aspects are altogether different from what it then was. Operations which at that time were usually fatal, can now be carried out with every prospect of success.

This is chiefly owing to improved methods of antisepsis and to certain advances in strictly operative procedures. Of these improvements, the present edition gives a full account, the author having added largely, to and in fact practically rewritten his original treatise. As it is now presented, it may fairly be said to be as complete an exposition of the science of surgery as is to be found in the limits assigned by it.

The earlier chapters, which are devoted to surgical treatment, especially to anæsthetics and the antiseptic measures now most approved, are especially interesting. The pages throughout are abundantly illustrated, and the extensive reading and clinical experience of the author are evident in every chapter.

Clinical Manual for the Study of Medical Cases. Edited by James Finlayson, M. D., etc. 8vo.; pp. 688. Lea Brothers & Co., Philadelphia, 1887.

This work, which appears now in its second edition, is intended as a sort of guide book for the advanced student of medicine. It is not a manual of diagnosis, but a series of directions as to where the attention should be directed in the study of clinical cases.

It treats of such topics as: "The Physiognomy of Disease," "General Signs of Pyrexia," "Examinations of the Organs of Special Sense," "Electrical Instruments in Diagnosis," "Symptoms of Disorder of the Nervous System," "The Signs of Insanity," "Examination of the Urine," "Physical Examination of the Chest," etc. Contributions on these subjects are incorporated from half a dozen different physicians and surgeons, all members of the profession in Scotland. Although this involves a lack of continuity in the plan of the work, it contains a large amount of useful matter which cannot fail to be instructive in the cases for which it is intended.

The Annual Report of the Supervising Surgeon General of the Marine Hospital Service for the year 1886. 8vo., pp., 312. Washington.

Besides the usual merely official matter in this report, there are the details of the autopsies of a number of fatal cases, and clinical descriptions of various instances of rare diseases which had occurred during the year. At the close of the report there is given the translation of the conclusions adopted and propositions rejected by the technical commission of the International Sanitary Conference at Rome, in 1885.

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SIMPLE METHOD FOR REVIVING PERSONS APPARENTLY DEAD.

Various forms and kinds of apparent death have been described, but these distinctions refer mainly to the initial stages of such conditions, while the morbid state known as "apparent death," (Scheintodt) when completely developed, is always the same, being characterized by a weakness and paresis of the heart and by a stagnation of the circulation due to the latter. All methods, therefore, intended to resurrect such individuals, must be directed against the debility of the heart and against the impeded circulation; but thus far our aim in these cases has been mainly the maintainance of respiration, though the latter has probably to ascribe its effect only to its power of stimulating the heart to renewed activity.

At a meeting of the last congress of German scientists this subject was discussed, and Dr. H. Frank mentioned that there are but two ways to stimulate the heart: electricity, and mechanical concussion of the heart. The first is considered dangerous by him, as it may easily destroy the last power of contraction remaining in the organ; but what is termed "pectoral concussion," is decidedly preferable. F.'s method is as follows: He flexes the hands in the wrists to an obtuse angle, places them both near each other in the ileo-cæcal region, and makes vigorous strokes in the direction of the heart and of the diaphragm. These strokes are repeated from 15 to 20 times, and are succeeded by a pause, during which he strikes the chest over the heart repeatedly with the palm of his hand. In favorable cases this method is early successful, and sometimes a twitching of the lids or of the angles of the mouth appears with surprising rapidity as the first sign of returning life. As soon as these symptoms are noted, the simple manipulations above described must be earnestly continued, and persevered in for from a half to one hour, for with their cessation the phenomena indicating beginning return of life also cease. Generally the face soon assumes a slight reddish tint, and at the same time a faint pulsation may be felt in the carotids. By this method F. has seen life return in fourteen cases, amongst whom were such as had hung themselves, drowned, and asphyxiated by carbonic oxide, and in one case by croup. In three cases of asphyxia by coal gas, and in one case of apparent death by chloroform, the method described alone succeeded. F. advises, therefore, the practicing physician not to lose time with other procedures, but at once to employ a method which, in his hands, has proved so universally successful.

In confirmation of the views expressed the following case may be quoted, which was reported by Dr. v. Bash. Electrity was applied to revive a drowned woman, apparently asphyxiated, but in whom various symptoms had proved life still to be there. Suddenly the patient became deadly pale; completely lost consciousness, white froth appeared at the mouth, and respiration and the pulse at the wrist ceased. By kneading energetically the abdominal walls, life was brought back. B. had been induced to practice this procedure by the results he obtained from experiments on animals. He had noticed that the passage of the blood into the intestines and other abdominal organs produces weakness of the heart; to this are probably due the sensation of fainting, so often observed immediately before vomiting in some gastric and intestinal disorders, and also the sensation of nausea, which often is the immediate precursor of a fainting-fit; while pressure on the abdominal walls produces fullness of blood in the heart and a revival of the activity of the latter. Electricity in such cases is very dangerous, as the last portion of life remaining in the main organ of circulation may become totally extinct by stimulating a heart empty of blood, and it is surprising to note that its application in fatal chloroform narcosis is still recommended, though reported as not preventing death in many cases.

THE STUDY OF VETERINARY MEDICINE.

A gratifying proof of the greater intelligence of the community is the higher position which veterinary medicine is gaining in general estimation. Within easy memory, and even yet in some parts of the country, the vocation of "horse-doctor" was looked upon with a certain contempt by the more intelligent of the community.

A change, however, is rapidly taking place. The establishment of first-class instruction, as that furnished at the University of Pennsylvania and at Columbia College, N. Y., will soon show the intelligent minds of our people that to understand the diseases of the lower animals requires just as hard study, just as profound attainments, as to master those belonging to the human species.

Our government has done good service in this respect through its publications on the diseases of domestic animals, and through the aid it has extended toward making thorough researches into the minute pathology and the etiology of the more destructive epidemics which have been so injurious to stock raisers.

These publications, and this branch in general, should not be overlooked by physicians, especially by those who practice in country localities. They should procure the principal issues of the Bureau of Agriculture, which they can easily do through the congressman from their district, and with the guidance of one or two text-books of veterinary anatomy and surgery they can readily place themselves in a position to treat with efficacy most of the curable diseases of stock. A potent incentive to this will be that thereby they can add a nea succedaneum to their annual income.

FUMIGATIONS WITH SULPHUR.

Many articles, as clothing, etc., could be disinfected only if it could be done with hot vapor, by gaseous substances, or by fumigation. Hot watery vapor, if of sufficient heat, is probably the best remedy, as the clothing does not lose its color, nor is it ruined otherwise; but the application in this manner of steam can only be employed in institutions where special arrangements have been made for it. What is needed is a method which may be used in any room. Chlorine, which has been strongly recommended, is dangerous to inhale, and besides its bleaching effect is not desirable. Sulphur could be best employed, but of late voices have been raised denying its effect. To determine the question, Dr. S. Schidlovski has made a series of observations (*Wratsch. Russ.*, 26, '87), with the following result:

300 grm. O. are needed to burn the same quantity of sulphur, but practically only one-third of the sulphur used in a well-closed box burns in such a manner as to be effective, a fact of importance in determining the amount of sulphur to be used in a given case. Various materials were infected with microbes of all kinds, and hung up in the nearly hermetically closed room where the sulphur was to be burned. Fumigation in this way, even if twice repeated, was generally without effect, but after the third fumigation the spores were killed. The interesting observation was also made that the articles which were hanging in the upper parts of the room were not so completely disinfected as those in the lower.

From these experiments the reader may himself draw the conclusions how fumigations with sulphur, to be effectual, should be used.

NOTES AND COMMENTS.

Treatment of Diphtheria Before and After the Larynx is Involved.

Within the past two years Dr. John Irving (*Brit. Med. Jour.*) has had a large experience of epidemic as well as endemic diphtheria. Satisfactory recovery in fifty or sixty instances—all the latter cases laryngeally uncomplicated when he was sent for—makes him regard iron and carbolic acid as not only prophylactic, but specific. At first he employed liq. ferri perchlor. with glyc. acid. carbolici, adding a little acid. phosph. dil. for appearance' sake: but now he finds the following mixture to be equally efficacious, readily taken by children, for continuous use much better suited to the stomach, and more attractive to look at. For a child one year old, the prescription is:

℞. Liq. ferri dialysati, ʒss.
Glyc. acid. carbolici pur. (P. B.), ℥ss.
Glycerini pur., ʒss.
Syrupi simplicis, ʒiss.
Misce bene, adde aquam ad. ℥ij.
Sig.—One teaspoonful to be given every two hours; and it is better to continue it eight days at least.

This mixture is useless if the larynx be involved.

A few weeks ago he was summoned to a case of laryngeal diphtheria in a girl aged 3 years. Her parents objected to tracheotomy. Under treatment as above, the breathing became worse, and at the end of twenty-four hours he gave

℞. Potassii iodidi, grs. v.
Sol. nitro glycer. (1 per c.), ♏iv.
Vin. antimonialis, ♏xlviij.
Glycerin. pur., ʒij.
Aq. ad., ℥ij.
M. Sig.—One teaspoonful every two hours.

Contrary to his prognosis, and contrary to his previous experience, the child gradually improved; the membrane loosened, and was coughed up in large pieces. She is now well, and recovering her voice by the help of Easton's syrup.

Rash Produced by Antipyrin.

Two cases have lately come under the notice of Dr. E. O. Dally (*Brit. Med. Jour.*), in which a rash closely resembling that seen in measles appeared in patients who were taking antipyrin. The rash observed differed from that of measles in the following points:

1. It did not make its first appearance on the forehead, was most marked on the extremities, though also present on the trunk, and to a limited extent on the face.
2. It was arranged in crescentic patches, and its color was rose-red.
3. There was an absence of general symptoms, for example, swelling of the face and eyelids, coryza, lachrymation, cough, etc.
4. Its duration was only from twenty-four to thirty hours, quickly subsiding after the drug was left off.

Probably those who use the drug much have noticed a similar eruption. It seems to cause no inconvenience, and would hardly be worth mentioning, were it not that from its resemblance to measles it might be mistaken for that disease, and so occasion the unnecessary isolation of the patient, and the fumigation of his clothes and room.

An Antidote for Arsenic and Aconite.

In a recent number of the *Indian Statesman* there appears a communication from Syed Walayet Ali Khan, of Patna, Bengal, on a specific antidote for poisoning by arsenic and aconite. It is described as being the bark of the common goolar tree, generally known to Europeans as the Indian fig. It is administered in doses of from ten to twelve drachms, ground fine, and mixed with water. In severe cases it may be necessary to repeat it at short intervals three or four times, but it is said never to fail. It has been found successful, according to the author of this statement, in every case in which it has been tried. We have consulted Dymock's "Vegetable Materia Medica of Western India," Waring's "Bibliotheca Therapeutica," and other works, but can find no reference to its use for this purpose. It seems strange that it should be an antidote both for arsenic and aconite, as these drugs do not produce the same symptoms, and are not allied physiologically. The matter requires further investigation, and we must admit that we are at present skeptical as to its value.

Myoctonine.

The *Journal de Médecine de Paris* publishes the following note on myoctonine: Myoctonine is one of the two substances extracted from aconitum lycoctonum by MM. Dragendorff and Spohn. It is a yellow, bitter, amorphous body, having for its formula $C_{27} H_{30} N_2O_8$, and fusible at a temperature of from 143.5° to 144° C. It is not very soluble in water, but much more so in acidulated water, and soluble in all proportions in sulphide of carbon, absolute alcohol, chloroform, and benzine. Ether and the light essence of petroleum only dissolve traces of it. Myoctonine is a powerful poison, resembling curare in its action. The injection of $\frac{75}{1000}$ of a gramme produced distinct toxic symptoms in a cat, while one-tenth of a gramme caused death in twenty or thirty minutes. Lycoctonine and lycaconine, which are products of the decomposition of lycaconitine and of myoctonine, have a physiological action which recalls that of the primitive alkaloids, but less powerful.

The Value of Indian Hemp in the Treatment of a Certain Type of Headache.

The headache which Dr. Stephen Mackenzie describes in the *Brit. Med. Jour.* is of a dull, continuous, or subcontinuous character, attended sometimes with paroxysmal exacerbations. What is especially characteristic of it is its constancy. Patients will tell you that they rise with it in the morning, are troubled with it all day, and carry it to bed with them at night. If by chance they awake in the night, they find their head is aching. The headache may, in some cases, become aggravated as the day advances, but sometimes the opposite condition obtains, and the headache is worse at the early part of the day. The situation of the headache varies; it may be frontal, temporal, or occipital, or, more rarely, vertical. Usually, however, it is diffused. In such cases he has had good results from the use of fluid extract of Indian hemp in doses of one-third grain, or more, night and morning, or thrice daily, increasing or diminishing the dose as required.

Treatment of Chronic Tropical Diarrhœa.

Pepsin has been found very valuable in these cases by Dr. G. Harrison Younge, who records his experience in the *Medical Press* for January 12. Care should be taken that the pepsin is fresh, as otherwise it is almost useless. Only milk diet should be allowed, and in preparing it care should be taken that the temperature is not raised above 100°, as if it is the action of the pepsin is destroyed. In mild cases the pepsin may be given in powder after meals, while in severe cases half a pint of milk was given every third hour. The temperature of the milk was raised to 100°, and to each half pint was added 5 gr. of pepsin. It was allowed to stand for half an hour, the temperature being maintained at 100°. It was then given to the patient. At the same time all medicines were stopped. The return to full diet should be gradual, and the pepsin should be continued for some time after all diarrhœa has ceased.

Plugging the Anterior Nares.

There is often considerable difficulty in getting a string from the anterior nares round by the pharynx and out at the mouth, preparatory to performing this operation; and various appliances have been devised for the purpose. For several years Dr. Bryson (*Brit. Med. Jour.*) has always resorted to the following method, and found it both easy of application, efficient, and handy, as the apparatus is always obtainable: Take a piece of twine of sufficient length, and fasten to the end of it a pledget of lint or rag, the size of a large pea, or a small globular button with a neck does very well. Then form a ring about a quarter of an inch in diameter, on the small end of a silver probe or piece of wire, and bend it down. Run the twine through the ring till the pledget or button is close against it. Then pass the wire or probe along the floor of the nose; tell the patient to hawk, and spit out, and at once the pledget with the twine attached is ejected.

Resorcin in Acuminated Warts.

In the *Russkaia Meditzina*, No. 38, 1886, Dr. G. J. Gatchkovsky, of Rybinsk, states that he most successfully treated thirty-four cases of acuminated condylomata by powdering with pure resorcin. He details an interesting case of a young man, aged 17, who never had gonorrhœa or syphilis, but suffered from moderate balanitis, and in whom in course of time there developed two large condylomata (one of the size of a little finger, another of that of a raspberry), and thirty smaller warty excrescences, varying in their size from a hemp-seed to a big pea. Before coming under Dr. Gatchkovsky's observation (about six months after the appearance of the first new growths), the patient remained without any treatment whatever. The small warts disappeared completely after four days' treatment with resorcin; the large condylomata dwindled away three or four days later. No recidive followed.

Case of Hard Chancre of the Vagina.

The following case, observed by Dr. Max Bockhart, is worthy of note on account of the seat of the lesion (the vaginal wall being a very rare locality for primary venereal sores); also on account of the well-marked induration and the mode of contagion. The patient was a young woman, aged 20, who had had intercourse with her lover, who was suffering from numerous mucous papules on the penis. On examining the woman, Dr. Bockhart found a clearly indurated sore on the posterior vaginal wall. It appeared that the man, in order to increase the sexual enjoyment of his paramour, had made use of a peculiar kind of capote (*Reizcondom*) furnished with three rows of conical projections. By this means excoriation of the vaginal surface was produced, and then, in a subsequent coitus without the condom, contagion was supposed to have taken place. Symptoms of secondary syphilis appeared in the woman in due course.

Indurated Chancre of the Elbow.

The patient in this case, a man aged 26, did not come under M. Fournier's observation at the Hôpital Saint Louis until general signs of syphilis were already well developed, and probably about four months after contagion. Besides a general syphilide and lesions of the throat, etc., there was a healing sore with indurated base over the right olecranon, and well-marked indolent enlargement of the corresponding axillary glands. The inguinal glands were not enlarged. On the genital organs were some of the papules of the general eruption, but no trace of any primary sore. The history the man gave was that he grazed his elbow about four months previously, and that sores formed there about three weeks afterwards. He had had sexual intercourse with public women while the elbow was still sore. M. Fournier, though he had seen primary sores on almost every part of the body, had never before seen one on the elbow.

Case of Acute Multiple Gangrene of the Skin.

Doutrelepont (*Viertelj. für Derm. u. Syph.*, 1886, Heft 2,) gives a detailed account of an interesting case of this rare disease. Rounded, gray-white plâques, with a pricking, painful sensation, with or without preceding hyperæmia of the skin, show on their surface a certain number of rounded spots of a yellowish color. The patch, therefore, seems to consist of small rounded efflorescences; there is no swelling in the plâques nor pustules, and the skin remains flat. Soon after the plâque, the line of demarcation is formed, which is surrounded by a hyperæmic border; the gangrenous portion of the skin acquires a greenish-yellow color, becomes detached, and the surface slowly heals. The gangrene was limited to the cutis. Before treatment, most of the scars became keloid. Dressings of one per cent. bichloride solution seemed to prevent the keloid formation.

The Use of the Electric Endoscope.

An account is given by Dittel (*Centralb. f. Chir.*, 1886,) of the applications of this instrument for the better diagnosis of special forms of cystitis, hypertrophy of the prostate, new growths, and foreign bodies in the bladder. The apparatus which he employs is that invented by Nitze. In most cases the instrument is introduced by the urethra, but in the case of an enlarged prostate, a supra-pubic opening should, he suggests, be made if it is necessary. At the same time he draws attention to the fact that without some practice one is liable to mistake, or to misinterpret the appearances which are presented to one's vision. Thus he cites an instance in which an old case of cystitis with great thickening of the bladder walls was mistaken for a carcinoma. The price of the instrument, from $50 to $75, is also a bar to its general adoption.

Intestinal Displacement a Cause of Dyspepsia.

M. Glénard, a Vichy physician, believing that displacements of the intestine or "enteroptoses" are a good deal more frequent than is generally supposed, and that they are, indeed, a common cause of dyspepsia, has been in the habit of examining the dyspeptic and neurotic patients who consult him by making them stand up, and then going behind them and pressing on the abdominal wall when in a relaxed condition. If this produces a distinct alleviation of the discomfort he considers that enteroptosis is present, and orders a binder, which in these cases gives great relief, only lasting, however, while it is actually worn. A discussion on this subject has just taken place at a meeting of a Paris medical society, but M. Glénard did not find many of his colleagues prepared to accept his views.

Boldo-Glucine in Nervous Insomnia.

Dr. René Juranville has been studying the hypnotic action of a glucoside extracted from the leaves of the Chilian plant, boldo (*pneumus boldus*). M. Chapoteaut, who discovered this body, has called it boldo-glucine. After trying experiments on dogs, which appeared to show that boldo-glucine was a safe hypnotic, producing a certain degree of cerebral anæmia, Dr. Juranville administered it either per rectum or in capsules, in doses of 1.5 to 5 or even 8 grammes, to a number of patients suffering from different forms of insanity with insomnia. All the patients obtained sleep, or, at least, rest from excitement, and some were relieved from nocturnal hallucinations. Though the effect of the drug was, however, only temporary, the author believes it will prove useful in many cases of nervous insomnia, when other remedies have been unsuccessful.

The Etiology of Epidemic Scurvy.

In the *Sbornik Permskaho Zemstva*, No. 2, 1886, Dr. J. J. Molleson, of Perm, publishes a valuable paper on two epidemics of scurvy which raged over the Perm Government in 1884 and 1885, attacking in the former year 3,062 persons, and in the latter 4,450. Basing his statements on the statistics collected by local practitioners, he shows that scurvy represents mainly a result of a bad food supply. The author's tables most convincingly establish an invariable striking co-relation between the numbers of scurvy patients and bad harvests of corn and potato. Those districts (*üiezdy*) which most severely suffered from bad crops in 1883 and 1884 presented also the greatest numbers of scurvy cases in 1884 and 1885 respectively. The less unfortunate parts of the Government showed correspondingly lesser numbers of scurvy cases.

The Treatment of Lupus by Topical Applications of Bacterium Termo.

Dr. Viñeta-Bellaserra, inspired by the attempts of Cantani and others in the treatment of pulmonary and laryngeal tuberculosis, has tried this plan in lupus, which is now recognized by the majority of dermatologists as a local tuberculosis. He first scarifies the lupus with Vidal's instrument, and then applies cotton-wool soaked in the liquid of a germ-cultivation of the bacterium termo, covering this with gutta-percha, and maintaining it in contact with simple strapping. The application is renewed every twenty-four hours, the scarifications every two days. His results will be published shortly.

Transplantation of the Cornea with Preservation of its Transparency.

Von Hippel, of Giessen, recorded at the last meeting of the German Ophthalmological Society, a case of transplantation of the cornea in which the membrane had preserved its transparency for a considerable period. In general it becomes opaque in the course of two or three weeks, even when perfect union has taken place. Helmholtz believes that the opacity results from the aqueous humor coming into contact with the corneal tissue proper, in consequence of injury to the membrane of Descemet. M. Hippel avoided this by removing only that portion of the cornea which lies in front of the membrane of Descemet. In his case the vision was six-sixtieths eight months after the transplantation had been effected, the cornea still remaining clear.

Complete Cure of Chronic Peritonitis by Drainage.

Beljaeff records the case of a woman, aged 32 (*Centralbl. f. Chir.*, 1886,) who became the subject of chronic peritonitis as the result of an abortion, followed by endometritis and perimetritis. A considerable amount of ascites ensued, and the abdomen was twice tapped. As this did not in any way benefit the patient except for a time, it was decided to open the abdomen. At the time of the operation both the parietal and visceral layers of the peritoneum were much thickened and more vascular than natural. The fluid contained a small amount of fibrin, and blood corpuscles. The peritoneal cavity was thoroughly rinsed out with a $\frac{1}{30}$ per cent. sublimate solution, and drainage was effected per vaginam from Douglas's pouch. After three months' drainage a complete cure was the result.

The Operative Treatment of Paralytic Equinovarus.

At the meeting of the General Surgical Congress at Berlin, Rydygier, of Kulm, introduced a new mode of treating this affection. He opens the ankle-joint, and after scraping the surface of the bones puts it up again in a firm apparatus, and allows it to ankylose. By this means the flail-like condition of the foot is obviated. A somewhat similar operation was performed by Von Lesser several years back, the only difference being that he made a lateral incision, so as to get fore-drainage and not anterior, as is at present proposed by Rydygier. The advantage of such an operation is clearly shown by the result of Lesser's cases, which at the present time are well and healthy, and able to walk on their feet, which were before perfectly useless to them.

Neisser's Gonococcus in Gonorrhœal Arthritis.

In the *Vratch*, No. 31, 1886, Dr. P. V. Smirnoff, of Prof. N. M. Lubimoff's laboratory in Kazan, writes that he has examined a sero-purulent fluid aspirated by Prof. N. P. Studensky from the inflamed right knee-joint in a patient aged 28, in whom arthritis had developed about a month after his contracting gonorrhœa, and twenty-six days after the appearance of orchitis. Numerous groups of Neisser's microbes were found within pus-cells. Hence the author comes to the same conclusion to which Petrone, Kemmerer, and M. I. Afanasieff (who also found gonococci in inflamed joints in gonorrhœal arthritis) arrived; that is, that the articular inflammation is caused by Neisser's gonococcus entering the blood.

Pemphigus Vegetans.

Under this name, Neumann (*Viertelj. für Derm. u. Syph.*, 1886, Heft 2,) describes an affection which coincides with the frambœsia syphilitica of Kaposi. He considers that it is associated with syphilis. The course of pemphigus vegetans is acute, and the eruption reveals itself on the skin of the genitals and the inner surface of the thigh, armpits, and the mucous membrane of the mouth; later on the whole surface of the skin. The mucous membrane of the pharynx, larynx, vulva, and also of the vagina, is affected; the anal folds are scarcely ever free. The nodular condylomatous growth continues to appear until the patient dies.

Incontinence of Urine After Labor.

Real incontinence of urine consequent on labor is a rare phenomenon, except as the result of urinary fistulæ. It is due to lesions resulting from pressure on and bruising of the urethra by the fœtal head when the latter has remained for some time pressing against the pubic arch, or when the pressure in passing has been severe. It is not a functional disorder, since it is often due to genuine anatomical lesions. A cure often takes place spontaneously. Electricity, judiciously employed, is sometimes of service, and should always be tried in cases where no evidence of injury to the urinary passages is present.

Pulsatilla in Acute Orchitis.

Having witnessed the striking curative action of pulsatilla in acute orchitis and epididymitis, Dr. Gerard Smith would like to persuade others to follow Dr. Brunton's advice, and give this drug in inflammatory states of the testicle, epididymis, and spermatic cord. To have it in our power to subdue promptly the intense suffering of such cases, is a great blessing; and the relief is so rapid that it is even unnecessary to employ morphine to subdue the pain, whilst the swelling and heat subside more rapidly than under any other drug.

Contagious Pneumonia.

In the *Canadian Practitioner*, November, 1886, Dr. J. E. Graham describes a series of cases of pneumonia which he has recently observed. From a study of these cases, as well as the literature of the subject, he is led to draw the following conclusions:

1. That lobar pneumonia is in almost if not in all cases an essential fever.
2. That it is a parasitic disease.
3. That it frequently occurs in the form of epidemics.
4. That it occasionally has appeared to be contagious.
5. That the disease, in an epidemic or contagious form, is nearly allied to erysipelas.
6. That the early and persistent administration of tincture of iron is the proper treatment for these cases.

Nitro-Glycerine in Suspended Animation.

An interesting case is reported in the *Sei-i kwai* medical journal of Japan for November, of the resuscitation of a woman apparently dead by the hypodermic injection of nitro-glycerine. It was a case of collapse after child-birth. Dr. Sackersteen injected ten drops of a solution of nitro-glycerine (strength not given) into a vein. She made a good recovery. It has been suggested that this drug be used in cases of overdoses of chloroform and shock from surgical operation.

Cocaine in Whooping-cough.

Repeated painting of the throat with a 5 per cent. solution of cocaine is stated by Dr. Lahric to have caused an immediate lessening in the number of attacks, children having fifteen or twenty attacks in the twenty-four hours only having five to ten attacks after the application. As the topical effect of the drug is of short duration, it is necessary to repeat it fairly often, but no tolerance is established, as with other drugs. Improvement took place in the general health, probably due to the diminution in the cough.

Syphilitic Infection through Trousers.

In the *Vratch*, No. 26, 1885, Dr. P. P. Glagoleff, of Saksky Military Mud Baths, reports the case of a soldier, aged 23, in whom, two weeks after he had been in hired trousers at a masked ball, there appeared three hard, almost painless ulcers, situated a little below the inguinal fold. Four weeks later, roseolæ, anal condylomata, and mucous patches, made their appearance. The suspected trousers were so tight that the patient was obliged to put them on without drawers.

Antifebrine,

Professor Gerhardt has employed this remedy in ten cases of articular rheumatism, in doses of 3 grammes three times a day. In five of the cases (not recent) it was of no service. In five others (quite recent) it cut the disease short in one case, in two others it was almost completely successful, and in the two last its action was only moderately so. He likens the action of the new drug to that of antipyrine, to which it has, however, no relation chemically.

Chalk Ointment in Erysipelas.

Either precipitated or prepared chalk and previously melted lard, equal parts of each, to each one ounce of which ointment half a drachm of pure carbolic acid is added, is recommended by Dr. Dyce Duckworth in the *Practitioner* as a local application in erysipelas. This preparation is now the favorite one in the erysipelas wards at St. Bartholomew's Hospital.

CORRESPONDENCE.

Lake Fevers.

EDS. MED. AND SURG. REPORTER:

In Turner's "History of the Holland Purchase," I find a theory of the causation of "lake fevers," which reminds one of the modern germ theory of disease.

De La Barre, Governor General of New France, in 1684, massed all his available troops at Fort Frontenac, in the month of August. The soldiers, not being inured to the climate, were attacked by "lake fever." La Hontau, quoted by Turner, loc. cit., p. 137, gives the following as the theory De La Barre's physician advanced concerning the febrile invasion:

"It was that the excessive heat of the season put the vapors or exhalations into an over-rapid motion; that the air was so overrarefied that a sufficient quantity of it was not taken in; that the small quantity taken in was loaded with *insects* and *impure corpusculums* which the fatal necessity of respiration obliged the victim to swallow; and that by this means nature was put into disorder."

Impure corpusculums have been supplanted by swarms of pathogenic bacteria. The "fatal necessity" of respiration—*besoin de respirer*—still exists. Nature, in 1684, as Baron La Hontau observes, was put into disorder by the impure corpusculums and the "Iroquois strain." The breezes of the present are laden with bacilli. Microzymes are now aided by "business strain"—the general prostration and nerve exhaustion of over-work.

CHARLES E. FAIRMAN, A. M., M. D.
Lyndonville, N. Y.

Unique Penis Syringe.

EDS. MED. AND SURG. REPORTER:

I send you a description of the following little device, which I have dubbed "Unique Penis Syringe," to be used in lieu of the common penis syringes. It consists of a glass tube or barrel three and a half or four inches in length, one-half an inch in diameter, conical at one end to fit the meatus urinarius, and to the end is attached a hollow rubber ball an inch or more in diameter. By compression and expansion of the ball, fluid can be drawn up and forced into the urethra and returned to the syringe, thus perfectly washing the urethra, the desideratum in urethral injections.

A word as to directions: After the syringe is partly filled, the conical end is snugly fitted to the meatus, and by raising and compressing the ball, the fluid is forced into the urethra; then lower the ball and let it expand, and the fluid is again returned to the syringe. By this maneuvre the injection can be changed and a complete cleansing of the urethra effected. With the barrel of a common glass syringe and a small rubber ball, I made a very good instrument.

D. W. BOONE, M. D.
Bellaire, Ohio.

The Alkaline Antiseptic Treatment of Gonorrhœa.

EDS. MED. AND SURG. REPORTER:

Apropos to the new alkaline antiseptic treatment of gonorrhœa: About a year ago, reasoning from the parasitic theory, I treated a recent case of gonorrhœa with frequent thorough injections of a ten-grain solution of sulphite of soda in water. We secured a complete cure in ten days from the beginning of treatment. It was the patient's first case, and he was a robust, hearty man of 24 years, and kept at work driving team. There was no doubt of the genuineness of the case. One of his companions, who contracted it from the same woman about the same time, came to me two months afterward for treatment. His discharge had been gleety for some time, but had taken on an exacerbation, and was again purulent. The soda sulphite solution quickly reduced it to gleet again, but it required astringents to complete the cure. I have had no experience with the disease since.

J. C. McMullen, M. D.

Allegheny City, Pa.

Cocaine and Dobell's Solution.

Eds. Med. and Surg. Reporter:

I wish to call the attention of the profession to the fact that cocaine and "Dobell's solution" are incompatible, and a precipitate is formed because the alkalies are so potent in this solution.

Jno. A. Robison, M. D.

Chicago, Ill.

NEWS AND MISCELLANY.

Foreign University Intelligence.

Lyons.—M. Berne, professor of external pathology, has been obliged by ill health to obtain leave of absence during the present academical year.

Paris.—The candidates for the Chair of Internal Pathology, vacated by M. Peter, on his appointment to the Professorship of Clinical Medicine at the Hôpital Necker, were MM. Debove, Dieulafoy, Duguet, Joffroy, Lancereaux, Landouzy, Quinquand, and Strauss. From these the faculty was selected: (1st) M. Dieulafoy, (2d) M. Strauss, and (3) M. Duguet. The selections for the Professorship of Anatomy are (1st) M. Farabeuf and (2d) M. Rémy: and those for the Chair of Physics are (1st) M. Gariel and (2d) M. Desplats. A new professorship, the chair of which will be filled by Dr. Dubuisson, is about to be established at the School of Law. He will treat of "Mental Maladies" from the point of view of the legal responsibility of criminals affected in their mind.

St. Petersburg.— Prof. Sorokin's term of office has been prolonged for a period of five years.

Odessa.—After a good deal of delay or uncertainty about the establishment of a medical faculty, the Town Council has decided to grant the sum of £900, which is required to enable the university architect to visit and inspect foreign buildings of a similar nature, and to prepare the plans, on the express condition, however, that the Russian Government will promise definitely to authorize the establishment of the proposed medical faculty.

Olfactory Acuteness.

An interesting contribution, says the *Med. Press*, was recently made by Messrs. Nicholls and Bailey to *Nature*, giving the results of experiments upon the relative acuteness of the sense of smell in individuals. A series of solutions of oil of cloves, nitrite of amyl, extract of garlic, bromine, and prussic acid were prepared by successive dilutions with water until the limit of perception was reached, and then the solutions were placed indiscriminately and submitted to a number of persons of both sexes to classify them properly by the sense of smell. The results showed that on the average the sense of smell was much more delicate in the males tested than in the females; but the degrees of keenness ranged widely as between individuals. Thus three male observers were able to detect one part of prussic acid in 2,000,000 parts of water, though its presence was not revealed by a chemical test; but others. of both sexes, could not detect prussic acid in solutions of almost overpowering strength. The following figures give the average limit of delicacy of perception:

Cloves.—Males, 1 in 88,128; females, 1 in 50,667.

Nitrite of Amyl.—Males, 1 in 783,870; females, 1 in 311,330.

Extract of Garlic.—Males, 1 in 57,927; females, 1 in 43,900.

Bromine.—Males, 1 in 49,254; females, 1 in 16,244.

Prussic Acid.—Males, 1 in 112,000; females, 1 in 18,000.

The Phylloxera.

The average yield of the French vintage for the four years from 1875 to 1878, inclusive, was 1,275,000,000 gallons. The last three vintages have decreased at a greater rate than 100,000,000 gallons per year, and now it is reported that in the vintage of 1886 more than one-fifth of the yield was produced from dry raisins and dregs of the first and second press. Although it is beginning to be the fashion to ascribe this decrease chiefly to mildew and other causes, the presence of the phylloxera must be regarded as one of its principal causes. After a variety of researches only one method has been found to effectually kill this insect, and that is by inundation, begun in November and continued for forty days. The vineyard on which this experiment was tried was one of the first to be attacked. In 1867 the wine produced was 925 hectolitres; in 1868, 40; in 1869, 85; in 1870, the first year of submersion, 120 hectolitres. . Since that year the quantity produced has gradually increased, until it has nearly reached its normal figures, and the vines have regained, their vigor. The commission appointed in France, which publish every year such a heavy report, have chiefly studied methods for killing the insect underground, and but little practical benefit has attended their action. Had they directed their energies to a policy of extermination above ground, very different results might have been attained.

Capital Punishment by Electricity.

The horrid features of capital punishment by hanging (says the *N. Y. Med. Jour.*)—a term tantamount in the majority of instances to strangling—have often received consideration from a medical point of view. It is now announced that a legislative commission appointed to inquire into the merits of various devices for putting murderers to death with less repulsiveness will shortly report to our State Legislature in favor of the adoption of electricity. It is thought that the result is likely to be the passage of a bill abolishing execution by the gallows. A medical member of the commission is said to have expressed the wish that this State would "take the initiative in this step toward a broad humanity," and to have professed his gratification that France, Germany, and New Jersey seem to have had their serious attention turned to the matter in consequence of the New York inquiry.

A Doctor Who Could Shoot.

The *Indiana Medical Journal* is responsible for the following: During the twenty years which Dr. Ackley practiced in northern Ohio his reputation became very great. He was a man who was impulsive in his actions, as is shown by the following incident: One day while out duck-shooting he was accompanied by a favorite dog. Another hunter was on the opposite side of the stream, and as the ducks which he shot fell into the water, Dr. Ackley's dog would swim in and get them. The man objected to this, but Ackley told the man he should have all the ducks retrieved by the dog. The man answered that should the dog retrieve another duck he would shoot him. Ackley replied if the man shot the dog he would shoot the man. Another duck was shot and in sprang the dog, and was as promptly shot. Ackley reciprocated by filling the man full of shot from his fowling-piece, after which he immediately left the scene and returned rapidly to the city. Some time later a man came into his office complaining that some one had filled him full of bird-shot. Ackley proceeded to pick them out one by one, at the same time condoling with the man, and at the close of the process charged him a good bill.

A Sign of Death.

Among the means of determining between actual and apparent death, M. Peyraud regards cauterization of the skin by Vienna paste as one of the most certain. In the living subject the eschar formed will be of a reddish-black or brownish color, while in the cadaver it is yellow and transparent. If the eschar is formed slowly and is of a yellow color, the subject is dead, but if it is red, brown, or black, it may be assumed that life is not yet extinct.

The Use of Cocoa.

The total consumption of cocoa is 80,000,000 pounds per annum, supplied mainly by the West Indies and South America. France heads the list with with 26,000,000 pounds; Spain comes next with 16,000,000 pounds; then follows England, 14,000,000 pounds; and the United States, 8,500,000 pounds. In this last country the use of cocoa has increased more than six-fold since 1860, while that of tea and coffee within the same period has not quite doubled.

The Harvard Medical School.

In the recent annual report, the President of Harvard University spoke as follows of the medical department: "The medical school makes a slow gain in the number of students and its annual income, but is nevertheless doing excellent work. A plan for abridging the four years' course of study in certain cases is now under consideration."

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE SIX WEEKS ENDED JANUARY 29, 1887.

Wyman, Walter, surgeon. Granted leave of absence for three days, January 14, 1887.

Wheeler, W. A., passed assistant surgeon. To proceed to Erie, Pennsylvania, as inspector, January 12, 1887.

Personal.

—Dr. William Stevenson Robertson died at his birth-place, Muscatine, Iowa, on January 20, aged fifty-six years. He was President of the Iowa State Board of Health, and Professor of the Theory and Practice of Medicine in the Iowa State University.

Items.

—The mortality from labor in China is estimated to be eight per cent., or about four hundred thousand deaths annually.

—The *Pennsylvanian*, published by the students of the University of Pennsylvania, is to contain a series of short sketches of University professors, the first of which will appear in a few weeks.

—The Scientific Society of the University of Pennsylvania has established a book exchange for the benefit of students. Second-hand books will be bought and sold, saving purchasers any needless expense.

—To investigate the existence of diseased bones, Dr. M. J. Roberts, of New York, drills a hole in the bone, and then introduces a small incandescent lamp of half-candle power into the opening, and thus illuminates the cavity.

—The Municipal Council of Bordeaux has decided that the name of Paul Bert shall be given to a street in Bordeaux. Paul Bert was one of the promoters of the Faculté de Médecine of Bordeaux, where he subsequently occupied a chair.

—The Faculty of Medicine of Paris has conferred the Lacaze Prize of 10,000 francs, awarded every four years for the best work on the treatment of fevers, typhoid in particular, to M. Albert Robin, for his "Leçons de Clinique et de Thérapeutique Médicales."

—The peculiarity of malarial disease in China, according to the Hospital Report of the American Episcopal Mission, is that there is a remarkable predominance of the quartan type, and the paroxysms are most likely to come on at night or in the afternoon.

—For the relief of the violent pains that in some women precede the menstrual flow, Dr. Meniere, of Paris, gives a warm water enema, containing thirty grains of chloral and thirty grains of bromide of potassium. For young women only half of the above quantities should be prescribed.

—During the progress of a fire recently in New York, Superintendent Frederick Simmons, who attempted to cut a wire of the United States Illuminating Company, which caused obstruction to the firemen, was instantly struck dead by the force of the electric current with which it was charged.

—The publication of the third medical volume, the last of the series comprising the *Medical and Surgical History of the War*, has been delayed by the pressure of current work at the Government Printing Office. The completed manuscript was ready for the press in February last, but scarcely a fourth of it is yet in type.

—A Virginia gentleman, incensed with a schoolmaster for flogging his son, drew a check in payment of the tuition fees due, and made it so insulting in its terms that the schoolmaster had it cashed and then sued the drawer for libel in "publishing" it, but he was defeated in the courts and was afterwards horsewhipped by his antagonist.

—At a recent meeting of the Paris *Société de Biologie* M. Féré said that he had lately observed an ataxic patient who had crises of profuse sweating or salivation, accompanied with fulgurant circumorbital pains and a unilateral increase of the lachrymal secretion, a phenomenon which, the speaker remarked, had already been noticed by Duchenne and Pierret.

—Dr. W. M. Lively, of New York city, on January 20, sent to the Bureau of Vital Statistics the certificate of death of Alice Downs, a colored woman, whose age he states to be 110 years, 11 months, and 9 days. She was born in Maryland, had never married, and had lived in New York for fifty-two years. The cause of death was pneumonia.

—Lady Visitor: "Well, how are you this morning, my dear?"

Invalid: "Oh, very low, indeed."

"Have you seen a physician?"

"Yes."

"What did he say?"

"That the malady was normal."

"And who is this doctor?"

"It is Dr. X."

"Ah, well, he was right; with him all maladies are normal."

THE
MEDICAL AND SURGICAL REPORTER.

No. 1564.] PHILADELPHIA, FEBRUARY 19, 1887. [Vol. LVI.—No. 8.

ORIGINAL DEPARTMENT.

LECTURE.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

BY WILLIAM GOODELL, M. D.,
Professor of Gynecology.
Reported by WILLIAM H. MORRISON, M. D.

INCONTINENCE OF URINE APPARENTLY DUE TO DISPLACEMENT OF THE URETHRA THE RESULT OF LACERATION OF THE PERINEUM—SOME GENERAL REMARKS ON LACERATION OF THE PERINEUM—MENORRHAGIA DUE TO THE PRESENCE OF FUNGOUS VEGETATIONS.

GENTLEMEN: The first case that I bring before you is one of partial incontinence of urine. Whenever you have a woman complaining of partial incontinence of urine, always pass the catheter. This is a golden rule that should always be borne in mind. When a patient presents herself with such a statement, the inference of many physicians would be that the bladder is empty, whereas it may be that there is incontinence ot urine because the bladder is full. A woman may be two or three months pregnant when from some reason the womb becomes retroverted, or it may be that the retroversion was present before impregnation occurred. In either case the cervix presses against the neck of the bladder, and the woman is unable to pass the water which gradually accumulates in the bladder. After the bladder has become over-distended, and not till then, the urine will begin to dribble away. Again, a woman pregnant three or four months may take a long ride in a stage-coach or on a railroad, and may, through delicacy, neglect to empty her bladder. As she alights from the carriage, she makes a misstep which gives a little succussion to the womb, by which the fundus is forced behind the promontory of the sacrum and caught there. This displacement presses the cervix against the neck of the bladder, and the lady finds that, however urgent the desire, she cannot pass her water. In either case, an examination would in all probability disclose a cystic swelling above the pubes, which will disappear on the introduction of the catheter. I had quite a remarkable case of this kind some years ago. I was called by a physician to see a patient with stillicidium urinæ. She was three or four months advanced in pregnancy. Examination at once revealed an abdominal tumor, which closely resembled an ovarian cyst. I tried to pass a catheter, but I could not get it into the bladder. Finding that the womb was retroverted, with the cervix pressing very firmly against the neck of the bladder, I caught the neck of the womb with the volsella forceps and pulled the cervix down. Then with two fingers in the rectum I pushed the fundus up. This replaced the womb, and I now was able to pass the catheter. The urine filled the largest chamber-pot that I had ever seen, and a second vessel was required.

But our patient of to-day comes with another form of partial incontinence, and we must try to determine its cause. She is a married woman, and has had nine children. The one next to the last was delivered with instruments. The last labor was a breech presentation. This occurred fifteen months ago, and since then there has been a constant dribbling of urine day and night. It is not always easy to determine the exact cause of this condition. There is here no vesico-vaginal fistula. Sometimes the condition is due to a dislocation of the urethra from the passage of the child during labor. Sometimes it is owing to the formation of a pouch in the urethra or urethrocele, as a result of some injury during labor. You will remember that a few weeks ago I brought before you a patient suffering with the same trouble that this woman presents. She had a bad tear of the perineum, going through the sphincter, with a great deal of cicatricial contraction. The parts were thus distorted, and the urethra had been displaced. I operated on the perineum three weeks ago, taking good care to bring the ends of the severed sphincter in apposition. The union has been good, and since the operation she has had much better control over the bladder, being able to hold her water for several hours. Incontinence of urine after labor is not at all uncommon, but it usually soon passes away. On the other hand, many young girls have a partial incontinence of urine, so that when they laugh or cough a few drops of urine escape. This infirmity usually depends on lax fibre, and then is to be treated by ferruginous tonics; but sometimes it is not readily cured, because anæmia is often not very easily controlled.

There seems in this case to be some dislocation of the urethra, or some injury to the muscular fibres of the urethra, for when she strains or coughs there is a gush of urine from the meatus. There has been a bad tear of the perineum, with prolapse of the anterior wall of the vagina. Hence I think that the best plan of treatment will be to restore the perineum so as to give the needed support to the urethra. Before resorting to operative measures, let us try the effect of the following prescription:

℞. Extracti ergotæ, fld.,	gtt. xx.
Tinct. nucis vomicæ,	gtt. xv.
Tinct. belladonnæ,	gtt. x.

Sig.—To be taken three times a day on an empty stomach.

This mixture often serves a useful purpose in girls as well who are troubled with incontinence of urine. In anemic cases the tincture of the chloride of iron may also be given along with the mixture.

I wish next to show you the result of the operation on the perineum in the case to which I have already referred, the woman with incontinence of urine. The union is good throughout nearly the whole extent of the wound. It would have been better could I have avoided the constant dribbling of urine over the wound. I at first introduced a self-retaining catheter, but the urine made its way along the sides of the instrument, and it was, therefore, removed. As I have stated, she has much better control over the urine than she had before the operation. The only way that I can explain it is that the new perineum has pushed up the urethra, which was displaced downwards during labor. Still we are constantly meeting with cases in which there is urethrocele, and in which the bladder is plainly prolapsed, and yet incontinence of urine is not present. The effect of the operation seems to indicate that the trouble was due to displacement. In order to stimulate granulation in the places where healing is not perfect, I shall have a solution of five or ten grains of chloral in an ounce of water applied.

GENERAL REMARKS ON LACERATION OF THE PERINEUM.

The next case is also one showing the result of operation in a case of ruptured perineum. One of the secrets of success in plastic surgery is to take your time in operating. This patient was operated on two weeks ago. She is a married woman who has had three children. The first was born naturally, while with the second and third the labors were instrumental. As a result, she came to us with a bad tear of the cervix, and with a tear of the perineum extending into the rectum. In nine out of ten cases, bad tears are caused in instrumental labors. This is not because the forceps were put on early to bring the head down on the perineum, but because the physician ended the labor with the forceps. There is not one physician in fifty who is capable of delivering the head with the forceps through the soft parts. In primiparæ I do not consider myself capable of doing it, although my experience has been great. I should do it only when, as in puerperal convulsions, it is necessary to end the labor at once. My advice to you is to put the forceps on boldly when their use is called for, and bring the head through the bony pelvis down to the perineum; keep the forceps on until the perineum begins to bulge and looks as though it were going to tear. Then let the forceps rest loosely in your hands, and observe the effect of the unassisted pains. If nature appears able to complete delivery, remove the forceps, and then if a tear occurs it will, in the majority of cases, not involve the sphincter. Almost all the bad tears of the cervix and of the perineum occur, as I have told you over and over again, in instrumental labors.

This case brought up the question of the advisability of operating on the cervix and on the perineum at the same time. Performing both operations at one sitting saves time.

The objection is that you perform two operations of some severity, and you have two wounds to heal. Some years ago I lost a patient on whom I had performed the two operations, and that has set me rather against it. She had had a bad tear of the cervix and of the perineum. She was afraid to take ether, and did not wish to take it more than once, and I was persuaded to perform both operations at one time. She never recovered from the ether. Vomiting continued five days, the weakness finally resulting in heart-clot and death. I have, however, repeatedly had patients under ether for two or three hours in the performance of other operations, and have never had any bad result from the prolonged use of the anæsthetic. In a case where there are good reasons making it desirable that the two operations should be done at one sitting, I should perform them. The advocates of the double operation are numerous, while those who oppose it are few in number.

We have here, as you see, a perfect result. The perineum is at least an inch and a half in depth, and is proportionately thick. In this case, I used a self-retaining catheter. The bowels were opened with castor oil on the fourth day after the operation, and again one week after the operation. The stitches were then removed. Union has taken place throughout, and in a short time the patient will leave the hospital.

MENORRHAGIA DUE TO THE PRESENCE OF FUNGOUS VEGETATIONS.

This patient is twenty-nine years of age, married, and had one child nine years ago. Since then she has had two miscarriages, which occurred four or five years ago. Three years ago she was operated on at another institution for laceration of the cervix. She complains of pain in the left ovarian region, the pain extending down the thigh. She also has metrorrhagia. When there is pain, such as this patient describes, in the ovarian region, extending down the thigh, you will find that, in the great majority of cases, it is ovarian in origin. The menses occur every two weeks, sometimes oftener.

Why did this woman have two miscarriages? When a woman has had successive miscarriages, you will find that in fifty per cent. of the cases they are due to specific infection, provided they are not criminal abortions. Where such a history obtains, you should try, in a delicate way, to find out if there has been any specific disease. I have done this in the present instance, and have failed to find any evidence of such disease. Looking at her face, you see that peculiar appearance which is present in three different conditions, hemorrhage, malarial poisoning, and cancer. The cachexia produced by these different affections resemble each other so closely that it is impossible to distinguish between them. Sometimes in the cachexia of cancer there is a leaden appearance not seen in cachexia due to other causes; but this is not invariable. Her cachexia is due to loss of blood.

Before examining this patient, we may say that she has one of three conditions: fungous vegetations of the endometrium, a fibroid tumor, or possibly a polypus. As she is not thirty years old, it is not likely that she has a fibroid tumor. This growth makes its appearance more commonly between the ages of 35 and 45 years. We may therefore set that aside for the present. She tells us that she has had menorrhagia for the past nine years. If it were a polypus it would in all probability have worked its way to the mouth of the womb and have been discovered at the time that the operation on the cervix was performed. This would lead us to say that in all probability the hemorrhage depends on fungous vegetations.

The patient has been losing blood for the past two or three days. One of the best hæmostatics under these circumstances is the curette. It affords us the quickest way of stopping the bleeding. I usually prefer the sharp curette, but I have succeeded with the dull curette. This succeeds even where there are no fungous vegetations. We shall not be able to employ the curette this morning, because she is not prepared to stay in the hospital.

This patient is thin, but you must not infer that all women who lose blood are thin. On the contrary, many women who are bleeding profusely become fat, but the fat is of a flabby character.

I shall make a digital examination. I find the cervix small. The fundus is high up. The sound gives a measurement of a little over three inches. If a polypus were present, it would have to be very small, for if it were one inch in diameter the uterus would measure at least three and one-half inches. I cannot detect the presence of a fibroid tumor. I therefore conclude that the hemorrhage is due to the presence of fungous vegetations.

I shall direct this patient to return to have the womb curetted. This is usually not a dangerous operation. The cervix will first be dilated sufficiently to permit the introduction of the curette. This will be done with the steel dilator rather than with the sponge-tents, which are a source of danger.

The curette will then be washed in an antiseptic solution, either of the bichloride of mercury or of carbolic acid. The whole endometrium will then be carefully scraped. This will remove the numerous vegetations, which consist simply of redundant tissue, the result of over-nutrition. This woman, as we have stated, had a laceration of the cervix for six years. which, being a point of irritation, invited blood to the part, and led to this over-growth of tissue. Before operating on a lacerated cervix, you should always ascertain whether menorrhagia is one of the symptoms, and if so, you should curette the womb, either some days before or at the time of the operation. I much prefer to do it at the time of the operation. After the womb has been curetted, a disinfectant solution should be employed. If the cervix were well dilated, I should not hesitate to inject a solution of corrosive sublimate. I usually swab out the womb with a strong solution of tincture of iodine. It is dangerous to inject solutions into the cavity of the womb unless the os is well open. If there is not a free escape for the fluid, the muscular fibres around the cervix may contract, preventing the escape of the liquid, and then, if the uterus contracts, the irritating solution may be forced through the fallopian tubes into the peritoneal cavity. Therefore, remember this: Never inject anything into the non-gravid womb, unless the mouth of the uterus is so well opened that the fluid may come away as rapidly as it is injected. Even when the os is well dilated, you should not inject fluids unless their use is absolutely called for.

In cases of this kind, where there is difficulty in arresting the bleeding, it is often a good plan to introduce a piece of nitrate of silver into the cavity of the uterus. A piece half an inch long may be employed. This will cause the womb to contract, and will often stop bleeding when other measures fail. But this should be done only when milder measures fail, and as a last resort.

* * *

—The president of Harvard College gets $4,000 per annum. So does the head cook in the Parker House, Boston. But neither one of them can fill the other's place.

COMMUNICATIONS.

STYPTICS: THE ESPECIAL USE OF, IN THE TREATMENT OF DIPHTHERIA.

BY VESTA M. W. SWARTS, M. D.,

Of Auburn, Ind.

The fact that the true rationale of the use of styptics in the treatment of diphtheria does not seem to be well understood by the profession at large, is my apology for the appearance of this paper, written upon the treatment of a disease of which the literature is already voluminous. For a similar reason I shall proceed at once to the discussion of the principles involved, adding thereto a detailed account of the plan I have found most successful in practice.

The first indication in point of time and importance, in every case of diphtheria, is to prevent the local extension of the disease; as by this means we may expect to limit constitutional infection to a degree compatible with returning health. I believe that this can be done in all uncomplicated cases of pharyngeal diphtheria by the judicious and timely use of that class of astringents known as styptics.

The mucous membrane involved is in process of exudative inflammation, with tendency to fibrinous effusion, and infested with masses of bacteria which permeate surrounding tissue, live and multiply upon and within the exudation, and unite with it in the formation of the diphtheritic membrane.

In treatment, it matters not, outside of prophylaxis, whether these vegetable organisms are the carriers of the disease or not; nor yet that they are found in small numbers in healthy secretions. The whole process is pathological, and their aggregated numbers certainly produce a mechanical disturbance sufficient in some cases to be noticed by the patient and spoken of as if a hair or needles were sticking in the throat. We certainly know that without these micrococci diphtheria does not exist, and if their growth can be early prevented, the process ends. Theoretically, this can be done by depriving them of their pabulum—the material upon which they live. Practically, styptics stop the fibrinous exudation and lead to recovery. Mild astringents only make time for other agents, or too often prolong the case until general sepsis ends it. Ice, the actual cautery, collodion would be serviceable, but owing to the difficulty of their application, our best known agent is likely the solution of sub-sulphate of iron. It is decidedly styptic, non-irritating, and the effect of each application lasts longer than that of any other drug I have used, not excepting the valuable perchloride.

The best plan I have ever used is the following: Dilute Monsel's solution with nearly half its volume of glycerine, and apply with a camel's-hair brush over the diphtheritic membrane and adjoining tissue, requiring the patient to swallow a few mouthfuls of cold water immediately after the application to each locality, until all the affected portions are reached. Small children who refuse to drink, should have cold water thrown with a syringe far enough back to reach the pharynx or to compel them to swallow.

These applications should be made from two to four times a day, taking care that the night interval be as short as possible. In from two to four days there will be left only portions of partly adherent membrane, and the patient complains that the application is becoming painful, and that the throat feels perhaps worse. This is an indication that the mucous membrane, now stripped of its epithelium, needs protection. It should now be thoroughly dusted from three to six times a day with powdered sulphur, which has been some time exposed to the air, and therefore contains free sulphurous acid. Applied in this manner it protects the young epithelium, and renders the decaying mass aseptic. The styptic should be promptly discontinued so soon as the disease is under control; if used longer, it destroys these new cells and hinders the process of repair. The sulphur should be used for a few days longer.

Sometimes it will be well to give the patient the comfort of this protection a short time after each application of the sub-sulphate, and for very small children a weaker solution may be used. For cases seen early, the distinct localized red surface may be brushed with a mild solution, and after a few swallows of water are taken may be covered with the powder. The systemic effects of the disease ought always to be closely watched, and in bad cases it will be necessary—

1. To prevent extensive glandular infection; and for this purpose repeated applications to the neck over the region of the submaxillary and cervical glands of turpentine and oleic acid, or turpentine and lard, equal parts, have proved serviceable.

2. To allay irritation of terminal nerves in order to hinder increase of blood-supply to the affected membrane, and to prevent to some extent the increase of heat production (fever). Aconite in small repeated doses, quinine, or if the patient be restless, chloral cautiously administered, will aid materially in meeting this indication.

3, and important, it will be necessary to prevent, if possible, the prostration incident to the disease by the early and continuous use of alcoholic stimulants, until convalescence is fully reached, and the assimilation of food sufficient to meet the demands of the system.

That other and important indications for treatment will sometimes arise, and that by reason of complications some cases must end fatally, I am well aware; also that this kind of local treatment cannot be applied to the larynx, and that systemic remedies intended to limit exudation often fail entirely of their purpose; and yet I ask for styptics only their proper place in the therapeutics of this disease when I urge the timely use of such measures as tend to "starve out" those vegetable marauders, the micrococci of diphtheria, ere they block up the avenues of life or by general infection destroy it.

A CASE OF EPILEPSY APPARENTLY DUE TO GENERAL IRRITATION, AND CURED BY CIRCUMCISION.*

BY WHARTON SINKLER, M. D.,

Of Philadelphia.

More or less difference of opinion exists as to the influence of peripheral irritation in the production of epilepsy. It is generally agreed that sexual excesses or irritation of the generative apparatus can alone cause true epilepsy; but most writers admit that self-abuse or excessive venery bear a large part in the etiology of the disease, and that, if once established, these habits tend to aggravate and render it more difficult of cure.

Gowers thinks that masturbation in boys is a frequent cause of fits, which, while not genuine epileptic seizures, are convulsions of an hystero-epileptic kind.

Irritation of the prepuce or glans penis, even when not associated with masturbation, is believed by many to be the source of divers reflex nervous disorders, including epileptic convulsions, and many operations of circumcision have been done to relieve these conditions, with varying success.

To add some testimony to the subject, I wish to report to the Society the following case of marked epileptic fits associated with irritability of the genitals, and in which the attacks ceased after the operation of circumcision.

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*Read before the Philadelphia Neurological Society, December 27, 1886.

Frank P., colored, æt. 3 years and 5 months, came to my clinic at the Infirmary for Nervous Diseases, July 19, 1886. His parents are healthy, and have five other children; none of these have had fits, but one had chorea. He was well until December, 1884, when he had two spasms. These were attributed to teething and taking cold. In January, 1885, he had another fit. The attack was marked, and lasted three or four minutes. Since that time he has averaged one fit a week. The attacks are severe, the convulsive movements being general, and afterwards he is dull and sleepy. For several days past he has had an attack every day.

The child is well nourished, and shows no sign of rickets except that he is backward in teething. He is intelligent, and talks freely. The prepuce is elongated and inflamed at the edges, but can be retracted over the glans. Any touch, however, brings on an erection of the penis. The mother says that he handles the penis frequently, and seems to have some discomfort about it.

He was ordered potass. bromid., gr. ii. ter die. In one week returned and reported having had one attack. The bromide was increased to gr. v. ter die.

August 2. The boy has had thirty-five or forty attacks during the past week: some days twelve or fifteen fits. He has become unable to speak, and seems to have lost his intelligence. The genitals are very irritable; a touch of the penis makes it rigid. Circumcision was advised, and the operation was performed by Dr. H. E. Goodman on August 9. The bromide was continued in five-grain doses three times a day.

In the week after the operation was done he had two attacks. Since then there have been none. The bromide was taken for about three weeks.

I examined the child on December 27, and he seemed well. He was bright and active, and talked freely.

Gowers speaks of a case of epilepsy in a boy of thirteen years who had twelve or fourteen attacks a day under various treatment. It was found that he was addicted to self-abuse, and a blister on the prepuce reduced the fits to from two to seven a day. Circumcision was then performed, and the attacks ceased at once and did not recur. This author advises circumcision in all cases of epilepsy when masturbation is suspected.

A READY METHOD OF INDUCING RESPIRATION IN INFANTS BORN ASPHYXIATED.

BY ENOS T. BLACKWELL, M. D.,

Of Cedarville, N. J.

The birth of an asphyxiated infant makes an immediate and imperious demand upon the resources of the accoucheur that the life of the new-born may be saved. The call will be variously met as the practitioner has experience and good sense. Coolness and tact are requisites of success, presence of mind being in the highest degree indispensable.

The beginner in the art will, perhaps, hurriedly order hot water in which the infant may be immersed, that the shock of the heat upon the surface may induce respiration by reflex action through the nervous system. This procedure involves the cutting of the cord, and the neglect of the mother, who meanwhile is liable to hemorrhage, or other grave trouble. At best, it is a clumsy method; and the water, if not quite hot, produces a condition the opposite of that desired. He may dash cold water upon it, possibly, without severing the cord; but there is danger of deluging the lying-in couch, and so, perhaps, he separates it as in the aforesaid manner—losing time and neglecting the mother meanwhile.

He may even, if an unthinking person, puff his own devitalized breath into its mouth and nares—of course with an unfavorable result. Flagellation with the hand, or some suitable substitute, is resorted to by some.

A procedure brought forward a year since at the annual meeting of the Medical and Chirurgical Faculty of Maryland, under the name of the Schultze method, has obtained some currency in medical literature. It consists in swinging the fœtus by the shoulders alternately forward and backward, the axillary articulation being the pivot about which it is made to revolve. This requires the separating the infant from the mother and her abandonment during the efforts at resuscitation of her offspring. The manœuvre would seem likely to end in dislocating its shoulders by the inexpert.

A method embracing, perhaps, the same principles, which is immediately applicable without an instant's absence from the mother's side, and gives excellent results, was described by me in the MEDICAL AND SURGICAL REPORTER for 1879, vol. xvi., p. 527. This has seemed, in my experience, to establish breathing in all cases in which death had not absolutely taken place. I make no apology for its reproduction here, as it merits a wider recognition than it has received, and a thorough trial by all who are engaged in the practice of midwifery. By an inadvertence, the principle is referred to the Marshall Hall system, but is more nearly allied to that of Sylvester.

"'In the resuscitation of asphyxiated infants newly-born, I have long used a procedure embodying the principles of the Marshall Hall method, viz., by tossing the child with a quick motion, the placenta being still attached. The rapid movement causes the arms to fly up, lifting the chest-walls, and causing the infant to take in air by a sudden sob. The method may appear rude, but it has succeeded in many instances apparently desperate. It has the merit of instant applicability, with very quick results; and experience with it induces me to believe it unfailing in the recovery of newly-born infants perishing from asphyxia." In the procedure, the head, neck, and shoulders are supported in the palm of one hand, while the buttocks rest in that of the other. A few tosses are generally sufficient to elicit a cry. As a part of the literature of a subject that must interest the great body of medical practitioners, and which is strangely neglected in some systematic works on midwifery, I recall the attention of the profession to a plan which I believe has special merit.

THE SANITARY QUALITIES OF ARTIFICIAL BUTTER.

BY JACOB R. LUDLOW, M. D.,

Of Easton, Pa.

The late Prof. Hughes Bennett is quoted as saying that the great cause of the prevalence of pulmonary phthisis was the scarcity of good butter and the abundance of pastry cooks. The butter supply has always been inadequate. Years ago, farmers and laboring men used pickled pork and bacon as fat foods, and butter only as a luxury. But now-a-days, everybody eats butter, whether he live in a shanty or in a palace, and the demand is so great that if we were dependent exclusively on the cow for our butter, the price would exclude it from the tables of all except those in comfortable circumstances.

Within a few years science and art have given us a substitute in oleomargerine and butterine. The skill and success that have been shown in its manufacture are quite phenomenal. It is really a triumph in its way. It is much better and more wholesome than much of the butter found in the markets. It has brought down the price of butter fully fifty per cent. The quality is uniform and the sources of supply inexhaustible. It is really a boon to the poor man, and the man in moderate circumstances; yet it is denounced and misrepresented by the dairy interest because its extended use has diminished their profits.

It is called "stuff," and "nasty," and attempts are made to excite prejudice against it as unwholesome; laws are passed taxing it, and more or less prohibiting its manufacture and sale. These laws and methods have chiefly one effect: they raise the price of butter, whether dairy or factory, on the consumer. They never will prevent its manufacture and sale. So long as men can make artificial butter which cannot be distinguished from dairy butter by sight, taste, or smell, so long will it be made and sold; and legal restrictions advance the price without diminishing the profits of its manufacture.

In the interest of the masses, I think the profession should protest against unnecessarily adding to the cost of a food so valuable and important. The rich man may enjoy his gilt-edged butter, but, without this aid, the poor man must be forced to use the inferior grades of dairy butter, strong, garlicky, carelessly made, and often unwholesome.

The wise fools calling themselves reformers, who, a few years ago, went about lecturing upon the injurious nature of fat as a food, did a great deal of harm in exciting a prejudice against fat ham, bacon, pickled pork, and other forms of wholesome fats; and now, a delicately prepared fat, so closely resembling butter as to be easily substituted for it, is to be driven if possible from the market for the sole purpose of adding to the profits of a special industry. Congress had better subsidize the dairy interest from the surplus in the treasury than to collect this additional tax directly from the people.

It is proposed to reduce the tariff on sugar. This would very likely not reduce the price of sugar to the consumer, and if it did, so much the worse. Sugar is too cheap already, and too much is eaten for the good of the public stomach, while a palatable fat food, which the people need, is discountenanced by a prohibitory price.

I have no interest, pecuniary or otherwise, in either dairy-made or artificial butter, but, as a practitioner of medicine, my attention is called to forms of food that may not make a recourse to cod-liver oil so often a necessity.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Service of Dr. Theophilus Parvin.

Dr. Parvin is noted for his punctuality in commencing his lectures; hence when he entered the room and the clock marked ten minutes after the hour, he laughingly said that he was compelled to confess that he was a little late—the remorseless clock would not lie, and it warned him that he was behind time. He recalled that when he was a child, there was a good old minister in his neighborhood who had been a soldier in the war of the Revolution, and who, owing to the sparsely settled condition of the country, was obliged to travel about and preach in many separate places. As his means of transportation were not very certain, he was wont to announce that, "the Lord being willing, he would preach next Wednesday evening, at early candle lighting, as there will be a moon on that night if it does not rain." This allowed him a good margin. But now it is different; for clocks abound, remorselessly recording not only hours but minutes, and ten or fifteen minutes amounts to something; it is, however, a legal fiction that it is always one hour until the next arrives; therefore, as it is not yet ten, you must, despite the dictum of the truthful clock, conclude that it is only nine, and that I am therefore on time.

Paraplegia in its Relation to Labor.

Dr. Parvin had two very interesting cases to present. One was a case of paraplegia during pregnancy and labor. There are two forms of paraplegia in connection with pregnancy and parturition: the one where it precedes pregnancy, the other where it occurs during it, when it is often reflex. Now, the question very naturally arises as to what effect paraplegia has upon the progress of labor. If only the lower limbs are affected, then no influence whatsoever is exerted upon the labor; indeed, under these circumstances the labor may be even more rapid, because as the pain or suffering is not experienced, so the expulsive efforts are not retarded, as they usually are, when nature seems inclined, by this retardation, to wish to render a temporary respite to the woman's suffering. If, however, the abdominal muscles are involved, we can readily understand how labor will be delayed, because, of course, these muscles greatly aid the uterine contraction in its expulsive efforts. In this case there was no delay; if anything, the labor was more than usually rapid.

Rheumatism in Pregnancy.

The second case is one where pregnancy and labor were complicated with rheumatism. For some weeks before labor this woman suffered with a violent attack of acute articular rheumatism, which lasted through labor and continued for some time thereafter. This is the first case of the kind that Dr. Parvin has ever seen; during labor her temperature was $103\frac{2}{5}^{\circ}$, which, under other circumstances, would have occasioned serious alarm. Her temperature continued from 100° to 102°, and she suffered greatly. It was customary for the older obstetrical authors to dwell upon rheumatism of the uterus, which they claimed occurred not only during pregnancy but in labor as well, and it was to this rheumatism that they were frequently wont to ascribe the etiology of dysmenorrhœa. Indeed, the famous guaiac prescription of Dr. Dewees for this complaint, which was the ammoniated tincture of guaiac, had, for its *raison d'etre*, the idea that uterine rheumatism was at the basis of dysmenorrhœa. You never hear nowadays of rheumatism of the uterus; that which was once so-called, we now know to be a sub-acute inflammation of the peritoneum or of the muscular tissue of the uterus itself. Another patient in the expectant ward, was seized with most violent abdominal pain, and it was supposed at first that she was in labor, though the natural duration of pregnancy had not been reached. She was removed to the lying-in ward, but did not bring forth. Her suffering was intermittent: why, I do not know, unless it is that it is the rule for women in pregnancy to have intermittent contractions, which however are usually painless, while they are painful if there be inflammation of peritoneal or muscular uterine wall. As soon as I saw this woman knew that her pain was not that of labor, because in true labor the sufferer is *girdled*, as it were, with pain—the pain commences in the back and circles both sides round to the front. Here the pain was confined to the anterior uterine wall.

Auscultation in the Diagnosis of Pregnancy.

We now come back to the diagnosis of pregnancy, the subject that we have been investigating. I recommend mediate in preference to immediate auscultation, for several reasons. It is not very delicate to apply the ear directly to the abdomen; the position of the examiner would be more or less constrained; the circulation in the vessels of the neck would be interfered with, which might give rise to deceptive sounds; your neck muscles would be strained, and if you wear a beard it might also cause misleading sounds. Again, unless you use a stethoscope, it will not be easy to locate the maximum of intensity of the sounds you hear. I remember being one time in the Fever Hospital of Dublin with Dr. Kennedy, and seeing him use a stethoscope, maybe eighteen inches long. To my query why he used such a long instrument, he whispered the reply that it was to keep the vermin off; so that under certain circumstances this may be an additional reason for the employment of this instrument.

The fœtal heart-sound can be usually heard at the end of three months; I would say that it is then audible in three-fourths of all cases; at 3½ months it is heard in more, and you will rarely fail to detect it at 4½ months, certainly not oftener than once in one hundred cases. The detection of the fœtal heart-sounds is an absolutely positive evidence of pregnancy, and it is the only infallible symptom we have. When we have once heard it, we know, beyond question, no matter how great may be the negative evidence, that the woman in whose abdomen it has been heard is pregnant. What has been erroneously called the placental souffle is not diagnostic. This sound has no pulsation, which negatives the old idea that it was caused by the circulation in the aorta or in the iliacs. It is heard most distinctly on the sides, and may be compared to the sound produced by softly pronouncing the word *roo*. It is synchronous with the maternal pulse, and is usually heard most distinctly on the left side. The only things with which it could be possibly confounded would be an anæmic souffle, or the bruit caused by valvular heart disease of the mother. We must remember that the blood vessels of the uterus enter that organ at the sides—when we have a column of liquid flowing through vessels of a uniform calibre no sound is produced, but if these vessels become suddenly enlarged, or if a number of new vessels (the combined area of which is greater than that of the primitive vessel) be formed, then the flow of liquid will give rise to a sound. If you go into a forest in "the leafy month of June," when the trees covered with leaves offer an obstruction to the free passage of the wind, you will hear musical sounds that are not produced in the cold, cheerless, leafless days of February. The deep and narrow river flows noiselessly on to the ocean, but should its channel suddenly widen, then there is a rippling and a gurgling of the waters. So is it with this *uterine* souffle, to which, with strange and inconsistent persistency, the term *placental* still adheres—for we now know that the placenta has nothing to do with its production. Some years ago I read in an English medical journal of good repute, a communication from some physician, who claimed that he could diagnose the sex of the fœtus in utero, according as this souffle was the more intense on one side or the other. Notwithstanding the absurdity of this statement, it passed unchallenged; and in spite of the omniscience of medical journals and medical editors, it was never denied. It is a fact that this sound may be heard one, two, or even three days after the completion of labor. Is it then diagnostic of pregnancy? Well, we can hardly believe that a woman may become pregnant three days after she has given birth to a child. It simply means that the blood is flowing from vessels of a lesser into vessels of a greater area; so, therefore, anything that causes an increased vitality of the uterus may give rise to it. It may be heard in probably fifty per cent. of the cases of soft uterine fibroids. It is usually heard first about the fourth month, whence it grows gradually more distinct until the seventh month, from which time it remains stationary to the end of pregnancy. Thus, then we see that the souffle is not diagnostic of pregnancy, and even if we accept it as a collateral evidence, it is of no value in guiding us as to the life or death, or healthy or unhealthy condition, of the fœtus. On the other hand, the fœtal heart-sounds are not only diagnostic, but they inform us also as to the condition of the child. Obstetric auscultation requires a long and thorough apprenticeship. I remember Professor Samuel Jackson asking me one day if I had been to the clinic, and when I replied in the negative, he told me that I ought never to miss an opportunity of seeing a sick person. So I say to you, you should never miss the opportunity of ausculting a pregnant abdomen. The fœtal heart commences to pulsate a few days after conception, but, as I have already said, it is not available for diagnostic purposes until about the end of the fourth month. Where shall you listen for it? Remember that the shape of the uterus varies with the progress of labor. At first it is spheroidal, and the fœtus may lie anywhere. By the seventh month it is ovoidal, and then the fœtus has assumed the most comfortable position, which it thereafter maintains. In 96 out of every 100 cases, this position will be with the head downwards. Early writers used to teach that up to the seventh month the fœtus sat on the brim of the pelvis, and at this time the head growing too heavy for this position, it toppled over and became a vertex position; and with a marked lack of gallantry they were accustomed to say that this occurred earlier in boys than in girls, because the heads of the former developed more than the latter. Of course, we now know that this position is assumed because the uterus is best adapted for it. If we are listening for the heart-sounds as early as the third or third and a half month, then we should place the stethoscope in the axis of the superior strait and auscult perpendicularly to the fundus of the uterus. In 1832 an instrument was devised called a metroscope, which was designed to be introduced into the vagina for ausculting purposes; it did not meet with much favor. An effort is now being made to revive it, but without much success. It might cause abortion, and is not to be recommended. If we draw a line from the umbilicus to the superior spinous process of the ileum, we will hear the heart-sounds about its middle, and usually on the left side. We can, as I have said, form an opinion as to the condition of the fœtus. The sounds will vary from 120 to 160 per minute, averaging 140. If they are only 90, or are up to 200, we will know that the child is in danger. The sounds may be likened to *tic tac, tic tac*, the interval between the tac and the tic being twice as long as that between the tic and the tac. If these sounds are not distinct, if they are wavy or weak, then we know that something is wrong. When you are to auscult a pregnant woman the room should be quiet, and her bowels and bladder should be empty. It will be best to have the abdomen uncovered, though the interposition of a piece of thin muslin will make no material difference. A woman may simulate the fœtal movements; she may testify to the subjective, and in certain pathological conditions, we may have many of the objective signs of pregnancy; but no power can produce the fœtal heart-sounds save the presence of a living fœtus; and when we remember that the reputation and happiness, aye, the very salvation of a woman may rest on our opinion, we should not fail to realize the great responsibility that rests upon us.

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—According to the *Lancet*, precipitated chalk forms the best basis for a tooth powder, to the base of which may be added pulv. saponis and ol. eucalypt., a drachm of each; and, if there is no objection to the taste, half a drachm of carbolic acid.

MEDICAL SOCIETIES.

THE BALTIMORE ACADEMY OF MEDICINE.

Stated meeting, January 18, 1887.

Owing to the absence of both the President and Vice-President, Dr. T. A. Ashby was elected President *pro tem.*

Alcohol as an Anæsthetic.

Dr. W. Chew Van Bibber related three cases in which complete anæsthesia was brought about during labor by large doses of alcohol. The uterine contractions were regular and easy; there was no trouble with the placenta, nor was there any post-partum hemorrhage. The patient was so completely under its influence as to experience no pain, and was entirely unaware of the passage of the child from the uterus. He thinks its action compares in these cases very favorably with that of chloroform.

Dr. T. A. Ashby has seen one major operation performed while the patient was under the influence of alcohol. The operation took an hour and a half. In this case, however, the whisky (that was the form employed) was hardly pushed far enough, as the patient was somewhat hilarious during the operation. In this instance, however, he thinks the efficiency of the agent was greatly increased by fortitude and love for the whisky on the part of the patient.

Dr. W. Chew Van Bibber has employed alcohol in puerperal eclampsia for years with the happiest results. He keeps the patient perfectly relaxed for twenty-four hours. He has never had any reason to doubt its efficiency in these cases.

A New Instrument.

Dr. W. Chew Van Bibber also showed an instrument devised by him for use in circumcision. It is in the form of a punch, and is so arranged as to cut from the foreskin a triangular bit of the tissue.

Dr. A. B. Arnold corroborated the statement by Dr. Van Bibber that the skin after circumcision retracts to an astonishing degree.

Diphtheria Treated by the Out-door Method.

Dr. W. Chew Van Bibber then referred to a case of diphtheria that he had recently treated successfully as an out-patient. The patient was a girl who presented herself with both tonsils covered with diphtheritic ulcers and patches. The pharynx was likewise involved. Cervical glands swollen and tender.

A very bad odor came from the throat. He looked upon it as a grave case. His treatment was as follows. He gave her four prescriptions:

No. 1. Brandy, carbolic acid, and quinia.

No. 2. Quinia grs. iv, whisky ℥j; ʒss every two hours.

No. 3. Was a disinfectant to be used as a gargle.

No. 4. Was composed of powders of sulphur grs. x each, to be placed dry in the mouth.

Under the circumstances he thinks it remarkable that the girl should have recovered.

Dr. W. Chew Van Bibber then read a paper upon

The Diagnosis of Cancer of the Mesentery.

(*See page* 193.)

DISCUSSION.

Dr. A. B. Arnold considers diagnosis in these cases very difficult. He can only say that he has on several occasions suspected the condition, but has never had his suspicions verified by an autopsy.

Dr. John Uhler thinks we might be aided in our diagnosis in these cases by the fact of the mobility of most of the abdominal contents. By causing the patient to alter his posture he thinks the tumor could be made to change its position.

Dr. A. B. Arnold read a paper on

Neurasthenia.

DISCUSSION.

Dr. F. T. Miles was glad to have heard this paper. He has seen a number of these cases, and thinks the picture drawn by Dr. Arnold in his paper represents them perfectly.

He thinks the larger number of these cases, instead of being accompanied by dyspepsia, really result from dyspepsia. Thinks the cerebral symptoms result from disorders in the digestive tract. Thinks the number of symptoms given by neurasthenics indicates a very general derangement of the nervous system.

It is his experience that persons with real spinal disease tell their symptoms in a very few words, but where the disease is imaginary, as in neurasthenics, the train of symptoms is almost endless. He agrees with Dr. Arnold that neurasthenia is liable to blend and glide into melancholia and grave cerebral disorders.

He referred to the permanence of many of the peculiar phobias exhibited by neurasthenics. A gentleman while in a neurasthenic condition suffered from the fear that his wife was becoming bald; he recovered and was in the habit of ridiculing this diseased notion. One evening while at a company his wife's false hair became accidentally disarranged, when the old fear immediately returned to the gentleman. In the case just referred to, improvement in personal hygiene resulted in recovery.

Dr. A. B. Arnold is gratified at hearing Dr. Miles agree with him. Hitherto neurasthenia has been obliged to fight its way into general recognition. In most of the later works devoted to diseases of the nervous system he finds it occupying a prominent place. He don't think Dr. Beard has received the proper recognition in his own country.

Dr. H. P. C. Wilson thinks many of the maladies seen in young girls are attributable to a defective system of education, in which physical training is almost completely subordinated to mental exercises. There is no doubt that such a condition can only result in exhaustion of the nervous forces.

Dr. A. B. Arnold related a case in his own practice in which he was called to see a young lady. He could not determine her ailment, nor could he relieve her by any means known. Becoming discouraged, he ceased his visits. Shortly afterward he saw her on the street, a picture of health. Enquiry revealed the fact that she had had a lover who had left the city; this was the cause of the condition in which he first saw her. He had now returned, and this he supposed to be the reason for her return to health and spirits. He is puzzled to know what treatment a physician should adopt in such a case.

Dr. T. Barton Brune read a paper upon

A Reducing Substance in the Urine Resembling Glucose.

Dr. John Uhler read an article from the *Boston Medical and Surgical Journal*, by Dr. Harrington, upon

Potassium Bichromate as a Source of Poisoning.

Following upon this he read a letter from a chemist in charge of the large chrome works in the North; in which this gentleman endeavors to show that the article in the Boston paper is not a statement of facts, and that its author, upon chemical grounds, is not justified in making the statements. He says: Dyers who use the salts of chrome acid are not affected. Weavers who employ the stuffs that have been dyed with those colors are not poisoned.

In the United States there is nothing known as chrome disease of the skin. Excepting the loss of the nasal septum, the workers in these establishments are as healthy as outsiders. Those who spend a short time only each day in chrome works are in no way affected in health.

Dr. John N. McKenzie said in his observations upon the perforation of the septum, as a result of the action of chromium, it is seen that perforation may occur in some cases so early as twenty-four hours after first working in the substance.

Chrome acid is limited in its action, being converted, when acting, into an insoluble oxide. He has found ulceration on the mucous membrane of the nose, but not of the pharynx. He called attention to the fact that when the substance gains entrance to the system it always finds its way to the respiratory tract.

Perforation of the septum from chromic acid may be differentiated from that resulting from syphilis, by the fact that in the former there is no change in the out shape of the nose, while in the latter the outline of the organ is altered.

NEW YORK ACADEMY OF MEDICINE.

Stated meeting, January 20, 1887.

A. Jacobi, M. D., President, in the chair.

Reports of meetings of the sections were read. Dr. E. Darwin Hudson had been elected chairman of the section in theory and practice, and Dr. R. C. M. Page secretary; Dr. R. F. Weir had been elected chairman of the section in surgery, and Dr. Robert Abbe secretary; Dr. E. L. Partridge had been elected chairman of the section on obstetrics and diseases of children, and Dr. I. E. Holt secretary.

The Value of Quinine as an Antipyretic in Pneumonia.

Dr. John H. Ripley read the scientific paper of the evening, in which he gave a summary of the treatment of forty-eight cases of pneumonia in St. Francis Hospital by quinine, administered for the purpose of reducing the temperature, it being given in no instance in which the temperature had not been above 103° F. There were only about six of the cases in which the temperature fell after its administration more than two degrees; in half the cases it fell only one and a fraction of a degree, and in the other half less than a degree. Its fall was not regular; the duration of the fall was uncertain, it was generally short. In as much as there were recessions of temperature in pneumonia even when no drugs were administered, it could not be said that in all these cases the fall was due to the quinine. Moreover, the quinine produced in many cases unpleasant effects. In large doses it would cause vomiting and disturbance of digestion for some time afterward; and even in moderate doses it would give rise to anorexia and nausea. It also made the heart's action weak. Among the effects on the nervous system were noticed somnolence, delirium, in two cases opisthotonos, etc.

Dr. Ripley concluded that quinine was a feeble antipyretic in pneumonia, but that its use was not justified; that if an antipyretic effect was desired there were more efficient drugs than quinine. He said further, that in his opinion the administration of drugs for the reduction of temperature in fevers was being carried beyond proper limits; that the importance of reducing the temperature, especially when only moderate, had been exaggerated.

The views regarding the use of quinine as an antipyretic in pneumonia expressed by Dr. Ripley, were coincided with essentially by Drs. Putnam Jacobi, J. Lewis Smith, Fruitnight, Castle, Billington, and Holt. The president had some years ago given quinine to children in pneumonia when the temperature was sufficiently high to call for an antipyretic effect, and with good results; but he administered it usually in the morning, or when the fever was not highest, so that it could be taken up; if hypodermically, he gave the carbamide of quinine. He gave doses then regarded as large, but now not so considered—six to ten grains a day to children. The very large doses now given were regarded by him as injurious. He seldom gave quinine as an antipyretic in pneumonia now, because antipyrine, for instance, was more efficient.

Adjourned.

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—Winkelmeier is the name of a giant who is now on exhibition in London. He is eight feet and nine inches in height, and is therefore more than a foot taller than Chang, the Chinese giant. He was born at Freidburg, Upper Austria, in 1865, his parents being people of humble life and normal size.

—"Did you carry that prescription to old Mrs. Smith last night?" said the doctor to his office boy.

"Yes sir."

"Did she take it?"

"Yes sir."

"How do you know?"

"Crape on the door this morning."

EDITORIAL DEPARTMENT.

PERISCOPE.

Management of Simple Constipation.

Sir Andrew Clark thus writes in the *Lancet*, January 1:

The untoward consequences of constipation are always considerable and sometimes serious; but greater than they—greater than the anæmia, the blood-poisoning, the headache, the nervousness, and the heart disorder which arise out of fæcal retention—are the untoward consequences of ignorant and unskillful domestic management.

For two days a patient has had no relief to the bowels. He has been traveling, or he has changed his diet, or his accustomed routine has been in some other way interrupted. The subject is seriously considered: in the light of an excited self-consciousness impending dangers are seen, and forthwith he determines to take "a dose." But the taking of doses is an inconvenient and a disagreeable procedure, and so it is settled that the dose shall be a good one—such a one as will speedily and effectually overcome the constipation and relieve the patient of his trouble. The dose is taken, the bowels (small, perhaps, as well as large) are emptied of their contents, the object of treatment has been achieved, and all for a time seems well. But the next day arrives, and there is no fresh movement of the bowels; even a second day passes, and they are still inactive. The patient is more uncomfortable than he was before he took his "dose." What is to be done? Matters cannot continue as they are. Plainly the medicine first emyloyed has confined the bowels, and so another must be taken which shall be free from this disadvantage. The other is taken; again the bowels are freely moved, and a liquid, light-colored, mucoid, and feculent discharge attests the success of the new endeavor. But the bowels fail to resume their periodical discharges; the patient becomes worse than ever; again he flies to artificial help for relief; again he is disappointed in recalling nature to her own ways; and at last the bowels, robbed of their normal conditions of action and exhausted by frequent irritation, refuse to act at all except under the spur of strong aperients frequently repeated. With few exceptions, no person has passed through this experience and fallen under the tyranny of aperients without finding his life invaded by a pack of petty miseries which lower his health, vex his temper, and cripple his work. Now, for the most part all these troublesome consequences of constipation may be avoided by attending to the conditions of healthy defecation. The chief of them requiring consideration at this time, and assuming the integrity of the nervo-muscular apparatus of the bowels, are plenty of solid and liquid digestible food, a fair amount of refuse matters in the colon, regard to the promptings of nature, daily solicitation at an appointed time, the co-operation of expectation and will, and contentment with a moderate discharge. I propose to discuss briefly each of these conditions.

1. Plenty of solid and fluid digestible food. People leading a sedentary or a society life become disposed to eat too fine foods, and to drink too little liquid. Among the results of such habits are a general want of nervo-muscular vigor, a deficiency of intestinal secretion, and an insufficient amount of refuse matter in the bowels to secure daily relief. To correct this without the help of drugs, coarse and irritating foods are taken. For a day or two perhaps they succeed; but after a time they provoke catarrhal irritation, and either increase the constipation or bring about lienteric diarrhœa. As a rule, it is a practical error to treat constipation by means of hard, indigestible, and irritating articles of food.

2. A moderately full colon is essential to the sufficient periodical discharge from the bowels. It is true that the ordinary peristaltic action of the bowels is automatic, and substantially independent of external stimulation; but it is, I think, equally true that for the stronger peristaltic action which, accompanied by inhibition of the associated lumbar centre and relaxation of the anal sphincter, issues in normal defecation, an external stimulus, the stimulus of an adequate amount of retained fæces, is necessary. If by an aperient, or by any other means, the colon is more or less completely emptied of its contents, defecation will be suspended until the colon becomes again more or less full; it cannot act independently of the appointed conditions of action; it cannot make bricks without straw.

3. Regard to the promptings of nature. When the lower part of the sigmoid flexure is full, sensory impulses are sent to the nervous centres, and these are responded to by

discharges which not only excite vigorous peristalsis in the upper part of the colon and solicit the coöperation of the will, but tend to inhibit the lumbar centre and to bring about relaxation of the anal sphincter. The conditions of defecation are present, and it needs only a patient effort of will and concurrent expectation to originate and complete the operation. But when attention to these promptings of nature is denied they cease for the time; and although they recur and suffice for action, the denial, if often repeated, blunts the sensibilities of the parts concerned, deprives us of the normal intimations of the need for relief, and brings about a form of constipation difficult to cure.

4. Daily solicitation of nature at an appointed time. It has been found that for the great majority of people the most favorable, and also the most convenient, time for procuring relief to the bowels is after breakfast; and it is one of the greatest helps to sufficiency and regularity of action that the daily solicitation of nature should be practiced at that time. In order that both solicitation and action should become developed into a habit, it is necessary that nature should not be listened to at any other than the appointed time. And in this precept there is no contradiction of the statement made in the previous paragraph; for it is not the temporary and exceptional denial of nature with the view of establishing a regular habit of defecation—it is the repeated denial of nature with no such object in view, which blunts the reflex sensibilities of the parts concerned and brings about an obstinate constipation.

5. The coöperation of expectation and will. Many persons seek relief to the bowels without taking any pains to secure success. With some persons, indeed, such pains are unnecessary. A certain automatism has been established; and it needs only time, place, and position to set it in successful motion. But in persons whose defecation is difficult, direct attention, expectation, and effort are essential, and when patiently practiced seldom fail. The practice of slight alternate contraction and relaxation of the anal sphincter sometimes provokes exceptionally active peristalsis of the lower colon; and so, with concurrent effort, secures relief which could not otherwise be obtained.

6. Contentment with a moderate discharge. Ignorance of the average amount of fæces required for the daily healthy relief of the bowels is one of the main causes of constipation, the unnecessary use of aperients, and the evils that arise from both. For a man of average weight, consuming an average amount of food, the average amount of fæces ready for discharge in twenty-four hours is about five ounces. This should be formed, sufficiently aerated to float, and coherent. According as the cylinder is moist or dry it will measure from four to six inches in length. Now, many people expect to have a much more abundant discharge, and are dissatisfied or anxious if they do not get it. They complain of their insufficient relief, and take aperients to make it larger. For a day or two larger discharges are procured, but then, when the reserves of fæces are removed and the colon is empty, and the conditions of defecation no longer exist, more or less complete inaction of the bowels ensues, constipation (as it here erroneously called) becomes confirmed, new and stronger aperients are had recourse to, and at last the patient falls into a pitiable condition of physical suffering and moral wretchedness. And from this condition there is no escape except through the complete suspension of aperients, the renewal of obedience to physiological laws, and a courageous patience in waiting upon nature.

I will conclude these imperfect remarks by putting down as briefly as possible the instructions which I ask my pupils to give to their patients for the management of simple constipation:

1. On first waking in the morning, and also on going to bed at night, sip slowly from a quarter to a half pint of water, cold or hot.

2. On rising, take a cold or tepid sponge bath, followed by a brisk general toweling.

3. Clothe warmly and loosely; see that there is no constriction about the waist.

4. Take three simple but liberal meals daily; and, if desired, and it does not disagree, take also a slice of bread and butter and a cup of tea in the afternoon. When tea is used it should not be hot or strong, or infused over five minutes. Avoid pickles, spices, curries, salted or otherwise preserved provisions, pies, pastry, cheese, jams, dried fruits, nuts, all coarse, hard, and indigestible foods taken with a view of moving the bowels, strong tea, and much hot liquid of any kind, with meals.

5. Walk at least half an hour twice daily.

6. Avoid sitting and working long in such a position as will compress or constrict the bowels.

7. Solicit the action of the bowels every day after breakfast, and be patient in solicit-

ing. If you fail in procuring relief one day, wait until the following day, when you will renew the solicitation at the appointed time. And if you fail the second day, you may, continuing the daily solicitation, wait until the fourth day, when assistance should be taken. The simplest and best will be a small enema of equal parts of olive oil and water. The action of this injection will be greatly helped by taking it with the hips raised, and by previously anointing the anus and the lower part of the rectum with vaseline or with oil.

8. If by the use of all these means you fail in establishing the habit of daily or of alternate daily action of the bowels, it may be necessary to take artificial help. And your object in doing this is not to produce a very copious dejection, or to provoke several smaller actions; your object is to coax or persuade the bowels to act after the manner of nature by the production of a moderate more or less solid formed discharge. Before having recourse to drugs, you may try, on waking in the morning, massage of the abdomen, practiced from right to left along the course of the colon; and you may take at the two greater meals of the day a dessert-spoonful or more of the best Lucca oil. It is rather a pleasant addition to potatoes or to green vegetables.

9. If the use of drugs is unavoidable, try the aloin pill. Take one half an hour before the last meal of the day, or just so much of one as will suffice to move the bowels in a natural way the next day after breakfast. If it should produce a very copious motion, or several small motions, the pill is not acting aright: only a fourth, or even less, should be taken for a dose. When the right dose has been found it may be taken daily, or on alternate days, until the habit of daily defecation is established. Then the dose of the pill should be slowly diminished, and eventually artificial help should be withdrawn.

The aloin pill is thus composed:

R.	Aloinæ,	$\frac{1}{2}$ gr.
	Extr. nucis vom.,	$\frac{1}{2}$ gr.
	Ferri sulph.,	$\frac{5}{2}$ gr.
	Pulv. myrrhæ,	$\frac{1}{2}$ gr.
	Saponis,	$\frac{1}{2}$ gr.
	Fiat pil. i.	

If the fæces are dry and hard, and *if there is no special weakness of the heart,* half a grain of ipecacuanha may be added to each pill. Should the action of the pill be preceded by griping and the character of the action be unequal, half a grain of fresh extract of belladonna will probably remove these disadvantages. If the aloin pill gripes, provokes the discharge of much mucus, or otherwise disagrees, substitute the fluid extract of cascara sagrada, and take from five to twenty drops in an ounce of water either on retiring to bed or before dinner. And when neither aloin nor cascara agrees, you may succeed by taking before the mid-day meal two or three grains each of dried carbonate of soda and powdered rhubarb.

The exact agent employed for the relief of constipation is of much less importance than its mode of operation. If, whatever the agent may be, it succeeds in producing after the manner of nature one moderate formed stool, it may be, if necessary, continued indefinitely without fear of injurious effects. But, treated upon physiological considerations, I have the belief that in the great majority of cases simple constipation may be successfully overcome without recourse to aperients.

Treatment of Scarlatina Maligna.

Before an English Medical Society Dr. Michie read a paper on the use of the vapor of an impure preparation of carbolic acid in the treatment of scarlet fever during a severe outbreak which occurred some time previously in the fishing village of Cove. He held that his treatment at once reduced the malignancy of the disease, and soon removed the poison from the place. The village of Cove has a population of over five hundred people, and, at the time of the outbreak, was in a very unsanitary condition. The number of cases was thirty in all, mostly children of school age. The outbreak commenced in a very grave and fatal form, and, in the absence of eruption, could only be designated as diphtheria of the worst type. The first three cases died on the second day without any eruption, the next two on the fourth day, when a dark, hazy eruption was making its appearance. In all, however, great swelling of the throat and extensive membranous exudation were early symptoms. Three other cases of the same kind having occurred, and isolation being impracticable, Dr. Michie was led to abandon curative for prophylactic treatment. There was immediate relief. The membranous exudation began to exfoliate; and in twenty-four hours the process was complete, and the dusky skin gave place to an extremely abundant scarlet eruption. All three recovered. A few less severe cases occurred in houses where the disease had already existed in the malignant type, and where the vapor treatment had already been instituted. These were followed by several cases of a progressively milder type, and finally the outbreak was quelled, after having invaded nine houses and affected thirty children, of whom five died. From the above description, there could not be the least doubt of the value of the treatment. As an illustration, Dr. Michie cited that of a house of two apartments, three beds, and ten inhabitants, in which two of the fatal cases occurred. These two children were treated in a room where four other children slept, where the food for the household was cooked, and where the family congregated during the illness of the two children. The vapor-treatment was commenced in this house only an hour or two before the death of the second child, and was energetically continued for some days, when four of the family suffered, not from scarlet fever, but from a "catarrhal pharyngitis," or "scarlatina sine eruptione." No one else in the household suffered. Another case was that of a boy aged 8, who suffered from the anginous variety, with rash on second day, and who occupied one of three beds in a room measuring 13 by 14 feet, in which seven other persons, including three adults, slept. Here the vapor-treatment was early adopted; the boy made a good recovery, and no other member of the household suffered even from sore throat. Dr. Michie was of opinion that the quality of the carbolic acid had a good deal to do with the success of the treatment. It had a heavy, black, tarry appearance, as if so much coal-tar oil had been carried over in the process of distillation. Half an ounce of this was vaporized every three or four hours by placing it on a flat piece of heated iron. In this way a vapor of great density and volume was produced, which penetrated into the utmost recesses of the sick-chamber, and into the clothes and respiratory tracts of the occupants. Dr. Michie thought the success depended (1) on getting the full antiseptic value of the acid in a state of vapor; (2) on the quality used, partly tar, partly acid; (3) on the frequency with which it was applied; and (4) on the continuance of the treatment for days after the last case in a house had recovered. The more malignant the type, the more value was to be derived from the early application of the tar and acid in a state of vapor; and, whatever the type, the sooner the disinfectant treatment was brought into use, the sooner they would be able to eradicate an outbreak of so infectious a disease.

Case of Intestinal Obstruction in an Infant Caused by the Ingestion of Wool.

Dr. Wm. R. White thus writes in the *Medical News*:

I was called at 1 a. m., February 12, 1884, to see E. H., a girl twelve months old, whom I had never seen previously. Her mother gave the following history: The baby had been vigorous and healthy in every respect from birth, and had developed rapidly, being able to walk unaided and to talk considerably. Her only nourishment had been breast-milk, except now and then a little bread or cracker. She had never had any intestinal trouble until now. There had been no evacuation of the bowels for the last two and a half days, and for the last twenty-four hours the child had been very restless and uncomfortable, not sleeping, refusing to nurse, and evincing abdominal pain. To relieve her, the mother had given no medicine whatever, but had tried several enemas of molasses and water, but with no avail. The last one, administered the evening previous, had caused a severe convulsion, which, however, was not of long duration. The urine had been voided naturally, and there had been no vomiting, but frequent retching and eructation. I first saw the child about five hours after the occurrence of the convulsion already referred to, and found her lying awake, but quiet, on the bed. She was not feverish, and evidently not in severe pain. The abdomen was slightly protuberant, but neither tympanitic, unduly tense, nodular, nor tender on palpation. There was no evidence of thoracic or cerebral trouble. When asked particularly if the child had swallowed any foreign substance or any unusual or indigestible matter of any kind, the mother gave a *confident reply in the negative.*

I offered no special diagnosis, but from the appearance of the patient and the history of the case, ventured the opinion that a prompt and thorough evacuation of the bowels would effect a cure. So far as could be ascertained, the enemas had been properly administered, and had not only failed to give relief, but had undoubtedly been the exciting cause of the convulsion, hence it was thought best to discontinue that line of treatment.

I at once gave the child a powder containing two grains each of calomel and sugar, directing that the same dose be repeated in a few hours if necessary. The effect of the single dose was, however, wholly satisfactory, as I was told, on visiting the case the next afternoon, that the little patient had seemed no worse during the remainder of the night, and that between 8:30 and 10 o'clock a. m., there were four copious and painless dejections, composed partly of normal fæcal matter, with which was mixed up a large proportion of *masses of wool fibres*, of which the quantity was so great as utterly to astound the mother. She at first did not recognize the nature of the foreign substance, but on detecting unmistakable pink and blue fibres among the rest, the case became clear to her mind at once, as she then remembered having often seen the baby picking at the fleece of the soft woollen blanket on its bed, and that she had more than once removed wads of these fibres from the child's mouth, but had no idea that any had been swallowed.

The dejections had been already disposed of in the water-closet, so the writer could only judge of the amount of wool they contained by the estimate of the mother, who affirmed it to be at least as much as she could hold in her two hands.

The baby was then running about the house, bright and well as usual, and there were no signs of intestinal trouble subsequently.

Thallin in Typhoid Fever.

The introduction of such drugs as "kairin," "antipyrin," and "antifebrin" has somewhat diverted attention from a very powerful antipyretic agent, viz., thallin. Professor Ehrlich lately presented to the Clinical Society of Berlin the results of some researches he has been making with his last-named agent, especially in the treatment of typhoid fever. (*Münch. Med. Woch.*, No. 47.) From experiment, he had found that after administering the drug to animals it was not retained in the nerve centres, but mostly in the fatty tissue of the body. He also found that there was a marked difference in toxic action, according to whether it was administered by the mouth or subcutaneously, the greater inertness of its effect in the former case being attributable to the hindrance to absorption from the presence of intestinal contents. The lesions induced by a toxic dose comprised fatty degeneration of the kidneys, necrosis of the salivary glands and pancreas, and hæmorrhagic infarcts in the renal pyramids. The chief action of thallin is antipyretic, but it is capable also of moderating inflammation. As regards typhoid fever, it was administered by Ehrlich in two different ways. The first plan consisted in commencing with doses of 0.06 gramme every hour, and reducing the dose to the minimum required to give any effect. The other plan was to commence with a minimum dose, and increase it until an effect was produced, and then to continue the prescription at the dose thus attained. The action of thallin is especially noticeable in its effect on the sensorium and general condition of the patient, who presents the appearance of convalescence, whilst the splenic swelling and roseola are still present; and if the drug be discontinued, the temperature will rise again. It is not therefore surprising to learn that, whereas of twenty-eight cases treated by bathing the average stay in hospital was thirty-seven days, of seven cases treated by thallin (minimum doses) the duration of treatment was forty-seven days, and cases on a scale of progressive doses thirty-eight days. However, Professor Ehrlich claims advantages for the drug in the absolute control it exerts over the pyrexia, and the sense of well-being enjoyed by the patient. There were no intestinal hemorrhages in these cases, and no instance of perforation. The kidneys were not affected, but sequelæ in the form of hyperæmia and œdematous swellings seemed due to the use of the drug. It was not thought that thallin had any specific action against the typhoid bacillus, but it did seem to limit the degree of intestinal ulceration. Professor Ehrlich considers it to be on a level with the bath treatment. Dr. Fränkel pointed out that if the statement were correct that thallin is not found in the nerve-centres, its action in reducing temperature was rather inexplicable. He had exhibited it in increasing doses, but could not say that the patients experienced any special benefit attributable to the diminished fever. Dr. Guttmann had not been favorably impressed by its use, and had noted the production of rigors.

Extirpation of Goitre in Berlin.

Herr Weidemann has collected and published the statistics of the operation as performed in the Augusta Hospital, Berlin, between the years 1880 and 1885. Extirpation was performed 25 times during this period, 22 of the patients being females and 3 males. Seven of the patients were in the second decennium, six in the third, four in the fourth, two in the fifth, five in the sixth, and one in the seventh. With the exception of three cases all were from one region, viz., the Mark provinces (of which Berlin forms the centre), Uckermark and Neumark being the most numerously represented. In later years an increase in the number of cases had been noticed, and especially in Berlin. In two cases the goitre was cancerous in its nature. In three cases a history of heredity was observed. One case showed all the symptoms of Basedow's (Graves') disease. In this case the symptoms disappeared after operation. The author sees in this an indication of the correctness of the view that there is no such entity as Basedow's disease, that the first step is goitre, the other symptoms being produced by pressure of the tumor on the sympathetic. During pregnancy the tumor not only underwent a temporary enlargement, but one that to some extent was permanent. In one case that had existed from youth, a rapid develpment took place after the "change." In almost all the females affected, the menses appeared late. Three women had aborted, and at periods when the tumor caused inconvenience, but whether in consequence of the respiratory troubles could not be determined. The author was, however, disposed to look upon goitre as a factor in the late appearance of the menses, and also in the production of the abortion. At the time of operation, asphyxia had occurred in three cases, which necessitated tracheotomy in every case. The cause of the sudden asphyxia lay in atrophy of the tracheal cartilage, and consequent flattening of the trachea from pressure. In seventeen cases partial resection of the "gland" was performed, and in every case the patients are now perfectly well. Of six total extirpations, two died of secondary hemorrhage, one patient had to wear a tracheal tube in consequence of previously existing paralysis of the recurrent nerve. In the case of a boy, fourteen years of age, a pronounced cachexia has since developed, with myxœdema. Both the cases of malignant disease died, one from recurrence of the disease a few months after the operation, the other shortly afterwards from "mediastinitis."

Phosphatic Diabetes.

Dr. Ralfe recently introduced to the notice of the Medical Society of London a patient suffering from phosphatic diabetes, and read particulars of twelve others. These he arranged in groups according to the classification of Professor Teissier, who first gave a systematic account of the affection.

Group 1. Excessive elimination of phosphoric acid, associated with nervous derangement; three cases.

Group 2. Excessive elimination of phosphoric acid, associated with phthisis; three cases.

Group 3. Excessive elimination of phosphoric acid alternating with saccharine diabetes; three cases.

Group 4. Excessive elimination of phosphoric acid running a distinct course, like saccharine diabetes, only without the sugar; five cases.

All the cases, with the exception of two, were young adult males. The symptoms common to all were great emaciation, aching rheumatic pains in loins and pelvic regions, dry, harsh skin, with tendency to boils, and ravenous appetite; in some cases cataract develops. In the majority there was polyuria; in others the urine was normal in quantity, with a high specific gravity. The urea was increased in some cases slightly, in others to a greater extent; but the great feature of all the cases was the very considerable and constant elimination of phosphoric acid, with or without increase of the other constituents of the urine—a feature which distinguishes it from insipid diabetes on the one hand and azoturia on the other, with both of which it has been improperly confounded. The pathology, Dr. Ralfe thinks, depends not so much on increased metabolism of nervous matter as on defective nutrition, so that the tissues are not able to utilize the phosphorus brought to them, and consequently a greater amount passes through the system daily. In those cases in which an excassive excretion of phosphoric acid replaces saccharine diabetes, it is propable that acids like oxy-butyric-glycolic, etc., formed by imperfect oxidation of the sugar, dissolve out the earthy phosphates from the tissues, which appear in excess in the urine. As regards the prognosis in these cases, it is most unfavorable in the first two groups; country air, massage, cod-liver oil, may for a time do good, but the patients rapidly fall back, and either are carried off by some acute attack proving fatal in their exhausted condition, or drift on into phthisis, or into diabetes mellitus. The prognosis of the last two groups is much more favorable; of the three cases recorded in group three, two got completely well; the third still suffers from saccharine diabetes, but it remains in a mild form.

The Treatment of Stricture of the Urethra by Gelosine Bougies.

The *Boston M. and S. Jour.* says:

The treatment of urethral stricture by bougies of gelosine is an application of the principle whereby dilatation of the natural passages (like the cervix uteri) is effected by substances which, like laminaria, swell under moisture.

Bedoin has lately reported to the Paris Société Therapeutique satisfactory results in the use of gelosine in urethral stricture. Gelosine is the Japan sea-weed, which, in its dried state, undergoes a gradual and extreme degree of augmentation of volume when brought into contact with liquids, such as water, or the secretions of the human body.

Bedoin has devised cylindrical bougies of various sizes out of this alga, which, according to his experience (he has now tried them in several bad cases) when employed in stricture of the urethral canal effect very thorough dilatation, and with very little pain. He regards gelosine as fulfilling all the conditions requisite for the preparation of bougies which are strong and flexible, may be used with entire safety, and are sure to do their work thoroughly and effectually.

Such, at least, is the inventor's opinion. The introduction of tents into the strictured portion of the urethra was tried and abandoned about the middle of the last century, becuse of the serious accidents to which the method gave rise.

At the séance of the 7th of June, 1854, of the Paris Surgical Society, bougies of prepared sponge, as proposed by Professor Alquié, of Montpellier, were exhibited, but their use was evidently of short duration. Flexible ivory had been previously experimented with; bougies of this material possess, like sponge, the property of dilating in the canal, but, in practice, they dilated above and below the stricture faster than at the strictured portion, so that withdrawal was extremely difficult. Laminaria bougies were highly praised by Dr. Robert Newman in the *Medical Record* of July 1, 1872.

The prolonged retention in the urethra of a bougie which fills the canal, keeping up only a passive, and not a constantly-increasing distention, is very likely to give rise to serious disturbances. Even the retention of a small instrument is an evil only to be suffered on special occasions. The constantly-increasing pressure of any slowly-dilating material within the urethra is sure to prove an evil sooner or later, no matter how promising the first experiments with some new material may seem.

The Influence of Tea-poisoning on the Course of Syphilis.

In the *Ejenedelinaia Kinitcheskaia Gazeta*, No. 6, 1886, Dr. S. A. Smirnoff, the president of the Piatigorsk Balneological Society, publishes an interesting note on the subject. According to his extensive experience, Siberia sends to the Caucasian mineral waters the most obstinate and dilatory forms of syphilis. That fact may be explained to a certain extent by climatic conditions, want of timely regular treatment, and possibly also by some obscure peculiarity of the infection usually contracted by Siberian patients in China and Japan. An unmistakable influence is produced also by chronic tea-poisoning. The author speaks of so-called "tea-testers" (Russian tea merchants use the English word as it stands), who, when present on the Chinese frontier for buying the article, are obliged to test from 150 to 200 specimens of strong tea-infusion daily. True, they do not swallow the infusion, but all the same a slow intoxication appears in them. The symptoms are loss of appetite, constipation alternating with diarrhœa, failure of general nutrition, periodical epigastric pains, enlargement of the liver with subsequent atrophic cirrhosis, dryness and sallowness of the skin, hypochondriacal frame of mind, marked failure of memory, failure of sight (weakness of visual acuity, sometimes diplopia), failure of taste and smell. When they happen to contract syphilis, they are very slow to yield to the mercurial treatment. To make them more amenable, Dr. Smirnoff treats them before all by alkaline Essentük waters, with sulphur baths, and only afterwards passes to the specific mean. The results are often admirable.

Stomach Digestion.

Opportunities for studying gastric digestion through fistulous openings into the stomach are, says the *Med. Press*, thanks to modern surgery, more frequent than formerly. This is important, as the physiology of digestion, as understood at the present day, requires more than the classical instance of Alexis St. Martin to place it on a sound experimental basis. Such a case with experiments *ad hoc* is recorded in a revue scientifique by Von Herzen, of Lausanne. The subject was a man, æt. 28, on whom gastrostomy had been performed for occlusion of the œsophagus. The observations made were as follows: Bile always appears in the stomach during digestion, but generally only in the later stages. The amount of HCl amounts to 1.8 to 1.9 grm. pro litre; it increases during digestion, and reaches its maximum in the third hour. Sodium chloride appears rather to diminish the amount of acid. When the stomach was empty in the morning, but little pepsin was found, and a large amount of propepsin; peptogen accelerated digestion. In the first hour, of a quantity of albumen introduced, 2 per cent. was digested without peptogen, 12 per cent. with it. In the second hour, 23 per cent. was digested without, 45 per cent. with peptogen. In the third hour, 51 per cent. without, 76 per cent. with peptogen. These results agree with those obtained by Schiff. Chloral, quinine sulphate, and above all, potassic iodide, retard digestion. The author would forbid red wine in disturbances of digestion, but would recommend bouillon and dextrine; blood fibrine is also indicated in many cases.

The Antiseptic Treatment of Summer Diarrhœa.

Dr. L. Emmet Holt thus concludes a paper in the *N. Y. Med. Jour.:*

From the foregoing discussion the following conclusions are drawn:

1. Summer diarrhœa is not to be regarded as a disease depending upon a single morbific agent.
2. The remote causes are many, and include heat, mode of feeding, surroundings, dentition, and many other factors.
3. The immediate cause is the putrefactive changes which take place in the stomach and bowels in food not digested, which changes are often begun outside the body.
4. These products may act as systemic poisons, or the particles may cause local irritation and inflammation of the intestine.
5. The diarrhœal discharges, *at the outset* at least, are to be looked upon as salutary.
6. The routine use of opium and astringents in these cases is not only useless, but, in the beginning particularly, they may do positive harm, since, by checking peristalsis, opium stops elimination and increases decomposition.
7. I do not deny nor undervalue opium in many other forms of diarrhœa than the one under discussion.
8. Evacuants are to be considered an essential part of the antiseptic treatment.
9. Experience thus far leads me to regard naphthalin and the salts of salicylic acid as the most valuable antiseptics for the intestinal tract.

Benzoin in Treatment of Ulcers.

In the *Russkaia Meditzina*, No. 35, 1886, Dr. A. Voskresensky, surgeon to the Fëodosiïsky Regiment, highly speaks of benzoin (*Resina benzoës*) as a specific remedy for treating ulcers of every kind, but especially those which occur in emaciated, cachectic, and old persons. The remedy is largely used for the purpose by Russian peasants from the oldest times. The author employs it in the shape of a salve, prepared *extempore* of two drachms of resina benzoës, half on ounce of yellow wax, and half an ounce of lard. The ointment is spread in a moderately thick layer over a piece of linen, and placed on the ulcer. The latter must be previously irrigated with tepid water, and then dried with hygroscopic cotton-wool. The dressing is to be changed as a rule twice daily, but in cases of very large or old ulcers it is advisable to change it three times a day. A marked improvement becomes visible within a few days; torpidity of the ulcer, callosity of its edges, and its liability to bleed rapidly disappear: granulations assume a more rosy tint, and begin to discharge a thick benign pus; while there appears a whitish-bluish zone of the corium, which gradually spreads from the periphery towards the centre of the ulcer. So favorable an action of benzoin on ulcers is ascribed by the author partly to its disinfectant and antifermentative, partly to irritant properties.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——A practical paper by Dr. J. M. Kershaw, of St. Louis, is upon the care of the mother and child in the lying-in room.

BOOK NOTICES.

Diseases of the Joints. By Howard Marsh, F. R. C. S. Small 8vo.; pp. 461. Lea Brothers & Co., 1887.

This volume belongs to the series of "Clinical Manuals for Medical Students and Practitioners," of which we have previously recorded the various issues. The present number seems to us hardly equal in merit to most of its predecessors. It savors more of a compilation, and draws less manifestly from the writer's independent observation. Nevertheless, it is an instructive little book, and describes the various diseases of the joints with considerable detail. A number of illustrations and one colored plate are added, and serve to set forth the text with advantage.

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PARALYSIS DUE TO COMPRESSION OF THE SPINAL CORD.

Paraplegia frequently is a symptom due to a myelitis, which may be produced by various morbid lesions, amongst which is compression of the cord. Dr. Strümpell, in Erlangen, has recently made interesting studies concerning the paraplegia produced by compression of the cord, especially when the latter is caused by accumulation of pus from diseased vertebræ or by other affections of the bony covering of the cord. In his investigations he made the important discovery that such a pressure, while giving rise to paralysis of both lower extremities, produces this palsy by mechanical action and without the development of any inflammatory process. These are the cases where after death no part of the spinal cord shows any degeneration, and also those cases belong here where after absorption or otherwise removal of the compressing substance, the paralysis disappeared and motion returned as good as ever. In this way the cases may be explained where disease of the vertebræ is accompanied by paraplegia which ceases as soon as the morbid state of the vertebræ has become cured.

In Pott's disease it is the spontaneous peripachymeningitis which brings about a cure and leads to the absorption of the pus. When the curative inflammation has reached such a degree as to have resulted in perfect immobility of the diseased vertebræ, the pus is sometimes absorbed with surprising rapidity, and experience has proved that this favorable state of affairs is occasionally brought about with great suddenness by powerful emotion, which seems to be a great factor in stimulating absorption of inflammatory products. Such cases are often reported as complete faith-cures, and we ourselves know of one case where scrofulous disease of two dorsal vertebræ had produced an accumulation of pus which pressed upon the cord at that place and caused paraplegia. The cessation of the pain on motion and various other symptoms had demonstrated the consolidation of the diseased vertebræ, which under treatment had occurred with very little change in the position and appearance of the spine; but the paralysis of the lower extremities still remained, until one day, under the influence of the powerful emotion caused by the excitement attending a faith-cure, suddenly the paraplegia left and the patient could walk. Any other excitement might have resulted the same way, though the palsy would have slowly disappeared under any conditions as soon as the mechanical obstruction was removed—here the accumulated pus.

On account of the grave prognostic points involved, the observations just recorded are of great importance; as above, the fact is elicited by Strümpell that the compression may result in paraplegia, due to transient mechanical means and remediable without leaving a trace behind in the cord itself, as this need not be affected at all in such cases.

COLD WATER IN FEVERS.

Thirty or more years ago physicians starved their fever patients, and were opposed to the use of cold drinks in these diseases. The writer of this remembers a case that he saw in consultation with a colleague some twenty years ago. The poor patient lay there in an apathetic condition, and the end seemed to be near. The movements of his tongue and lips appeared to indicate great thirst; the lips seemed parched. On close inquiry, he discovered that the patient had received no nourishment of any kind, and no fluids, neither water, nor milk, nor tea, nor any other beverage, for the last six days at least. The attendants only remembered some warm tea that he had taken just one week previously, and he had since refused taking medicine—for the last four days, nobody had made an attempt at least of administering any to him. The attending physician later admitted that he had completely forgotten to inquire about food or drink, and perhaps the more so as he had considered the case hopeless for more than a week. The story seems improbable to-day. He yet remembers the eager haste with which the poor sufferer swallowed the small quantity of cold water he gave him. For nearly an hour he handed him every few minutes alternately cold water, milk, bouillon, whisky with water, and thin oatmeal gruel, and the eager haste did not cease until near the end of the hour, when he gave directions for feeding him every two hours with some fluid nourishment, and for the administration of about two tablespoonfuls of water every five minutes, while every half an hour a teaspoonful of whisky was added to it. For fully four days the patient each time showed the pleasure he felt on receiving the food or drink; he greatly improved, and had the first healthy sleep the fifth night, after which he was fed in the usual manner, and given to drink when he asked for it. He completely recovered.

Though the starving system has ceased, there is danger of our falling into the opposite error, and especially the administration of large amounts of cold drinks seems to be attended with some risk. Dr. Glax, of Graz, (*Deutsch. Med. Zeit.*, December 14, 1886,) has found that drinking of profuse quantities of cold water produces an increase of temperature. The water thus imbibed in great amount by patients suffering with fever is not at once all absorbed, but a retention occurs, which ceases only with the disappearance of the fever, when a greatly increased diuresis expels the fluid. With this accumulation of fluid in the body, the increase of temperature goes hand in hand, so that we may influence the fever and reduce the heat by limiting the water supply.

An explanation of the modus operandi may be found in the following: When the tonus of the blood-vessels is lowered, the introduction of large quantities of water into the system gives rise to a retarded capillary circulation, so that the time during which the minute particles of tissues are in contact with the blood is prolonged, a fact necessarily augmenting oxidation, while the moment the introduction of water is limited the opposite takes place, and the capillary circulation is quickened, and oxidation and with it the bodily heat diminished.

COMPARATIVE PATHOLOGY.

It would be a long step in advance if we could reach some broad generalization which would correctly express the difference between health and disease. Such a generalization would have to take account of many facts not contained in the pathologies we are accustomed to study. It would have to go beyond the human organism and include that of all animal forms; more than this, it would be incomplete if it omitted the vast number of organic existences which make up the vegetable kingdom; nay, it could not stop there, for recent researches by learned and competent observers, especially in Italy and France, have shown beyond question that wholly inorganic bodies, such as crystals, are subject to diseases which they resist or attempt to overcome by processes of repair and substitution, strangely analogous to those seen in man.

Pathology therefore will not be studied successfully until it is studied in its broadest horizons. Possibly its secrets will be found to lie nearest the surface in its simplest expressions. As the biologist turns to the least complicated forms of life as the most promising paths for his pursuit, so the pathologist will probably find that the diseased conditions of minerals and vegetables will be his most suggestive guides to understanding the perturbations of the complexity of man's economy. The near future bids fair to furnish some interesting revelations in this direction.

NOTES AND COMMENTS.

Pilocarpine in Datura Poisoning.

Dr. Roth (Nagy Bajour, Hungary) was summoned to a little girl, aged 4, whom he found quite unconscious. The pupils were dilated, the face and the rest of the body were swollen as in dropsy, and covered with a rash resembling that of scarlatina. The little patient was uneasy and restless, and ground her teeth. Pulse 146, slight and weak; respirations, 40; temperature 39° Cent. (102.2° Fahr.). Her bowels had not been opened, nor had she passed urine since the commencement of the attack. A local medical man had prescribed fifteen centigrammes of antimony; but her father, who was a chemist, being persuaded that this would do no good, gave her a solution of sulphate of copper. She vomited a large quantity of the fruit of the datura stramonium. Dr. Roth, remembering how Professor Purjeck had cured a case of atropine poisoning by means of subcutaneous injections of pilocarpine, administered half a centigramme of that drug in twelve hours. This produced neither salivation nor perspiration, and there was no improvement. After a centigramme had been injected, however, the rash and the swelling began to subside. A quarter of an hour later, another centigramme was injected, and the child's condition improved still more. The injections were continued, and at six o'clock the pupils had become almost normal. Pulse 120; temperature 39.7° Cent. (102.9° Fahr.). The patient spoke with ease, and said she felt hungry. An hour later, as there was still no perspiration, another half centigramme was injected. Salivation and perspiration ensued, and rapid recovery followed. Altogether, five grammes and a half were administered. Dr. Roth considers that this dose was necessary to neutralize the poison.

The Heart and Large Abdominal Tumors.

At a recent meeting of the Biological Society of Paris, M. Pierre Sébileau read a paper on the heart and large abdominal tumors. Whilst house surgeon at the Salpêtrière Hospital in Dr. Terrillon's ward, he was struck by the frequency of cardiac complications in women suffering from large tumors of the abdomen. Among forty-six cases of that kind the condition of the heart was not noticed in eighteen; in eleven it was unaffected, but in seventeen there was functional disorder. Among these seventeen there were thirteen cases of cystic disease of the ovary, four of solid tumors of the ovary, and one uterine myoma. In the eleven cases in which there was no cardiac affection there were six of ovarian, or parovarian, cysts, three of uterine myoma, one of chronic encysted peritonitis, and one of large hydatid cyst of the liver. The conditions noticed were hypertrophy of the left ventricle, or dilatation of the same cavity, according to the period of the affection at which the patient was examined. Frequently both symptoms were co-existent. Hypertrophy is difficult to recognize, but dilatation produces mitral regurgitation. A souffle with the first sound is a constant symptom, systolic friction-sound is rare, and the pulse is slow and feeble. The heart may be affected by disturbance of the general abdominal circulation from pressure; by increase of area in the circulatory system; by secondary renal lesions resulting from the compression of the ureter; by reflex spasm of the general capillaries, or by deterioration of the blood. Pressure on the aorta, however, is in all cases the cause of the existing hypertrophy, or dilatation.

Diagnosis of Tumors of the Bladder.

At the French Congress of Surgery, M. Guyon made the following statement concerning the diagnosis of tumors of the bladder. Hæmaturia is a very important symptom, on account of its duration, its frequent recurrence, and its being easily provoked by the mere passage of a bougie. This serves to distinguish a tumor of the bladder from a tumor of the kidneys. The latter are recognized by the increased size and mobility of the kidneys, the concomitant varicocele frequently observed, and the cylindrical clot peculiar to hæmaturia and colic. A neoplasm in the wall of the bladder is discovered by examining the rectum and the bladder. Another important symptom is the increased size of the bladder. The introduction of a catheter does not reveal the presence of a tumor, but in certain cases may afford valuable indications. It has been suggested that perineal incision should be employed in order to determine the exact spot to which the growth is attached. M.

Guyon does not recommend this, except in cases in which the tumor causes complications such as cystitis, retention of urine, or any kind of disturbance in the urinary function. In such cases the operation should be done rapidly. M. Guyon prefers hypogastric to perineal operations, and uses the actual cautery in the lower part of the bladder. He performed eighteen operations on fifteen patients, and discovered thirteen malignant and two benign tumors.

The Leaves of Cloudberry as a Diuretic.

In the *Russkaia Meditzina*, No. 34, 1886, Dr. Ivan Troïtzky, of Smolensk, emphatically recommends an infusion of the leaves of cloudberry (*Rubus chamæmarus;* Russ., *moroshka.*) as an excellent diuretic remedy suitable in dropsies of every description (and extensively employed as such in the Siberian popular medicine). To prepare the infusion, the author puts (in the evening time) two drachms of the dried (not too old) leaves into a teapot, pours over the leaves two teacupfuls of boiling water, and keeps the vessel during the night in a very warm place to use the infusion in the course of the next day (a cup in the morning, another in the evening). "Its taste is not very nasty, and becomes the less nasty the more the patient is habituated to the infusion." The author gives at length his own case. He is eighty years old, and has suffered from "œdema pedum" for more than ten years (chiefly every spring, but often also during summer, when the latter happens to be wet). At first he used Adonis vernalis and other diuretics, as well as elastic stockings, and obtained some benefit from them; but afterwards the said means ceased to bring any relief. Hence, about five years ago, he was compelled to resort to the infusion of cloudberry leaves, massage, and elastic bandage. The results were most satisfactory on every occasion. Under the use of cloudberry, the daily amount of urine always rises to 54, 60, 72, 83 ounces (to sink, after discontinuing the drug, to 55, 45, 40, 38 ounces). Each time a month's treatment of this kind proves sufficient to remove œdema and pain.

Paraffin in Surgery.

It is perhaps not so well known in the profession as it ought to be, that paraffin is a most useful material in surgery, in many cases superseding plaster of Paris. It answers admirably for splints, and for jackets for young children suffering from spinal disease. The advantages of it are that it is clean, light, is capable of being moulded while it is soft, and sets rapidly by pouring cold water on it. It must be procured with a melting point of 130°. When ordering it it is necessary to specify the melting point required. The mode of using it is this: The paraffin is melted by placing a tin can containing it in a pot of boiling water. A muslin bandage well sprinkled with iodoform is put on the limb, or other part to which the paraffin dressing is to be applied. Muslin bandages loosely rolled are allowed to soak in the paraffin for a few minutes. If much support is required, a piece of cotton-wool is also soaked in the paraffin. This is placed where most stiffness is wanted, and the bandages applied as for plaster of Paris dressing. They may, however, be drawn tight as the paraffin shrinks from the limb in cooling. Cold water is then poured on it, and the limb held in position till the paraffin has set. When a bone tends to project, it can be kept in position by the finger till the paraffin has set. The hole left by the finger can then be filled up with some melted paraffin. In cases of compound fracture, the paraffin has the great advantage of not being affected by the discharge from the wound.

Antifebrin in Typhoid Fever, Pneumonia, and Sore Throat.

In a prelimtnary note in the *Russkaia Meditzina*, Nos. 44 and 45, 1886, Dr. Trüsheinikoff, of Odessa, describes his experience in regard to the use of antifebrin in abdominal typhus (four cases), croupous pneumonia (two cases), and angina. His general conclusions are these:

1. Antifebrin rapidly lowers the febrile temperature, which falls to the standard within two hours, to keep at the level for one and a half to two hours; and then, after a slight rigor with coldness of the limbs, to rise again and reach the original height.

2. The rapid fall and rise of temperature does not manifest any injurious influence on the heart, the pulse beating slower or more frequently according to the decrease and increase of the temperature, but never showing any other deviation from the normal.

3. Even in the dose of from two to five grains, antifebrin produces slight perspiration, the formerly dry skin becoming moist.

4. The drug acts also locally, since the tongue, which was formerly dry and thickly coated (*e. g.* in typhoid patients) becomes moist and red, and stools normal. Administered in the shape of a gargle (one scruple of the drug to five ounces of water), anti-

febrin soothes, and ultimately cures, inflammation of the fauces and pharynx.

Cantharides in Hydrophobia.

According to Dr. Lukomsky, of Priliiki (*Russkaia Meditzina*, No. 42, 1886), the Little Russian peasantry treat domestic animals bitten by a rabid dog or wolf, by administering dry cantharides, divided in three or four parts, in a bread pill, and simultaneously a decoction of *drok* (*Genista tinctoria*) is given. The treatment lasts two or three days, and, as a rule, proves quite successful. About forty years ago the author was called to five peasants who had been just before bitten by a rabid wolf. Having washed out their wounds, he applied unguentum cantharidum and administered internally half a grain of powdered cantharides with one grain of calomel twice daily, and a decoction of *drok* and root of wild elder-tree (*Dikaia büzina*), two glassfuls a day. Suppuration was kept up for three weeks: the internal treatment continued two weeks; cantharides, however, were discontinued each time as stranguria and scalding in the urethra appeared, to be again resumed after the disappearance of those symptoms. All four patients treated after this plan remained well, while the fifth, who had refused to take cantharides, died from hydrophobia. The same method of treatment was applied with equal success by Dr. Lukomsky in three other cases of bite by rabid dogs.

How to Abort a Felon.

Dr. John T. Metcalf writes to the *Boston Med. and Surg. Jour.*: "My father was a medical man, who graduated from the University of Pennsylvania in 1816 or 1817. In 1839 I learned from him that a felon could, if seen early enough, be made to abort by wrapping the finger-end with narrow strips of adhesive plaster. When pus had been formed, I learned twenty years ago, from a country doctor, that immediate relief and speedy cure would follow the gentle, slow separation of the nail from its envelope by means of a penknife blade, not too sharp, at the point nearest the seat of greatest pain. Very soon a drop of pus shows itself, and relief comes. I am aware that the plan described is known to many medical men. It was not known to me at the time referred to, when the country doctor showed me how to treat a paronychious patient, whose finger I was about to lay open by the 'free incision down to the bone,' taught in the lessons of my great masters."

Disadvantages of Milk Diet.

At a recent meeting of the Société Médicale des Hôpitaux, M. Debove presented a patient, who is in good health at the present time. His case offers a striking example of the disadvantages of a milk diet. Two years ago he showed signs of alcoholic gastritis, followed by symptoms of simple ulcer of the stomach. A milk-diet was adopted, and the patient finally took as much as eight litres a day. After a certain time he grew weak, and reached such a condition of cachexia that he was unable to stand. M. Debove washed out the stomach, removing two and a half litres of liquid. This was repeated, and the patient was put on a diet consisting of one and a half litres of milk, with a little meat. The patient lost 36 pounds under a milk diet. Since M. Debove's treatment has been adopted, he has gained 30 pounds, and is now perfectly well. The excessive dilatation of the stomach was due to an excessive milk diet.

Cancer and its Treatment.

Dr. Blenkinsop made a passing reference to the pathology and causation of cancer before the Harveian Society of London, and then dealt with the purely medical aspect of the question, both in regard to internal forms of the disease, and its general constitutional treatment. He leaned to the belief in a cancerous diathesis, and argued in favor of preventive measures in suspected constitutions. He thought that efforts should be made to test the value of all remedies which presented a reasonable prospect of success, and related details of four cases in which lime salts appeared to have had a beneficial effect. He assumed that the deposit of lime salts in the vessels gave rise to atheromatous and calcareous degeneration, and so lessened the supply of blood to the cancerous tissues. Cretaceous preparations derived from the animal kingdom, for example from oyster-shells, appeared to derange the stomach less, and to be more readily absorbed.

Cocaine in the Incoercible Vomitings of Pregnancy.

Cocaine has lately come into use for the incoercible vomitings of pregnancy, says the *Boston Med. and Surg. Jour.*, and in several cases reported by Weiss, Engelmann, Holtz, and Bois, it seems to have given good results. Weiss prescribes a teaspoonful every half hour of a solution containing fifteen centigrammes of hydrochlorate of cocaine in one hundred and fifty grammes of water. Engelmann and Holtz use a three per cent. solution in ten to thirty-drop doses, while Bois applies to the neck of the uterus, night and morning, a pomatum in which one centigramme of cocaine is incorporated with fifty grammes of vaseline. Fraipont prefers the hypodermic method, injecting under the skin a Pravaz syringe full of a four per cent. solution, and claims signal success in other forms of obstinate vomiting, as well as in the vomitings of pregnancy.

Antipyrin in Migraine.

In the *Meditzinskoie Obozrenie*, No. 23, 1886, Dr. Vladimir Sprimon, of Borisoglebsk, writes that he uses antipyrin in all cases of hemicrania, and, as a rule, obtains excellent results. Given at the height of a fit, the drug only partially relieves pain, but does not shorten the duration of symptoms (especially when the patient remains on his legs all the while). But when administered during the period of prodromal phenomena, antipyrin almost invariably cuts short the paroxysm within an hour, and allows the patient to immediately resume his occupations. The dose required is one scruple. In delicate persons, or in those liable to giddiness, it is better to divide the dose in two parts, and to give the second portion (if necessary) about half an hour after the first.

Death from Chloroform.

The death of a man aged fifty-four, while under the influence of chloroform, administered for the purpose of performing an operation on a long-standing disease, recently occurred at Bradford, England (*Brit. Med. Jour.*, January 15, 1887). The evidence given at the inquest showed that every precaution was taken, and that an examination of the heart before the administration revealed no evidence of disease. An ounce of brandy was administered three-quarters of an hour before the administration of the chloroform. Immediately on the completion of the operation the heart's action was found to have ceased. It was stated that the deceased had successfully undergone a similar operation twenty-five years before.

Ichthyol in Erysipelas.

Dr. Nussbaum, of Munich, has recently obtained strikingly successful results in traumatic erysipelas by the use of an ointment composed of vaseline with 10 per cent. of ichthyol, a chemical substance rich in sulphur, obtained from mineral oil, which was introduced by Dr. Unna a few months ago, and which was found useful by Dr. Dubelir, of Moscow, in acute and chronic rheumatism (see the *Lancet*, Oct. 2, 1886), both as a medicine and as an external application. Dr. Nussbaum found, as indeed Dr. Dubelir also remarked, that the ichthyol had an irritating effect on the skin, so that it could not well be borne for more than three days; but as this was long enough to effect a cure in all the cases, no difficulty on this head arose.

Lymphoderma Perniciosa.

Kaposi (*Wien. Med. Jahrb.*) describes under the above name a new disease which he observed in a woman, thirty-nine years of age. On admission to hospital the patient was pale, had swellings of the cervical and inguinal glands, nodular infiltration in the palm of the left hand, as well as flexor surfaces of both forearms; and the clinical symptoms of a universal eczema. In the face, neck, and upper part of the breast the infiltration of the subcutaneous tissue was so great as to produce the appearance of leontiasis. The infiltration became nodular, and gave rise to serpiginous ulcers. The spleen enlarged, the leucæmia increased, and the patient died. The author regards the disease as lymphatic in its nature.

Pulverized Spleen in Chlorosis.

The German medical papers quote some observations made by Dr. Predazzi at Prof. Maragliano's request, on the value of treating chlorotic patients with an emulsion of pulverized spleen, bitter almonds, and brandy. In the five cases in which this was adopted, rapid improvement took place both in the general condition of the patients and in the physical signs; that is to say, the number of red blood-corpuscles was increased, as also the arterial tension and the body weight. The author does not attempt any explanation of the action of this singular remedy. The quantity of "polp. splenic." given daily was about five ounces, and it was ordered at meal times.

Antifebrine in Typhoid.

Antifebrine has been used a great deal in Professor Kotovshcheski's clinic in Kazan in typhoid fever cases with good results. After a single four-grain dose, the temperature sank in the course of an hour 0.9° to 0.2° C., the reduced temperature persisting for from an hour and a half to three hours. It was found that by repeating these four-grain doses every two hours the temperature could be kept at the normal point all day. The frequency of the pulse was at the same time diminished, and its tension increased. The excretion of urea was also augmented. The patients liked the drug, and no ill effects were ever observed from its use.

Salicylic Acid in Food.

M. Vallin has presented a report to the French Government on the employment of salicylic acid in articles of food, in which he states that medical observation has established that even small quantities of salicylic acid, or its derivatives, if taken constantly, are capable of affecting the health of certain subjects who are peculiarly susceptible to the influence of this drug, as also the health of aged persons and those whose whose renal and digestive organs are not perfectly sound. He consequently advises that the addition of salicylic acid and the salicylates, even in small quantities, to solid and liquid articles of food, should be prohibited.

Intestinal Calculi.

Dr. Hockenhull reports in the *Atlanta Medical and Surgical Journal* a case of a boy who was suffering from tenesmus. Examination of the rectum showed a mass of small hard stones, forming a complete wall, obstructing and distending the bowel. The stones were of a black color, and of a hard, flinty nature, and varied in size from that of a pea to that of the end of the little finger. According to the father's account, the total number of stones extracted at the time and passed subsequently was four hundred and two.

Correspondence.

Paris Letter.

(FROM OUR OWN CORRESPONDENT.)

The New Professors of the Paris Faculty. Acetanilide. Iodoform in Variola and Erysipelas. Pilocarpidin. Salicylate of Bismuth. Vesication by Hydrate of Chloral. Magnesia for Warts.

EDS. MED. AND SURG. REPORTER:

The Paris faculty, as now constituted, is almost entirely composed of new men. When I first came here, in 1876, the older men were in all the principal chairs. Sappey was Professor of Anatomy, Béclard of Physiology; Gavarret, of Physics; and Chauffard, Medicine. Men who had acquired an European reputation also accupied the clinical chairs: Germain Sée had just taken Béhier's place at the Hotel Dieu and Gosselin and my own dear master, M. Hardy, were at the Charité.

It may not be uninteresting to recall, even to a foreign auditory, the distinguishing characteristics of these notable men, who are now just finishing their active career as professors. I will speak only of their personal peculiarities; their scientific attainments are known to your readers through medical literature.

First, the venerable and revered Sappey. No man was more respected by the students. When his venerable figure appeared in the lecture-room no uproarious and aggravating applause greeted or disturbed him. I have seen the ever popular and lamented Professor of Chemistry, Wurtz, check such applause by a comical upward deprecating look at the boys. Sappey, undoubtedly one of the ablest anatomists of his time, was a courtly old gentleman of the old school, whose only regret in life, I think, has been that he was never a practical chirurgien des hopitaux. It seems to be an unwritten law at Paris that the man who aspires to and is considered worthy of the chair of anatomy should not enter the surgical service of the hospitals or attempt to acquire renown as a surgeon. Such has been the case with M. Farabeuf, who succeeds M. Sappey; he has been unsuccessful at several concours for the hospital service. Farabeuf is a comparatively young man, full of energy and push, rather nervous withal, but certainly the ablest anatomist at present in Paris. Gavarret, the lately deceased Professor of Physics, was a relic of by-gone days; his name and some of his experiments were connected with the early history of modern physics. His successor, Gariel, who originated the idea expressed in Barnes' uterine dilators, has so long lectured in Gavarret's place that it seems natural to see him occupy the chair. Dieulafoy, one of the newly-appointed professors of medicine, is, perhaps, best known in the United States as the inventor of the aspirator which bear his name. He is quite a young man, a ver able clinical teacher, and to him undoul edly belongs the credit of originating, or least vulgarizing, the use of the aspirator the removal of fluid accumulations in chest and elsewhere.

The hospital service is also rapidly changing. Broca, the portly and majestic surgeon of the Hôpital Necker, is dead; the accoucheur Dépaul is dead, and Gosselin and Hardy have just been retired by limitation of age. Gosselin was always on duty as early as eight o'clock in the morning; he very rarely missed his time, and his short, rotund figure and rosy face became very familiar to me in those early student days. A very kindly old man too, and one who rarely undertook operations of doubtful utility to the patient.

Then at nine o'clock at the Charité came M. Hardy, probably the best clinical teacher of the present day in Paris. Although his name is almost entirely associated with cutaneous pathology in connection with Bazin long since deceased, M. Hardy has been for many years one of the four professors of clinical medicine of the faculty of Paris. This personality is perhaps the most striking of any of the retired professors, tall and spare, with iron-gray side whiskers and a rather vulgar cast of countenance; his students voluntarily compared him to a coachman. His clinical lectures were always crowded and deservedly so, for they were the most practical delivered at Paris.

His confrère, Germain Sée, who fills Trousseau's chair at the Hotel Dieu, is a man of different stamp. He is of Jewish descent, as are also Charcot, Hayem, Marc Sée, and several other prominent members of the Paris faculty.

His lectures are always good, but hardly bear the stamp of originality, and his service is hardly conducted in a manner to benefit a student who desires to learn. Germain Sée says very little during his visit, and most of what is done bears the stamp of selfish attention to his own personal interests. During one vacation he was replaced by Grancher, whose name has become connected with that of Pasteur in his inoculations of attenuated rabic virus. Grancher is undoubtedly one of the ablest clinical instructors of the faculty.

The obstetricians also are all changing. Depaul is dead, but is worthily replaced by Charpentier. Just at present Pajot, the most popular man in the faculty, is retiring at the ripe age of seventy. I attended Pajot's lectures largely about ten years ago, when his auditory always filled the miserable and hard-seated ancient amphitheatre of the faculty. His lectures, like those of most professors of this branch, were replete with anecdotes, containing in his case rather more of the *sel gaulois*, which Victor Hugo extols so much, than could be well appreciated or liked by transatlantic ears. Pajot was then a notable example of the *jeunes vieux*, satirized in some of Eugene Sue's novels, and stigmatized by George Augustus Sala in his book "Paris Herself Again." He was at that time over sixty years of age, but he was habited in a youthful, jaunty costume, could play a good game of billiards, and lived altogether the life of a man about town.

In fact, almost an entire change is taking place in the personnel of the faculty, and the visitor to the Exposition of 1889 will find a different body of men from those constituting that scientific body at the time of the last Exposition in 1878.

Acetanilide.

M. Dujardin Beaumetz has been recently experimenting with acetanilide, a new product of moderate cost. It appears to have a special calmative action in bulbar disorders. It has proven of much benefit in the darting and lightning pains of ataxia. It has been also of signal benefit in one or two cases of epilepsy, where bromides had given no results, or where bromism had prevented their use.

Iodoform in Variola and Erysipelas.

M. Colleville has recently made use of an unguent containing iodoform as an application to the skin in small-pox. He claims for it an anæsthetic action in relieving pain, and avers also that it seems to act in preventing the formation of crusts. M. Decés, of Rheims, confirms the assertion of M. Colleville, and finds that the same application is of very great utility in erysipelas, as it causes resolution of the swelling and inflammation in a few days.

I can myself speak of the benefit obtained from an ointment containing iodoform (ʒj to the ℥j of the simple cerate) in the treatment of erysipelas. I was first led to use it as a set-off to a quack-salve, or rather grease, which had a great reputation in my neighborhood. I have invariably found it a good application, soothing the pain, inducing resolution, and preventing the spread of the inflammatory exudation.

Granular Conjunctivitis.

M. Jules Rouquette, physician to the college, schools, and public institutions in Bône, Algeria, where granular conjunctivitis is very prevalent, gives the following treatment as the most beneficial in his practice:

1. At the debut of the affection, apply thoroughly the following solution:

℞. Argenti nitrat., 1 gram.
Aquæ distill., 50 grams. M.

Neutralize with a saturated solution of salt applied afterwards with a camel's hair brush.

2. When the disease is of longer duration, touch each granulation separately with the solid stick of nitrate of silver, using the neutralizing solution afterwards.

The next day bathe the eyes frequently with warm chamomile tea.

Subsequently apply to the conjunctival membrane with a brush morning and evening the following solution:

℞. Cupri sulphat.,	1 gram.	
Glycerini pur.,	10 grams.	M.

After fifteen or twenty days this treatment gives remarkable results.

If necessary, a second application of the solid stick can be made, and if the pain after such application is severe, a one per cent. solution of cocaine can be applied with a camel's hair brush.

Pilocarpidin.

M. Meyer has recently made a communication in the *Archiv. für Experiment. Pathol.*, relative to this alkaloid, obtained from jaborandi.

It appears to have the same properties as pilocarpin, but is much weaker, and its toxic effects are not so marked, probably on account of its more rapid elimination from the system.

M. Solger (*Deutsche Med. Zeitung*) has made use of salicylate of bismuth in diverse forms of chronic diarrhœa and intestinal catarrh. He considers it of especial value in the diarrhœa of phthisis and typhoid fever, where the astringent properties of bismuth conjoined with the antiseptic value of the salicylic combination are particularly needed.

Hydrate of chloral, finely powdered over adhesive plaster, and applied after a slight exposure to heat, is strongly recommended for blistering purposes by M. Ivanowsky (*Wratsch*, 1886, p. 292). The application is said to produce vesication after fifteen to twenty minutes.

M. Cobrat, in the *Lyon Medical*, strongly recommends the internal administration of magnesia to young children suffering from warts. He has obtained excellent results in several cases by the administration twice daily of fifteen centigrams of magnesia.

New York Doctors and the Newspapers.

Eds. Med. and Surg. Reporter:

Did you live in this State, you would the better know why the names of some of our distinguished surgeons and physicians appeared in the newspapers after some ordinary operation had been made, or they had been called as a consultant to see some man distinguished for his wealth or military prowess.

To us the cause is well known, to wit: *he is invariably opposed to the National Code of Ethics*, and is a member of the "new" or "no code" faction, a small minority of the profession in the State. How strange it is, that all these notices are published without the knowledge, consent, or *pay* of the individual eulogized! D. Colvin, M.D.

Clyde, N. Y., February 7, 1887.

News and Miscellany.

A Prize Essay on Hay Fever.

The Chairman of the Committee on Scientific Facts, of the United States Hay Fever Association, asks leave to submit the following to the members, and to the medical fraternity, and to all who are interested, whether as sufferers or students of this increasing malady:

At its last meeting, September, 1886, at Bethlehem, N. H., the Association decided to offer a prize for the best essay from a competent source, preferably a physician, on some question relating to *æstivis*, or hay fever. The amount is necessarily small; but, as the accepted essay will be published in the Association's report, when the extent of its circulation, and the character of those whom it will reach shall be considered, it is thought that the successful treatise will give to its author a reputation worth the effort.

In order to carry out the above the following is announced officially:

1. Subject of the essay, Hay Fever. (*a*) Its pathology. (*b*) The predisposing, and the aggravating causes. (*c*) Advice to the sufferer.

2. The essay not to exceed *four thousand words*, and to be as practical and non-technical as possible.

3. The manuscripts to be received at the office of Samuel Lockwood, Freehold, New Jersey, not later than April 30, 1887.

4. Each manuscript to have a motto under the title, and to be accompanied with a sealed letter containing said motto, also the name and address of the author. These letters not to be opened until after the award is decided.

5. The prize to be $25. The accepted essay to be published immediately in the Association's annual report, one hundred copies to be given the author.

6. The Committee of Award: Samuel Lockwood, Chairman of Committee on Scientific Facts; Frank B. Fay, President U. S. H. F. A.; Charles C. Dawson, Secretary U. S. H. F. A.

Samuel Lockwood,
Chairman of Committee on Scientific Facts.
Freehold, N. J., Jan. 15, 1887.

Vaccination in Peru.

It is satisfactory to learn, from a recent number of *El Monitor Médico* (Lima), that some steps are being taken to persuade the Government of Peru to establish compulsory vaccination in the Republic. At present the only place where the compulsory system is in force is in Lima itself, where it has been established as a local enactment by the municipality. Provincial vaccinators find the greatest difficulty in keeping up supplies of lymph, and are frequently obliged to apply to the Lima authorities, who, at the desire of the Government, assist them as far as possible. The Free Academy of Medicine has recently caused the whole matter to be looked into, and a report to be drawn up by a committee of its members. They say that the frequent epidemics of small-pox and the numerous cases that are constantly occurring in most of the towns of Peru are accountable for a large part of the present high rate of mortality; that the experience of all other countries shows that the only way to make vaccination really effective is to render it universal by compulsion, which cannot be carried out without arrangements for supplying lymph to all requiring it; and that the best way of doing this is to confide the charge of a central establishment to a scientific body—that is to say, to the Academy of Medicine. It is remarked that the neighboring republic, Chili, established compulsory vaccination in 1884, and has an institute of animal vaccination in Santiago which is subsidized by the Government to the extent of $3,500 a year.

Disease Among the Indians.

Dr. Washington Matthews, surgeon in the United States Army, has made a valuable contribution on the causes which are at work in carrying off the Indians of our country. One of the most important of these he finds to be consumption. From the census of 1880 we learn that, while the death-rate among Europeans is 17.74 per thousand, and that among Africans 17.28, the death-rate among the Indians is no less than 23.6. In diarrhœal diseases the Indian death-rate is not greatly in excess of that of the other classes. Measles gives a mortality of 61.78 per thousand, but it is under the head of consumption that the difference between the Indians and the blacks is most conspicuous; the rate among the former being 286 as compared with 186 among the latter, while among the whites it is but 166 in the thousand. Dr. Matthews finds that where the Indians have been longest under civilizing influences the consumption rate is the highest; meaning by the term "consumption rate" the number of deaths from consumption in a thousand deaths from all known causes. Thus the rate among reservation Indians in Nevada is 45; in Dakota, 200; in Michigan, 333; and in New York, 625.

Effect of Freezing on the Typhoid Germ.

Dr. John S. Billings, U. S. A., writes as follows to the *Sanitary Engineer* of January 29, 1887:

It is well known that freezing water does not destroy the vitality of all living organisms contained in it, although it does appear to kill some of them. To settle the question as to the effect of freezing on the bacillus of typhoid, I have had the following experiments made:

January 10, 1887. Five cubic centimetres of sterilized water in a test-tube were inoculated with typhoid bacillus and exposed to the outer air during the following night at a temperature of about 10° F. It was found solidly frozen in the morning.

January 11, 2 p. m. This frozen mass was thawed, and from it there were inoculated one agar and three gelatine tubes.

January 13, 10 a. m. There is decided typical development of the typhoid bacillus in the agar tube and in two of the gelatine tubes.

Evidently, therefore, the vitality of the typhoid bacillus is not destroyed by freezing.

The Bacillus of Typhoid Fever.

An inquiry lately made by Dr. Brouardel into the circumstances of an outbreak of typhoid fever at Compiègne led to the discovery of a bacillus in the water which the victims used for drinking. This is the well-known bacillus which, when cultivated in gelatine, multiplies in colonies; and a similar germ was found in blood drawn from a patient suffering from enteric fever. It had probably come from the water closets, which were established in a sandy porous soil; beneath this was a layer of compact clay, through which the water drained to the well. The bacilli were much more numerous in the infiltrations of the sandy layer, a purification apparently taking place there which left the well water limpid, without any impure taste. This fact proves that in the filtration of sewage-water through the soil, certain organic matters may be retained, whilst dangerous bodies are allowed to pass.

Professor Johann Rudolph Ranke.

The University of Groningen is just now mourning the loss by death of the much respected Professor of Surgery, Dr. Johann Rudolph Ranke, who, though a foreigner, seems to have endeared himself to all classes of the people. For the last eighteen months he had suffered from the effects of blood-poisoning which had caused him continual severe pain; but he stuck most heroically to his work to the last, teaching from his bed students who were about to present themselves for examination, and, on days when he was somewhat better, going in a bath-chair to the university or hospital. Only three days before his death he performed an important operation.

Bucks County Medical Society.

The midwinter meeting of the Bucks County Medical Society was held last Monday in Bank Hall, Quakertown, Dr. J. J. Ott, of Pleasant Valley, presiding. After the usual routine business Dr. A. M. Cooper, of Point Pleasant, read an article on albuminuria, detailing the diagnosis and treatment of several obscure cases. The discussion was carried on by Drs. Thomas, Moyer, Cawley, and Ott. Dr. William E. Ashton, of Jefferson Medical College, Philadelphia, then delivered an illustrated lecture in gynæcology. Four new members were added to the society.

Death of Madame Trelat.

The death is announced from Paris of Madame Ulysse Trélat, the wife of the late Dr. Trélat, Governor of the Salpêtrière Hospital. Madame Trélat, whose life has been largely spent in charitable work among the deserving poor, and who took an active part in the creation of technical schools for girls, has left $40,000 to the poor of Paris. The rest of her fortune she leaves to schools and other institutions of public utility.

Vegetable Fibres in the Intestines.

At a recent meeting of the Société Médicale des Hôpitaux, of Paris, M. Laboulbène showed some worm-like bodies which had been passed by a cachetic child of twelve. They proved to be macerated vegetable fibres twined round in the intestine, and subsequently expelled in the form of scybala.

Personal.

—Dr. Wm. E. Ashton, assistant demonstrator of obstetrics and clinical assistant of diseases of women at the Jefferson Medical College, delivered, last Monday, before the regular meeting of the Bucks County Medical Society at Quakertown, a lecture upon "The Diagnostic Value of Palpitation and Auscultation in Obstetrics."

—Dr. Richard J. Levis is expected home in the spring. He has been "doing" Egypt.

—Dr. D. B. Birney, late of the Presbyterian Hospital, is now connected with the medical staff of the Philadelphia Dispensary.

—Thomas K. S. Morton, M. D., late of the Pennsylvania Hospital, sailed for Europe recently. Dr. Morton intends to pursue his studies in Berlin during the ensuing summer, and return to this city in October to resume his practice.

—Prince Ferdinand, of Bavaria, who is a distinguished surgeon, has, during his recent visit to Madrid, performed several delicate operations. The prince is a brother of the Empress of Austria-Hungary.

Items.

—If Queen Victoria does not celebrate her jubilee by a liberal assistance to the London hospitals, it will not be for lack of sufficient reminders from the medical press of England.

—The most effective, as well as most convenient cure for warts is said to be fifteen grains of corrosive sublimate dissolved in an ounce of collodion, the warts to be brushed carefully with the mixture once daily.

—Wilson Barrett upon being asked the other day how old he was, said: "When I play 'Chatterton' I am 17; when I play 'Hamlet' I am 20. That is all I am going to tell anybody about my age."

—Dr. A. J. Smith has been elected first assistant in the insane department of the Philadelphia Hospital, to succeed Dr. J. C. DaCosta, who has been called to a similar position in the Pennsylvania Hospital for the Insane.

—The Alumni Association of the Medical Department of the University of New York held its sixteenth annual dinner at Delmonico's on the evening of January 27, when Dr. F. R. S. Drake presided, and the annual toasts were responded to.

—The report of the Pennsylvania Society to Protect Children from Cruelty for the year 1886 has just been issued in pamphlet form.

—The Emperor of China, says a correspondent of *Les Debats* insists on having bears' paws, antelopes' tails, ducks' tongues, torpedo-eels' eggs, camel's hump, monkeys' lips, carps' tails, and marrow bones served on his table every day in the year.

—The total number of students in the medical faculties of the German universities is about 300 in excess of what it was last winter session, the largest increase (seventy-six) being at Würzburg. Berlin shows a decrease of eight, and Königsberg a decrease of four.

—"See here, now, I've heard a good deal about the honest farmer, but what makes you put all the best apples on the top of the basket?" asked a city man of the fruit-seller. He thought a moment, and replied: "I s'pect it's for the same reason you have the front of your house of brownstone."

—Dr. John Van Voorst, who died in Jersey City Feb. 4, was a well-known practitioner. He was a graduate of Princeton and Bellevue Medical College. He was house physician at Bellevue Hospital, and also at Mrs. Astor's Women's Hospital for several years, and was on the staff of physicians at St. Francis' and Christ's Hospitals, Jersey City.

—The late Dr. Dudley, of Brooklyn, left a bequest of $500 to the Faculty of the Long Island College Hospital, to be used in encouraging their students to diligence in special study. The interest of this sum will each year be given to the senior year student who shall present the best thesis based upon some case that has been clinically observed during the year.

OBITUARY NOTICE.

George O. Moody, M. D.

At 11 p. m., Sunday, February 6, Dr. George O. Moody, of Titusville, Pa., while in the act of preparing for bed, fell dead almost instantaneously. Angina pectoris was the presumable cause, as he had suffered somewhat from that affection in the past. Dr. Moody was a member of the National and State Medical Societies, and had been appointed a member of the Council on Diseases of Children in the International Medical Congress, which was to meet in September. His loss will be widely felt.

Dr. George O. Moody held a first rank as a practitioner of medicine and surgery, and the community in which he labored so faithfully for 24 years will not easily replace him. Crawford County Medical Society, as well as the State and National organizations, will miss him and mourn his loss. His papers were scholarly and adorned the literature of our Transactions. His discussions were clear, intelligent, and practical, and his manliness and candor were as manifest in his profession as in all his relations and dealings with the public.

At a meeting of the members of the medical profession of Titusville held in Dr. Barr's office on the 7th inst., the following preamble and resolutions were adopted:

Whereas, We are called upon to mourn the sudden loss of our esteemed friend and fellow-practitioner, Dr. George O. Moody;

Resolved, That by the death of Dr. Moody the community has been deprived of an active, public-spirited citizen, his patients of a skilful, energetic, and sympathetic physician, his friends of a warm-hearted, earnest, congenial companion, and the profession of a bold, fearless, and honest practitioner, kind and courteous to his medical brethren, and one possessed of unusual acumen and skill, with a breadth of culture obtained by few.

Resolved, That we extend to his afflicted family our sympathy in their bereavement, feeling as we do that the loss is one personal alike to them and to each of us, as well as to every member of the community.

Resolved, That we attend his funeral in a body.

Resolved, That a copy of these resolutions be furnished to his family, and that we request their publication in the local papers and in the medical journals of our country.

Geo. W. Barr, M. D.
Wm. Varian, M. D.
Theo. J. Young, M. D.
E. C. Westlake, M. D.
F. E. Luke, M. D.

QUERIES AND REPLIES.

Tincture of Kino.

Eds. Med. and Surg. Reporter:

I have had tr. kino to assume the consistence of jelly in well-stoppered bottles on two occasions. Please tell me in your queries if it is still good for use, and what should be done to it in order to make it liquid.

Whiteville, La., 2, 1, '87. H. C. M.

Motto, Philada.—The phrase *Non sibi sed tot*, is an abbreviated Latin expression, meaning "Not for himself (or for themselves), but for all."

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

NEURASTHENIA.*

BY A. B. ARNOLD, M. D.,
Of Baltimore,
Professor of Clinical Medicine and Diseases of the Nervous System in the College of Physicians and Surgeons of Baltimore, etc.

The term "neurasthenia" was first introduced by the late Dr. G. Beard, of New York, to denote a peculiar functional disease of the nervous system. One of the principal reasons he assigns for the neglect of this nervous disorder by previous observers is the great difficulty of analysis and classification of its symptoms. Neurasthenia, he maintains, is exceedingly common in the United States, owing to the widespread influences that favor its development. Perhaps the frequency of its occurrence in this country is only apparent, for, as he remarks, Americans seek medical aid for the relief of ailments which, as a general rule, cause less anxiety to European people. Dr. Beard's first publication on this subject encountered much adverse criticism at home. Nervousness, or rather nervous weakness, it was said, had always been recognized as a morbid condition giving rise to a host of symptoms, clinically distinguished by designations in accordance with their supposed dependence on special disturbing causes. Every one is familiar with the phases such as cerebral anæmia, spinal irritation, the neuropathic diathesis, irritable weakness, oxaluria, etc., etc. Bouchut's nervosism not only included all the affections implied in the said designations, but embraced every possible functional disease of the nervous system. The Griffith brothers had before him indulged in an analogous exaggeration of the pathological importance of the so-called spinal irritation. Dr. Beard has fallen into a similar error, in claiming for neurasthenia a multiplicity and variety of symptoms which would hardly justify the attempt to set up any other species of functional nervous disease. But the merit cannot be denied to him that he opened a new line of investigation fertile of practical results. Every busy practitioner will admit that he frequently meets with obscure and anomalous symptoms which he finds difficult to refer to any individual disease with which he is conversant. If the patient be a female and the morbid phenomena point to disturbance of sensory or motor functions independent of any tangible affection, he is very likely to suspect hysteria. Supposing the patient is of the male sex, he will probably be tempted to seek for the cause in some disorder of the nervous system. It is curious to notice in this connection the colloquial change the word nervous has undergone. Originally it implied a vigorous quality, and we still speak of the nervous style of a writer. We now signalize a person as nervous when he is easily agitated or morbidly impressible. Experience did not fail to teach what physiology leads to expect, that numerous and diversified disorders of the nervous system are traceable to the debilitating influences of physical over exertion and mental strain. The word nervousness is at any rate an unscientific expression. Dr. Beard deserves, therefore, much credit for having drawn attention to the great prevalence of nervous exhaustion and the many disguises it may assume.

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*Read before the Baltimore Academy of Medicine, January 18, 1887.

Neurasthenia belongs to a group of neurotic diseases, having in common with all of them transmissibility and a tendency to appear under different forms, not only in different individuals, but in the members of the same family.

A recent German writer[*] indulges in some curious speculations concerning the important role which neurasthenia has played in shaping the destinies of races and nations. He says, "when historians speak of the degeneracy and effeminacy of celebrated people of the past, they only express in other terms the physical and mental deterioration of these people. That the nervous system received the chief brunt of the injurious influences which brought about such a change, may be inferred from its physiology. Thus the decadence of the Roman power dated from the introduction of luxurious habits and profligate manners. These causes undoubtedly tend to undermine the vigor of physical and mental health. Dr. Beard in the same strain warns his countrymen to take care of the nervous system. But be this as it may, when we come nearer our own time we see many influences at work bearing heavily on the integrity of the nervous apparatus. There is the mental strain which the hot race for wealth and distinction imposes; the unremitting toil to secure a competency; the anxiety and worry of those engaged in public life; the painful efforts to keep up appearances; the vicissitudes of fortune; the heart-burnings, the disappointments, and the numerous penalties we pay for our high-pressure civilization.

If neurasthenia, as Dr. Beard will have it, has picked out our country for its special visitations, it can only be that the etiological factors of this malady are more intensified among us than any where else. He refers to Russia, where, in contrast with the United States, France, England, and Germany, the occurrence of neurasthenia is generally believed to be almost unknown. The Russian novelist Tourgieneff does not share in this opinion. Many of his life-pictures of the different strata of Russian society give evidences of physical deterioration and premature mental decay.

As neurasthenia sometimes rapidly develops it must be assumed that such an occurrence depends on an exciting cause that suddenly overwhelms the nervous system. In general, however, the disorder comes on slowly, and is probably the final result of a combination of causes, that act as a drain upon the nerve force. This characterization of the pathology of neurasthenia serves to explain the absence of a destructive lesion, the multiplicity and purely subjective nature of its symptoms. Taking for granted that nervous exhaustion is the essential condition underlying the clinical manifestations of neurasthenia, it must necessarily happen that the energy of all the bodily functions subject to nervous influence will be lowered. Such a state of the general system labors under the disadvantage of losing its normal steadiness in the exercise of its various powers, and in consequence that morbid excitability becomes established, which goes by the name of irritable weakness.

An enfeebled nervous apparatus is also incapable of offering adequate resistance to morbific causes that would otherwise exert but little influence, hence the numerous ill-defined ailments of which neurasthenic patients constantly complain. Moreover, as the neurasthenic diathesis occurs in every conceivable grade of intensity, it is easy to understand why many of its symptoms are not considered outside the limits of health. Finally, it must not be forgotten that the insufficient control exercised by the higher nerve-centres leads to perversions and aberrations that constitute the most singular phenomena of neurasthenia.

It is usual to make the division of cerebral and spinal neurasthenia. As observed in actual practice, the symptoms of both forms of the disorder are frequently blended.

Among the cerebral symptoms of neurasthenia none is more conspicuous and constant than headache. Many instances of so-called sick headache are of a neurasthenic origin. Of greater significance is a peculiar distressing sensation of the head, which patients compare to the feeling experienced when some heavy body is pressed on the vertex. A young artist consulted me some time ago for the relief of just such a symptom, which he described to resemble the sensation as if his head were held in a vise. He had abandoned his profession on account of this complaint, which although it did not amount to actual pain, was nevertheless of an unbearable nature.[*] The scalp in neurasthenia is exceedingly sensitive to the touch so that the use of the comb and brush cause pain. Disorders of the special senses are very common, consisting of flickering before the eyes, muscæ volitantes, asthenopia, noises in the ears, a perverted smell, and a sour pasty taste in the mouth. Sleep is much disturbed by terrifying dreams. Many patients declare they pass vigilant nights for weeks.

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[*] Die Neurasthenia, by Prof. Rudolph Arndt.

[*] Dr. F. Runge published in the *Archiv. für Psychiatrie* (vi. B.) a series of cases under the caption of "Kapfdruck" (head pressure), which presents in many particulars the clinical features of neurasthenia. In nearly half of the cases the etiology embraced conditions and circumstances which are known to induce nervous exhaustion.

The psychical symptoms of neurasthenia usually partake of a depressing character. Sometimes they amount to utter despondency or melancholia. More frequently the mental irritability shows itself in curt answers, in exhibitions of a morose and peevish temper, and not seldom in a disagreeable selfishness. Probably the desire of subduing or chasing away the moods and vapors of which the patients themselves are conscious, is one of the causes that frequently lead them to resort to alcoholic stimulants and narcotics. When such patients fall into the habit of reflecting much on their unpleasant feelings, they are sure to become confirmed hypochondriacs.

Morbid fears constitute another set of symptoms which occasionally plague the neurasthenic. Agrophobia, or the fear of open places, is most frequently observed; claustrophobia, or the fear of narrow places; anthrophobia, or the fear of meeting crowds of people; mysophobia, or the fear of contamination, come less frequently under notice. A variety of these morbid fears I have observed in one of my patients, which I have not yet seen mentioned. A middle-aged gentleman who had been unfortunate in stock speculations and had suffered for many years from bleeding piles, kept himself in a constant state of misery from self reproach because he blamed the death of one of his friends to catching cold, which might have been prevented if he had not kept his friend standing for a considerable time in a cold draught of air during an interview. When my neurasthenic patient takes a walk he constantly looks out for some substances on the pavement that may possibly cause people to slip and fall. Should he find the end of a nail sticking out in the buildings he passes, he immediately sets about to knock it in. He stops to adjust a loose brick in the sidewalk, and he has been known to give notice to owners of lumber yards to remove a piece of timber that happens to project from the pile. A very strange neurasthenic symptom among patients of education and culture is the brooding over the insolvable problems of the universe or some puzzling metaphysical question. Such unbidden thoughts incessantly harrass them, however much they may try to banish them from their minds. But the saddest of all the psychical manifestations of the disorder is the tendency to drift into some debasing vice. The low appetites and propensities appear to gain the mastery over the diminished resistance of the moral power.

An enormous array of symptoms is attributed to the spinal form of anæsthesia. This is due to the extent and variety of functional disturbances resulting from an unstable and irritable condition of the spinal nerve centres. There are few neurasthenic patients who do not suffer from eccentric neuralgic pains and muscular weakness of the lower extremities. Real paralysis does not occur, but there is a constant feeling of fatigue and a desire for rest. Patients feel weary and exhausted after ordinary exertions. Lumbar or sacral pain seems to be never absent. The general sensibility is heightened. Slight pressure of superficial nerves causes tingling; the contact of cold substances produces pain. There is a sensation of burning in the palms of the hands and soles of the feet. Neurasthenic females complain that their shoes press too tightly, and their dresses make them feel uncomfortable, all of which is provoking to tradespeople, who despair to please such customers. The reflex excitability is augmented. Micturition and defecation may, in consequence, be attended with much discomfort. Muscular hyperæsthesia causes twitching of muscles and painful movement of the joints. Paræsthetic symptoms are felt everywhere, consisting of numbness and the sensations of pricking and formication. Vaso-motor disturbances bring on fitful flushings of the face and partial sweatings. I remember the case of a young shop-girl who had broken down in health and became the victim of a large number of neurasthenic symptoms. She had frequent attacks of palpitation of the heart and constricting pain about the chest. These attacks were ushered in by extreme reddening of the right ear and neighboring part of the cheek. The same side of the face broke out afterwards into a profuse perspiration. The respiratory symptoms are sometimes of an alarming character, consisting of embarrassed breathing and a choking sensation attended by a tumultuous action of the heart. The gastric disturbance witnessed in neurasthenia constitutes the so-called "nervous dyspepsia,' which is common in over-worked clerks and seamstresses, and no less also among people in different walks of life that impose varied hardships and the deprivation of the required rest and sleep. Such a dyspepsia baffles the usual remedies, unless a change of habits and pursuits be adopted.

It is hardly necessary to mention that the diagnosis of neurasthenia should not be lightly made. Chronic and progressive diseases in their early stages often give no other intimation of their existence than the evidences of a declining state of the general health. The nervous depression, which is then surely to ensue, is liable to lend a neurotic feature to the ill-defined symptoms depending on the undeveloped disease, and the more so, if the patient is constitutionally predisposed to nervous affections. On the other side there is a risk to mistake neurasthenic symptoms for serious organic trouble. The experienced physician will find no great difficulty to distinguish neurasthenia from allied nervous disorders, though it must be confessed that the pictures presented by this class of maladies are so frequently confusing by their variegated coloring, or so frequently change into dissolving views, that their distinction often turns upon the choice of a phrase.

There is great scope for the display of tact and judgment in the treatment of neurasthenia. The number and complexity of its symptoms, their fluctuation and proneness to relapses after encouraging improvement, heavily tax the therapeutical resources of the attending physician. He would do well to take the patient into his confidence should there exist the least reason to believe that preventable etiological factors are at work, which on being abandoned or removed will materially assist the treatment. The patient may either require absolute rest and quiet, or be benefited by exercise that does not fatigue. The recuperative influence of mountain air or a visit to the seashore may, under circumstances, be indispensable. Dr. Beard says he has seldom found general anæmia associated with neurasthenia. My experience induces me to differ from him. A judicious course of tonic remedies is often of great value in long-standing cases. For the restoration of the muscular vigor, as Dr. Beard has indicated, nothing can surpass the refreshing effects of general faradization. After a number of trials with various remedies which stand in repute for the relief of nervous headache, I give now the preference in the neurasthenic variety to a combination of ether and the tincture of cannabis indica, in doses of twenty drops of the former and ten of the latter. Sometimes these remedies act better after a good night's rest has been obtained from a full dose of chloral hydrate. Great caution is necessary in the administration of opium or any of its alkaloids, for fear of inducing a disastrous habit, to which neurasthenic patients are particularly inclined. The practice of giving now large and repeated doses of the bromides is open to much less objection. In regard to arsenic, phosphorus, and the salts of copper and zinc, which are empirically ordered in neurotic affections, I cannot say anything of a positive character concerning their employment in the treatment of neurasthenia.

ON ABDOMINAL SECTION FOR TRAUMATISM.

BY THOMAS S. K. MORTON, M. D.,
Of Philadelphia.

The term "abdominal section for traumatism" is meant to include those cases where the operator deliberately opens the belly, or greatly enlarges an existent wound, for the purpose of discovering intraperitoneal wounds, and, if they are present, repairing them as far as possible, together with more or less final cleansing of the peritoneal cavity. Such cases as those in which wounds of prolapsed viscera are simply repaired, and the parts returned to the abdominal cavity, are not included. My excuse for this paper is, that I have been so fortunate as to be associated as an assistant to more than one-half of all the cases that have occurred in Philadelphia. In four of the cases I have been the assistant, and in three the care-taker also. These four cases have been treated in the Pennsylvania Hospital.

The indications for abdominal section for traumatism are in many cases very clear; in others, with only our present knowledge, exceedingly obscure. Taking up the consideration first of wounds, it seems to me that, with what we already know, the operation is clearly indicated in every case where penetration of the abdominal cavity is proven, and with fair surroundings it becomes one's duty to open the abdomen and search for wounds, for there are no omnipresent symptoms which invariably indicate intraperitoneal wounds, even when extensive. With reference to the cases suitable for operation, I would say that, besides gunshot wounds, stabs, etc., which have already been operated upon, I conceive that in the future many other traumatic conditions will be subject to interference by section, such as rupture of the stomach, gall-bladder, spleen, or kidney, ruptured blood-vessels, various hæmatoceles, etc. Dennis, of New York, had a case in which he opened a penetrating stab wound of the abdomen. He found, besides the injuries, an intussusception evidently caused by the violent peristalsis excited by the point of the knife touching the intestine, and I therefore conceive the possibility of intussusception without wounds. In this paper, no consideration is paid to the effects of traumatism upon diseased organs, such as ulcerated stomach or bowels, or upon the pregnant uterus or its diseased appendages, or perforating typhoid ulcers.

I shall consider the subject of diagnosis as a whole, with the exception of that of ruptured bladder, which I shall take up later. The diagnosis of penetrating wounds of the abdomen is occasionally very easy—occasionally exceedingly difficult. Where there is a pistol-shot wound of the anterior wall of the abdomen and a probe can be inserted, or where there is extravasation of feces, the diagnosis is easy enough. Emphysema is given as one of the best symptoms of perforation of the intestine. I regard it as a poor one. One of the cases occurring in the Pennsylvania Hospital presented marked emphysema of the abdominal walls without injury to the lung or intestine. Injury of the lung may give rise to emphysema, which may be mistaken for that due to a wound of the intestine. Diminution of the liver dullness due to the escape of flatus into the abdominal cavity is another symptom, but this is fallacious. Shock is usually marked, but in some cases the patient is not at all shocked. Instances are on record where patients have walked long distances, and yet, on opening the abdomen, wounds of the intestines have been found. One man did not even know that he was shot until he had walked some distance to his home—yet he had numerous intestinal perforations. Of course, vomiting of blood and the passage of bloody stools are good signs, but they are not always reliable. The symptomatology of penetrating wounds of the abdomen is very obscure, and we should like to have some light thrown upon it. Of course, a wound through the back is more difficult to diagnose than one from the front, and frequently the diagnosis can only be made by incision. Even where the ball is found lying under the skin, you cannot be sure, for it may have passed around the abdomen. The most interesting class of cases is that in which there has been a blow or injury upon the abdomen, and we suspect rupture of the intestine, the spleen, liver, or blood vessels. These are most difficult cases to diagnosticate, and I predict that in the future we shall open many abdomens in order to determine whether or not these conditions are present.

In regard to the surroundings under which one should operate. In a metropolitan hospital, surrounded by every convenience, I think that the majority of cases should be operated upon. In cases where injury to the gut is known to have occurred, and in many cases where it is suspected, it is our duty to operate. In the country, and in unskilled hands, only those cases which are the most desperate should be operated upon, unless they can be removed to some centre.

If the patient appears to be coming out of shock, he should be allowed to do so as far as possible. Shock from hemorrhage is, of course, the worst. Where there is extravasation, the shock will be kept up, and under such circumstaces etherization and removal of the cause would be the best way to overcome it. The preparation of the patient should be by judicious treatment and thorough cleansing. I shall not to-night go into the subject of antisepsis or asepsis, although I hold positive views of their great value. Everything should, however, be surgically clean.

Where there is a wound of the anterior wall of the abdomen, first prove perforation by cutting down to the peritoneum. That should be a sufficient warrant for section. In wounds of the back some judgment must be exercised. The incision should, I think, in almost every case be median. In the majority of the cases recorded, and, I think, in nearly all the successful cases, the incision was median. In several instances where section has been done for a special purpose, such as removing an injured spleen, the incision has been made to one side of the median line. In one case of stab wound which I saw, the original wound was enlarged and gave rise to great difficulty in the subsequent steps of the operation. One wound was overlooked in that case, which error, I think, was largely due to the position of the incision. The length of the abdominal wound is to be governed by the circumstances of the case. It may extend from below the ensiform cartilage to the pubes. There is no harm in a long wound if it be properly treated. After opening the peritoneum, note carefully the abdominal contents. If we find fæces we are encouraged to prolong the search until the wound is found. If there is blood, we should look for the vessel injured. The search for wounds should be thorough and systematic. In most of the cases where wounds have been overlooked, it has resulted from not making a systematic examination. We should begin at the entrance of the œsophagus into the stomach, if it is possible to reach that high, go over the stomach and all the intestines, examine the mesentery, the rectum, and bladder, and look at the spleen. Unless this is done, wounds will sometimes be overlooked, and even apparently with apparently the utmost precaution they will sometimes escape detection. Only those who have seen such cases can imagine the difficulty experienced in finding some wounds, especially when the upper part of the transverse colon and the surrounding omentum are involved. If the intestines are much distended, it may be necessary to puncture them. It is important to remember that extravasation has followed such a puncture, and they should always be closed with a Lembert suture. If the vermiform appendix or an epiploic appendage is injured, it should be excised. In wounds of the intestine, it makes a difference whether the injury is the result of a gunshot or of a stab. Gunshot wounds are more apt to slough than knife wounds, and where many wounds of the former are located close together, it has been found advisable to excise a portion of the gut, including the numerous wounds. Probably a foot of the bowel may be excised without much disadvantage. Six or eight feet have been excised, but in this case the operation was followed by emaciation and death. In such a case it would probably be better to make several excisions. Perforations when found should be turned into the bowel by the suture of Lembert. Wounds of the large intestine and stomach are to be treated in the same way.

Where the ball has perforated the mesentery, the wound edges should be excised. This is the opinion of those who have done most operations. The opening is then brought together with stitches on both sides, or passing all the way through. If the omentum be badly injured, no harm will come from its excision. It may be ligated in various places and the whole cut off without injury. In a hernia case, I cut off what I supposed to be almost the whole omentum, and the man got perfectly well. Where the spleen is wounded, the only method seems to be to excise the organ. This has only been done, so far as I know, twice. Very little is known about the treatment of injuries of the spleen. Wounds of the liver have been met with a number of times, and all the cases have died. Whether or not it would be practicable in these cases to stitch the liver to the abdominal wall, etc., I cannot say. Tait has done it in chronic disorders a number of times, and has had favorable results. We should be encouraged to experiment in this direction. About wounds of the pancreas little is known—I doubt if they could well be reached. If the kidney is extensively wounded, its excision or complete drainage is indicated. If the ureter is divided, the only remedy is excision of the corresponding kidney. If the projectile has gone through the diaphragm, the same operation as in the case of the mesentery would be indicated, namely, excision of the edges and sutures. Of course, all bleeding vessels are to be tied. If this is impossible, the main trunk, even if this be the aorta, must be tied. Wounds of the uterus and appendages have not been dealt with, but would probably require excision.

Then there is another class of wounds entering the abdomen—that is, wounds through the vagina and rectum; for instance, a stab wound through the vagina. If we knew that it penetrated, abdominal section would be indicated. In all these cases contusions or brush burns of the omentum and intestine frequently are found. In time, nearly all of these will slough and give rise to pus. In several cases death has been attributed to this cause. All severe contusions involving the mesentery or omentum should be excised. When they involve the intestine, the peritoneum should be united over them with Lembert sutures. The suture materials which I have seen used have been silk and catgut. I think the latter is preferable, if fine and chromicized.

One of the most important things that we can consider, is the time after injury when the operation should be performed. The sooner the operation is performed, the better are the chances of the patient. The cases in which the time is reported number forty-five. The average time after the injury for which operation was done, was eighteen and a half hours. Deducting four cases where more than two days had elapsed, the average falls to twelve and a half hours, while a deduction of all the cases where the time was over twenty-four hours, brings the figures to nine and a half hours. The average time after the injury when the operation was begun in the successful cases was seven and three-quarters hours; the average in the fatal cases was twenty-three and one-quarter hours. These are significant facts. In the five cases operated on at the Pennsylvania Hospital, the average time was six hours. Deducting one case in which from unavoidable circumstances twenty hours elapsed, the average comes down to three hours.

In all cases the question of drainage will arise. It is always difficult to decide, in any given case, whether drainage should be employed or not. If there have been extravasation and numerous wounds, drainage seems to be indicated. Glass and rubber tubes have been used with apparently equal success and failure. I think that tubes of glass or other hard material are to be preferred. Where there has been extravasation of the contents of the stomach or intestine, this is usually followed by great oozing of serum.

The final steps of the operation are irrigation and cleansing. In irrigation I believe most thoroughly. It should be very large in quantity, and can hardly be too much so. If the patient is shocked, there is no better treatment than pouring hot water through the abdominal cavity. It probably acts directly upon the solar plexus. I have seen this frequently used with marked benefit. The patient will be in far better condition after the use of a gallon or more of water at a temperature of 100° to 110° than before its application. It has occurred to me that in profound shock from other causes, it might be well to puncture the abdomen with some form of double canula and thus irrigate the abdominal cavity with large quantities of hot water. What shall be put in the solution used for irrigation? Several agents have been so used: Water, distilled water, boracic acid solution, mild solution of bichloride of mercury, and solution of carbolic acid. Carbolic acid should be expunged from the list. Bichloride of mercury, when employed, should be in very dilute solution—1 to 5,000 or 10,000. Boracic acid was used in two successful cases in three per cent. solution in unlimited quantities. In four cases at the Pennsylvania Hospital the bichloride solution in the strength of 1 to 5,000 and 1 to 10,000 was used and apparently without any bad effect. It was used in both of the successful cases there. Distilled water is very good and especially in cases where extravasation has not occurred. Where there has been extravasation, purulent peritonitis set up, or it is not certain that all foreign matters have been removed, I think that an antiseptic is indicated. Where we have a solution like that of boracic acid, possessing fair strength with little danger of poisoning, it should be used. The parietal wound is closed and dressed in the usual manner.

One question in the after-treatment would arise in cases where a drainage-tube had not been left, and would be with reference to reopening the wound and draining where a large amount of serum was present. Each individual case must be decided for itself. The onset of violent peritonitis would be an indication for reopening the belly, irrigating and draining it.

Now a few details with reference to ruptured bladder. The symptoms of ruptured bladder are more definite than those of most other cases. The condition of the bladder at the time when the injury is received is of some importance, but cannot always be ascertained. Shock is usually present, as in other cases. Pain in the hypogastrium, fruitless efforts at micturition, vomiting, hiccough, distension of the abdomen with fluid, the withdrawal of blood or bloody urine by the catheter, are all good indications. If there is no urine in the bladder, or none comes in, it is a fair sign. The catheter can sometimes be introduced to a great length, and occasionally the rent in the bladder wall may by this means be detected. The withdrawal of an enormous quantity of fluid is another indication. If warm water is injected, it may be felt by the patient in the loins and other locations. With the catheter in the bladder, the liquid sometimes ebbs up and down with the movements of respiration. Recently Dr. Weir, of New York, has suggested a test for ruptured bladder, which consists in injecting a certain amount of fluid and percussing over the region of the bladder. If a definite outline of percussion dullness is noted, it is a fair inference that the bladder is not ruptured.

It is important to determine whether the rupture is extra or intra-peritoneal. Stephen Smith has shown, in a collection of 65 cases, that the peritoneum is injured in 80 per cent. of the cases. Max Bartles found, in an examination of 166 cases, that the rent was intraperitoneal in 98, and extraperitoneal in 54. In 84 cases of intraperitoneal rupture the rent was situated at the fundus in 40 cases; in front, near the fundus, in 9; posteriorly in 33; and at the side in 2 cases. In 50 cases of extraperitoneal rupture, the rent was at the neck in 19, anterior in 23, posterior in 2, and at the side in 6. In 15 of these cases there was fracture of the pelvis. In these cases, as a rule, the urine found in the peritoneum is healthy, and not decomposing. An interesting paper has been published by a Russian, giving the toxic effects of urine which has escaped into the peritoneal cavity.

The method of operating is an interesting one. Having determined upon interference by section, whether the diagnosis has been made positive or not, a median incision should be made and enlarged to suit the convenience of the operator. The incision may at first be made down to the bladder, as for a suprapubic lithotomy. If there is a wound in front, you may feel if it enters the peritoneal cavity; but even this is fallacious. Having found the wound in the bladder, the first thing is to clean the peritoneal cavity. Next, it is necessary to get the bladder into a position to suture it. This has been, until recently, found one of the most difficult steps of the operation. To obviate this, distention of the rectum with a colpeurynter has been practised. More recently, as in the case of Fox, sutures have been introduced on either side, and may be combined with the use of the colpeurynter. MacCormac, who found considerable difficulty in bringing up the bladder, made a lateral incision on each side through the peritoneum. This liberated the bladder immensely. These peritoneal wounds he stitched together in the usual way, but it appears to me that this might be improved upon by introducing the stitches as Dr. Emmet does when sewing up his relaxation incisions of the vagina or elsewhere—that is, by uniting the wound by stitches passed in its longitudinal diameter. It has been found that the cases in which the sutures penetrate all the coats of the bladder invariably terminate fatally. This must be borne in mind, and the sutures passed through only the serous and muscular coats. The bladder wound is to be brought together with Lembert sutures of silk or catgut.

The after-treatment brings up the question of drainage, which has been discussed. A catheter should be left in the bladder. Another important thing is to prove that the stitches effectually control the opening in bladder. This is done by injecting some solution—better, a weak antiseptic solution—into the bladder. If there is any leakage, additional sutures should be introduced; or the first row of stitches, by a second set, turned in.

THE BONE-SCREW.

BY J. S. WIGHT, M. D.

Professor of Operative and Clinical Surgery at the Long Island College Hospital.

In exsection of the knee, I have found that the wire suture held the bones imperfectly in place, and was not readily removed subsequently. In cases of resection of the ends of bony fragments after non-union, and where there has been marked deformity, I have also found the wire suture frequently incompetent to prevent lateral displacement. As a substitute for the wire suture I have used nails and screws, which have done excellent work. I have used the wire-nail, which is about three inches in length and a little over one-eighth of an inch in diameter. It has a flat head on one end and is pointed at the other. The way I use it is as follows: After resection of the knee-joint, a hole is drilled through the tibia from before backward and upward, so as to emerge near the middle of the surface of the upper end of this bone. The nail is gently driven into this hole and made to emerge at the proper point in the cut surface of the lower end of the femur, into which it is driven about an inch. Then neither bone can become displaced laterally in any direction by any reasonable force that may be applied. Of course the limb must be placed on an appropriate splint till repair can take place. When the bones have united, the nail is simply pulled out. I have used the lion-forceps, as well as my fingers, for this purpose. A *round* nail like this is superior to a quadrangular one, and is far better than any form of wire suture. I have also had long, slender steel screws constructed by Tieman & Co. to take the place of the wire nail. These screws are from three to four inches in length and about one-eighth of an inch in width. The way they are put in is to drill a hole with the surgeon's drill and then screw them into the bone. Tieman & Co. have made me a special instrument for this purpose, which will not only drive the screw in, but will take it out when it has served its object. The screw is less apt to injure the bone than the nail. The last case in which I used the bone-screw was in a case of vicious union of the fragments in a fracture of the right leg. After resection, I drilled a hole through the lower end of the upper fragment, obliquely downward and backward, into which I turned the bone-screw, and then I brought the bony fragments into proper relation, and drove the bone-screw, by means of its handle, into the upper end of the lower fragment, which was firmly held from any lateral displacement. The handle was then detached and the upper and square end of the bone screw was left projecting, so as to be ready for removal after union of the fragments. There was not the usual mobility I have had after wiring the fragments of bone. In fact, the condition was extremely satisfactory. And when I dressed the limb subsequently, the fragments kept their places in the most perfect manner. The use of the bone-screw in keeping the bones in relation after exsection of the knee-joint was also very satisfactory. And when the union is firm enough the bone-screw is removed.

Hospital Reports.

ST. MARY'S GENERAL HOSPITAL, BROOKLYN.

Service of Benj. F. Westbrook, M. D.

Reported by Dr. Glentworth R. Butler, Associate Physician to Throat and Chest Department.

Angeiospastic Angina Pectoris.

J. D., male, aged 40, farm laborer, admitted November 25, 1886. This patient states that seven years ago he was suddenly seized with very severe pain on the left side, extending from the shoulder to the foot. The attack lasted several hours, and was followed by another on the following day. Three and one-half years later this experience was repeated. He was perfectly well in the interval, and since the last attack has been in apparent good health until to-day, when he was brought in by the ambulance suffering from a renewal of his old symptoms.

The patient was slightly anæmic, but fairly well nourished. A careful physical exploration revealed no apparent abnormality, either thoracic or abdominal. There was a point of tenderness over the lower end of the spine.

A paroxysm, or more properly a series of paroxysms witnessed by the writer, presented some points of interest. The patient stated that the pain began in the præcordial region, radiated into the neck, down the left arm, and into the left leg as far as the foot. In the extremities it was accompanied with numbness and formication. A fear of impending death was present. After the attack was fully inaugurated the patient lay upon the left side with the knees drawn up, and the hands pressed firmly upon the lower end of the sternum. The face wore an expression of agony. The surface was pale, but the veins being somewhat distended gave it a purplish hue. The breathing was slow and labored, not the labor of dyspnœa, but as if after expiration the breath was held as long as possible from fear of movement. The pulse was very rapid, 160 per minute, and a mere thread under the finger. In the height of the seizure it was extinguished. Auscultation showed a weak and rapid heart action, and a faint but perceptible systolic murmur at the apex. As the pain decreased in severity the pulse became slow and full, and the bruit disappeared. A paroxysm lasted about five minutes, and unless controlled by remedial agencies another would soon commence, the pulse becoming progressively smaller and more rapid as the pain increased.

For the relief of the paroxysms, spirits chloroformi by the mouth, and amyl nitrite by inhalation were first used. The latter, although pushed to its physiological limits, had very little effect. This was also true with regard to chloroform by the mouth. Morphia was effective to limited degree. Large doses of spirits etheris and whisky were apparently beneficial, facilitating the eructation of quantities of gas, which attended the close of a series of attacks. The most effectual resource, however, was chloroform by inhalation, pushed to surgical anæsthesia. It was considered safe to use it in the absence of any signs of notable organic disease or weakness of the heart. Under its influence the pulse changed in a few minutes from a rapidly vibrating thread to a full, slow beat, and the cardiac sounds underwent a corresponding alteration. The constitutional treatment consisted at first of iron and quinine to remedy the existing slight anæmia. Fowler's solution was then given, and slowly increased to toleration. Since he was put upon arsenic the intervals between the paroxysms have materially increased, averaging twelve days instead of six.

There are some points of interest connected with the case. It appears to be a good example of vaso-motor angina, as evidenced by the progressive contraction of the radial, and its relaxation under chloroform. Amyl nitrite failed to loosen the vaso-motor grip. The occurrence of mitral systolic murmur during the paroxysm has not been noted, so far as the writer is aware. It is explained by the existence of a vaso-motor obstruction damming the blood back upon and distending the left ventricle, thereby causing temporary functional incompetence of the mitral valve.

As to the ultimate cause of the attacks in this particular case no opinion can be expressed. The prognosis is fairly favorable in the absence of definite signs of organic disease.

Empyema—Perforation of Lung.

J. S. C., male, aged thirty-six, clerk, admitted December 14, 1886. In February, 1886, this patient had an attack of pleurisy from which he is said to have recovered. In April, 1886, a second attack occurred. Since then he has been short of breath, and had a cough with scanty whitish expectoration. One week ago cough increased, and the expectoration became abundant, grayish, and foul-smelling. The appetite is poor. He has lost flesh and strength. The bowels have been regular up to two days ago, when a profuse diarrhœa occurred. Has been feverish, with occasional sweats. Has been a a drinking man for several years.

Physical Examination.—Over the right chest, anteriorly, the expiration was prolonged and low-pitched, with some fine moist râles at the apex. Over the left chest, anteriorly, there was slight dullness at the apex, increasing downward and passing into flatness below the third rib. Over the left chest posteriorly, there was dullness at the level of the scapular spine, passing into flatness at and below the angle of the scapula. Over the areas of flatness the vocal fremitus had disappeared, and faint and distant bronchial and amphoric breathing were heard. Ægophony was present over the left base below the angle of the scapula. A hypodermic syringe drew off some extremely fœtid pus. The evening temperature was 101° F. Pulse 126 and weak. He was put upon a liberal allowance of stimulants, with digitalis, quinine, and nux vomica.

On December 18, thoracotomy, with resection of a rib, was done by Dr. B. F. Westbrook after a preliminary aspiration to again verify the presence of pus. An incision three inches long was made over and parallel to the sixth rib in the left mid-axillary line, down to the periosteum. The latter was incised and raised from the rib for an inch in length and around the entire circumference of the rib. The corresponding portion of the rib was then exsected with bone forceps, leaving the pleural cavity unopened. The pleura, with the adherent layer of periosteum, was then incised, giving exit to a pint of excessively fœtid pus and gas. The pleural cavity was thoroughly irrigated with a $\frac{1}{6000}$ solution of hydrarg. biniodide, and a rubber drainage-tube inserted, passing in for about six inches toward the posterior portion of the base of the chest, as verified by careful exploration. The wound was closed around the tube by silk sutures, powdered with iodoform, and a paper-wool dressing applied. During the operation, the patient became cyanotic, but rallied under hypodermic injections of whisky. For nine days after the operation the patient's condition improved materially. The cough almost ceased, the temperature went down to normal, rising occasionally to 100.5° F. The pleural cavity was irrigated twice daily with 2.5 per cent. carbolic solution. The discharge lost its odor, became serous and diminished. The drainage-tube was shortened from day to day. But on December 27, he developed a colliquative diarrhœa. In spite of remedial agents, embracing peptonized milk, nitrate of silver, acetate of lead, various preparations of opium, bismuth, sulphate of iron, catechu, and other measures, the diarrhœa continued obstinate, hiccough set in, the pulse rose to 130, the adynamia increased, and the patient died on January 2, 1887. No autopsy.

In this case the pus had probably been in the pleural cavity for at least six or seven months, and perforation of the lung had existed for several weeks. During this time the fever and imperfect nutrition had been acting upon an organism reduced in resisting power by alcoholic excess. Consequently, the case was very unpromising when submitted to operation. The latter was successful in removing the source of the septic fever, and so far as the pleural cavity was concerned the prospect of recovery was good. But the enfeebled digestive and nervous systems were unequal to their work, and the patient succumbed. The two days' diarrhœa before entering the hospital was a premonitory sign of the final event.

The Treatment of Croupous Pneumonia.

R. B., male, aged 20, iceman, admitted October 14, 1886. This patient was a robust young German. Two days ago, after dancing until he perspired freely, he rode for some distance in a cold wind. Had a violent chill, followed by great prostration and shortness of breath and cough. These symptoms continued until his admission. A physical examination showed crepitant rales over both lower lobes, and right middle lobe. Over the right lower lobe the breathing approaches bronchial; face much flushed; nares acting; rusty expectoration. The evening temperature was 106° F., respiration 46, pulse 126. Mustard poultices were ordered to the chest. Milk diet. Ten grains of calomel were given, and a half drachm of antipyrine. The next morning, October 15, the temperature had fallen to 104°, respiration 42, pulse 118. Patient feeling comfortable. He received again ten grains of calomel with an equal quantity of powdered jalap. Antipyrine was ordered in ten-grain doses every two hours, whenever the temperature rose above 101° F. The bowels moved freely. By October 19th the evening temperature was 100.5° F., respiration 34, pulse 80. At this date no abnormal signs existed over the left lung, and the pneumonic sputa had almost ceased. Over the right base posteriorly, below the angle of the scapula, there was flatness on percussion, absence of breathing and vocal resonance. There was no dyspnœa, and patient felt well. Antipyrine and poultices discontinued. The right side was painted with iodine, and on October 22d, when the morning and evening temperatures were normal, he was put upon half drachm doses of syrup of the iodide of iron. Under this treatment the fluid in the right pleural cavity rapidly diminished in quantity, and on November 3d, when he was discharged, there were no evidences of its existence.

In this hospital excellent results have been obtained with antipyrine and calomel in acute lobar pneumonia, especially in the sthenic varieties. The more sudden and intense the invasion, the more marked the results. It is difficult to believe that in this case, with an initial temperature of 106° F., the pneumonic process was not materially modified by the treatment. Although the local inflammatory lesion undoubtedly began in the pulmonary parenchyma, its intensity was sufficiently great to cause a pleurisy with exudation.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated meeting January 26, 1887.

The President, J. Solis-Cohen, M. D., in the chair.

Discussion on Abdominal Section. (*See page* 260.)

Dr. Charles B. Nancrede said : " I understood Dr. Morton to say, that the case of suture of the intestines for ball-wound which he reported was the first so treated in Philadelphia. He is mistaken, for I operated on a case of gunshot wound of the abdomen some seven months ago, and reported it to the Academy of Surgery about three months ago. I should like to compliment the Doctor on the immense amount of labor evidenced by his paper. I think this is a timely subject for discussion. Some three months ago I had the privilege of taking part, by special invitation, in a discussion on gunshot wounds of the small intestine, which took place in New York ; and was participated in by most of those who had operated up to that time. The conclusion arrived at was that all penetrating ball wounds of the abdominal cavity demand at least an exploratory operation, and if any wound of a viscus be found, its repair should be attempted. I should like to enter a protest against the evident tendency to advise the opening the abdominal cavity by any practitioner in every ball wound. Where a large tumor has been removed the abdominal walls are lax, and there is plenty of room for manipulation. In laparotomy for gunshot wounds or other injuries, the difficulties are ten-fold. You have to operate through a tight and narrow opening. In prolonged operations there is often difficulty from distention of the intestines. The difficulties in finding the wound are sometimes exceedingly great ; so much so that if I had a ball wound in the abdominal cavity, unless I could be operated on by one who was in the habit of doing abdominal operations, I should rather trust to the old let-alone plan. I have seen undoubted penetrating ball wounds of the abdomen recover.

"Let me say a few words about my own case, which, I think, shows the important point, although I could not secure a post-mortem, that peritonitis is not the only thing we should dread. I saw the boy six hours after he had been shot. The wound was a little to the left and above the umbilicus. He vomited blood one hour and a half after admission, although the operation showed that both the anterior and posterior walls of the stomach had been perforated. I determined that the wound was a penetrating one and made an incision in the median line ; and I would warn any against enlarging the existing wound, if not in the median line. I found a wound of the anterior wall of the stomach which I closed with fine silk, using a fine sewing needle. Then I found a wound in the anterior wall of the duodenum, which I sutured. I next looked for and found a wound of the posterior wall of the stomach. A large ragged wound in the posterior wall of the duodenum was also discovered. Examination from the stomach down almost to the ilio-cæcal valve revealed no other wound. A careful toilet of the peritoneum was made and the wound closed. The boy did well for forty-eight hours, and never presented the least symptom of peritonitis. When peritonitis comes on suddenly there may be a profound condition of shock which will not admit of rise of temperature, rigidity of the abdominal muscles, flexion of the limbs upon the pelvis, pain, or any of the usual symptoms, but this is not the case in slowly developing peritonitis. The boy died on the third day with a series of convulsions with very high temperature. I believe that he died of sapræmia, due to the absorption of ptomaines. The cold water coil, which was used almost from the outset in both of the successful cases of Bull, of New York, was not used, and I think more opium was given than was wise. We have long been taught to give opium in full doses in traumatic peritonitis, but I believe that many cases are killed by this treatment. When the initial symptoms are marked by collapse, low temperature, rapid, feeble pulse, and clammy skin, if you give large doses of opium simply to ward off the expected inflammation, you will probably kill the patient. If you give moderate doses of morphia with large doses of atropia, you possibly rally the patient and carry him over the shock stage. I think that large doses of opium should not be given in peritonitis unless guarded by atropia. It should be given by hypodermic injection, for you do not know how much will be absorbed from the stomach. At the end of a peritonitis where, from the respiratory centres becoming involved and from interference with the action of the diaphragm by tympany, hypostatic congestion of the lungs is taking place, persistence in the use of large doses of opium will kill the patient. If the opium is reduced to a minimum and given with large doses of atropia, or atropia is alone exhibited, you will sometimes tide the patient over.

"I think we should enter a word of warning against the tendency to operate on every case of abdominal wound without proper precautions. It should be done by a skilled hand. Not every case is fitted for it. The condition of the patient should be carefully considered before such an operation is attempted, and I hope the Society will be careful how it endorses an operation of this kind as the *rule* for penetrating wounds, without further light upon the subject."

Dr. S. S. Cohen said: "Dr. Morton has spoken of the injection of hot water into the abdominal cavity for the purpose of restoring the pulse in cases of severe shock and collapse. It may be interesting to mention that Dr. Benjamin Ward Richardson records successes following injection of hot milk into the abdominal cavity for the purpose of restoring patients in the collapse of cholera. The same measure has been used successfully by others."

Dr. Morton also stated that he knew of no case in which poisoning with boric acid had occurred. Such a case has been reported in the *Medical News*, some two years ago, by Dr. Brose, of Indiana.

Dr. G. G. Davis said: "We have been taught that penetrating wounds of the peritoneum are not to be probed. The author has mentioned this as one of the means of diagnosis. If other diagnostic points are present, probing is not necessary; still, I think it justifiiable to use the probe if it is done antiseptically. The time of probing was not touched upon. This, I think, is a very important point. When called to see a man who has been shot in the abdomen or any other part of the body, the question arises whether or not it is justifiable to probe the wound at once. I believe that it is not, unless certain precautions are taken, and unless the surgeon is prepared to follow up his examination, if necessary, by operation. If there is hemorrhage it requires attention. Outside of that I can conceive of no circumstance which will require immediate manipulation of the wound. The examination should be deferred until the patient is brought to the hospital or to his home and the examination made once for all, at the when the surgeon is prepared to go on with the operation, if one is necessary. The indiscriminate examination of Garfield's wound was severely criticised by Esmarch, and he had good grounds for his criticism. I have not seen many cases of gunshot wound, but I can recall three cases in which the abdomen was involved. In none of these was any operation performed, and they all speedily died. If the operation is to be done, it should be done early. The cases which I have seen remained in a comparatively good condition for a few hours, but toward the end of the first or second day many of them will die, particularly if the wound is a large one. They seem simply to sink away.

"As regards the use of hot water injected into the abdomen, a less radical method is the injection of the hot water into the rectum, which is frequently used and which I employed at least six years ago. A temperature of 108° to 110° will be found comfortable."

Dr. Morton said: "In regard to Dr. Nancrede's remarks, they are practically covered by what I have already said. The question of what cases should be operated upon, and by whom, is still under judgment. It would seem to be the judgment of the majority that all cases of penetrating wounds should be opened. The probe would only be used where you were prepared to operate if necessary. In many cases the ordinary signs of peritonitis are perfectly worthless. The case of ruptured intestine which died presented no apparent symptom of peritonitis.

"In those cases where intra-peritoneal injections have been made in cholera, it has been on account of the empty condition of the blood-vessels. Here it is commended for the treatment of shock, pure and simple. It is simply the application of heat. The use of hot enemata has long been practiced in the Pennsylvania Hospital, but it is not so satisfactory as large hot water irrigations at a temperature of 100° to 110°.

"With regard to the question of mortality, the table shows the total mortality of cases reported. It is probable that the real mortality is even larger. Every successful case has doubtless been put on record, while it is likely that many unsuccessful cases have not been published. The table also includes the first cases operated upon, and I think the next three years will show a great change in the mortality. It will probably get to and remain at about fifty per cent. Many of these operations were performed without the knowledge of abdominal surgery which we now have, and many of those who operated may have had no experience with abdominal work.

"Most of these cases of traumatism involve the question of murder. If we save thirty per cent., perhaps fifteen of these will be murder cases, and on the life of each of these patients would depend that of another person, so that we should really save forty-five lives."

JOINT MEETING OF THE PHILADELPHIA NEUROLOGICAL SOCIETY AND PHILADELPHIA MEDICAL JURISPRUDENCE SOCIETY.

A joint meeting of these societies was held at the Hall of the College of Physicians, January 24, 1887. The meeting was also the stated meeting of the Philadelphia Neurological Society. The President of the Neurological Society, Dr. S. Weir Mitchell, presided.

Dr. E. N. Brush read a paper on

The Duty of the State to the Insane.

DISCUSSION.

Dr. S. Weir Witchell: "With reference to the question of joint examinations, I think that the law does not forbid such examinations. It only makes necessary a separate examination by each physician. The joint examination, with all the good that arises from it, may follow. I favor separate examinations. Then the physician makes the whole examination for himself, while in the joint examination there is apt to be too much reliance put upon the opinion of the man older in the case."

Dr. M. O'Hara: "It appears to me that the present certificate is a very poor one. It debars many from making the examination who should have a right to do so. Any one connected in the most remote degree with an institution cannot sign the certificate. Many physicians cannot be induced to go on a certificate. They are not willing to undertake the risks of subsequent prosecutions for false imprisonment of the patient. It follows, as a necessary consequence, that the practitioners who are probably most conversant with the case—for instance, family physicians—refuse, and thus the patient is handed over to strangers who are willing to take chances. Thus an early care of the insane tending to cure is prevented by the State not protecting medical men who are acting conscientiously in the line of their duty and in their highest judgment. The State should protect a physician, or otherwise give over the whole matter to a judge and jury."

Dr. T. S. Schultz: "I should like to emphasize the point in this admirable paper which refers to the present lack of accommodations for those who are not paupers, and yet are not in circumstances to pay the rates charged by private hospitals. The law requires that the State hospitals receive public patients to the exclusion of those who can support themselves when there is not room for all applicants. There are many patients whose friends can pay the moderate sum which is charged by the State hospitals, but not any more. So long as these friends refuse to be pauperized by throwing their small means into the poor-treasury, they cannot secure any accommodation. And this their self-respect, which is most commendable, prevents them from doing.

"It is, to say the least, unfortunate that such persons, who are often curable, should be crowded out of State institutions, which they assist to support by their taxes, by idiots, imbeciles, chronic and criminal insane, all beyond the reach of curative treatment."

Dr. H. C. Wood: "I feel to-night like saying a few words in regard to the protection of a class of the community in which I have a personal interest, and among which I long hope to dwell; that is, the protection of the sane. This subject has been forcibly brought to my attention during the past week. While at an insane asylum visiting a patient, the conversation turned on our lunacy laws, and the gentleman in charge stated that not long ago he had a patient liberated by the Committee on Lunacy who went home, was at once adjudged insane, and incarcerated in an asylum in another State. I happened to go from there to the house of a patient in this city, and found the family considerably excited. They told me that a friend who had been in an insane asylum for a number of yeears, whose brother had killed a man and had been acquitted on the ground of insanity, had been liberated by the Committee on Lunacy. Shortly after this I met a physician in consultation, and he told me that not long ago he had sent a patient to the insane asylum, and that he had been liberated by the Committee on Lunacy. The patient then came to his office and told the doctor that he had no grievance against him for sending him to an asylum, but that he had a divine monitor in his breast which told him that the doctor was wrong in his judgment of his caae. I do not mention these facts to find fault with the Committee on Lunacy. It is far from my desire to leave such an impression. These occurrences seem to me to indicate some vital defect in the law under which that committee acts. As I understand it, there is no one on the Committee of Lunacy who would be recognized as an alienist. The law should require some one having experience in this disease to be on the Committee.

"Again, I have over and over had my attention brought to cases of dangerous lunatics at large in the community, from whom it seemed impossible to have the community protected. A year and a half ago I was consulted in regard to a gentleman who had attempted first to seduce, and, this failing, to rape his own daughter, and was only prevented by her outcries being heard outside of the house and bringing assistance. I said that the man was undoubtedly suffering with general paresis, and told the physician in charge that it was his duty to do something to protect the community. The family refused to have the man restrained. The attempt on the daughter was followed by an attempt on a stranger, which also fortunately failed. Yet the man was permitted to be at at large for months after this occurrence.

"I have been present at a number of trials in which the defense was insanity, and I have never yet seen a case in which the plea of insanity was fairly justified in which it was not equally plain that the man, before the commission of the offense, clearly portrayed that he was a dangerous lunatic. It seems to me that the law should provide that some one having authority should take hold of these cases."

Thomas W. Barlow, Esq.: "I wish to make a few remarks with reference to the accountability of physicians who sign certificates of insanity. The passage of such a law as would lessen such accountability would, in my opinion, be repugnant to the progress and spirit of the age, the progressive and humane spirit which in this State pervades the laws thrown around those deprived of their reason. For many years laws have been enacted which more closely protect the liberty of the people. In New York State, wives have been permitted to testify where their husbands have been accused of crime. In this State recently, persons accused of any grade of crime have been permitted to testify for themselves. This has been the spirit which has pervaded all laws passed within recent years. Now, in my opinion, sir, not only should the physicians be held accountable for what they do; not only should two physicians separately examine the patient who is supposed to be of unsound mind; but if it were possible to throw around such persons a greater protection, I should favor any such enactment.

In reference to the remarks of the gentleman who has just taken his seat, I would ask whether he himself knows or does not know if the woman who was recently released from an insane asylum, and whose brother was acquitted on the ground of insanity, is now a sane or an insane woman? This is the gist of the subject. He gives no instance of her present insanity; he has made no examination of her mental condition. He does not give us the weight of his authority, which is a most excellent one. It seems to me that, for his reasoning to have any weight, we should also have the weight of his opinion. In one instance in which the gentleman was an expert for the defense in the case of a man on trial for murder, the prisoner, four days prior to his execution, threw off the mask and admitted that he had been playing upon the imagination or credulity of his friends and physicians.

Dr. H. C. Wood: "I did not give the weight of my opinion in reference to the cases to which I have referred. They were simply things which had called my attention to this subject. I do say that, so far as I know, there is no way, according to the laws of Pennsylvania, to protect the community from a dangerous lunatic if his friends decline to interfere. I have seen numerous cases, one of which I cited, in which criminal assaults were at all times imminent. In regard to the case to which the last speaker has referred, we have often discussed it. The evening is short and the papers are many, and I do not propose to be drawn into a discussion of it to-night. I followed that man nearly to the gallows, and I saw no reason to modify my opinion. In the last days of his life he was in that mental condition in which, under skilful leading questioning, he could be induced to assent to almost any proposition that was made to him."

The Care of Patients of Doubtful Mental State, and the Private Treatment of the Insane,

was the title of a communication read by John A. Clark, Esq.

DISCUSSION.

G. W. Biddle, Esq.: "The papers that have been read this evening deal measurably with a subject of stupendous interest to all civilized communities: for it may be said, without fear of contradiction, that the disease of mental alienation is one which may involve any circle and any family; and it is therefore matter of satisfaction to the members of the two societies which meet here to-night in joint convention that the subject which seems to be propounded for discussion touches us all so nearly. We must approach this subject with a good deal of calmness, and, as far as possible, with freedom from partisanship.

"The tone of both of the papers that have been read is admirable. Two prominent topics seem to suggest themselves to us for consideration after hearing them: first, what are the conditions under which a patient shall be received for hospital treatment?—what are the guards which the law throws around the unhappy subject of this treatment to protect him in all his rights, so that he shall not be dragged from his friends, his business, and his home, without a due regard to those rights? And, secondly, what is the best mode of treatment after he shall have become the subject of hospital treatment? I desire to say a very few words on each branch of this general subject.

"I wish to say, in the start, that we must not believe that we have reached perfectibility. It is hardly a century since the unhappy subject of hospital treatment was treated as a malefactor of the worst grade, chained down and subjected to every personal indignity, and if not completely mad when he entered the institution, certainly made so by the treatment pursued. It is a subject of congratulation to us as Pennsylvanians that the first attempt at humane and rational treatment was begun in this State, and has been steadily advancing until the most prominent institution in this county and State has gone as far as perhaps it is possible to go for the relief of the sufferings of those who are incurably insane. But there is a very large class who are hovering on the border-line.

"For the past twenty-five years I have watched with some care the enactments on this subject. Formerly the statement of any relative, with the certificate of any physician (not required to be verified by oath), was sufficient for admission into a hospital for the insane. There were grave objections to this. The reader of the first paper has said that Lord Shaftesbury asserted that, out of one hundred thousand cases, he had never known a man or a woman introduced as the subject of hospital treatment who was not a proper subject for such treatment. I see just opposite me a gentleman who will verity all that I say when I state that, fifteen or sixteen years ago, a man as sane as any one in this room was sent to an insane asylum on a physician's certificate. He was promptly discharged by a late chief justice on a writ of habeas corpus. He was, to use a euphemistic expression, the victim of the hallucinations of his family: he was under no hallucination. These cases do occur, although they are undoubtedly rare. I think that it was in consequence of that occurrence that the Act of Assembly was passed requiring the certificate of two physicians to be made within a week after a personal examination, the examinations to be made separately and verified by affidavit before a magistrate of the county. There is nothing to exclude a joint examination. The object of the law was to throw each of these gentlemen on his own responsibility by requiring his separate affidavit, and surely no objection should be made to that. I know of no instance in which a physician has been brought in jeopardy of his pocket by making a certificate in good faith. It is possible, indeed probable, that there are such cases with which I am not familiar, but I doubt if they often occur. The certificate is in the nature of a privileged communication, and, if made in good faith, the provisions of the act of 1883 should protect him if he has unfortunately fallen into error. He has done the best he could, and that is all that any one can do. Everybody makes errors of judgment every day of his life. I do not know, as at present advised, that we can go much farther in this direction. The medical profession has always been the pioneer in works of beneficence. A distinguished judge once said publicly that physicians did more good charitable work without expecting or receiving any earthly reward than any other body of men that he had ever met. The black heeps among them constitute but a small percentage. We must rather look, therefore, to the medical profession for improvement in this respect. The legislators of the State and the legal profession are always glad to receive suggestions from it. The law at present may be somewhat crude, but it is the best that has been suggested."

(To be continued.)

EDITORIAL DEPARTMENT.

PERISCOPE.

Boric Acid.

Dr. J. T. Searcy thus writes in the *Alabama Med. and Surg. Jour.*:

Boric (or boracic) acid fills a place as an antiseptic that, for cheapness, pleasantness, ease of application, and efficiency, I do not think is fully appreciated. In many particulars and in many cases, I find it serves such a purpose better than iodoform, or the solutions of sublimate or carbolic acid, that are more frequently used. Its usual harmlessness to the structures of the body, and at the same time its great germicide properties, render it the efficient remedy it proves to be in a great number of cases.

The best shape in which to use it is as an impalpable powder. It can be obtained in this form from the leading druggists. Care should be taken to have it chemically pure, and thoroughly comminuted, else it will prove irritating to some more sensitive surfaces, and disappoint in its antiseptic qualities.

An ordinary tin pepper-box is a good instrument to apply it with. Such a pepper-box, filled with the powdered acid, kept in every surgeon's or practitioner's office would be found of almost daily use and of great service.

Open wounds, before they are closed and afterward, can be freely dusted over with the powder, without any smarting or any constitutional septic effects to follow; and it can be used in conjunction with the other antiseptics if desirable. I frequently bathe over the surfaces with solutions of sublimate or carbolic acid, and while still moist I make as much of the powdered boracic acid stick to them as possible before I put on my dressings. This can be done with either changeable or permanent dressings. The coating of the acid underneath is melted by the natural secretions of the part, or by the discharges from the wound or sore, as it is needed, and renders them thoroughly antiseptic and disinfected. The cost and the offensive smell of iodoform make it objectionable for this purpose. In many cases gangrenous and sloughing parts can be rendered almost odorless with the boric acid.

I have seen a foot crushed in a railroad accident, the toes afterward sloughing off, put up with an ounce or two of this powder underneath the dressings, that were kept on several days until the perfect lines of sloughing demarcation were established, with no appreciable smell in the room, little or no discharge, and no fever or constitutional symptoms—all due to the excellent antiseptic qualities of the boric acid. Whenever there is offensiveness in any sore, ulcer, or slough, a free coating of the boric acid renders it more pleasant than anything else. Cancerous and other ulcers are benefited by it, in combination with iodoform or not. I have poured it into the vagina in cases of cancer of the cervix, a teaspoonful at a time, with the effect of retarding the growth and rendering the offensiveness of the disease much more endurable. It makes an excellent injection for gonorrhœal inflammations in the strength of ten grains to the ounce of water for the urethra, and half an ounce to the pint of hot water for the vagina. Very few times, even applied in quantity, have I seen it prove irritating or hurtful to inflamed surfaces. Eczema, both in its moist and in its dry stages, is helped by it, as a rule. Dusted finely on itching surfaces, it proves usually a very grateful application. It is almost a specific for ring-worm; moisten the surface first, and with the wet hand or a piece of sponge rub the powder into the skin firmly once or twice a day. All itching is soon allayed, and the part gradually gets well. It is also an excellent article on the toilet stand. Persons troubled with offensive secretions of the axillæ or the feet will find this a very efficient and pleasant application. One part of powdered boracic acid to two parts or four parts of vaseline makes an excellent "healing salve." I sometimes make a combination of iodoform, one part; boric acid, two parts; and vaseline four parts, for venereal sores, with success.

These suggestions will show the variety of ways in which it can be used. Other combinations and applications will readily suggest themselves.

A Case of Locomotor Ataxy with Several Unusual Symptoms; Remarks.

Dr. Hale White thus writes in the *Lancet:*

There are few diseases which present such a multiplicity of symptoms as are found in locomotor ataxy, of which the following case is an example. The prognosis is very unfavorable, but the course of the disease may be spread over a long period (even thirty years, according to Bristowe), the patient, however, making frequent calls on the physician for relief of symptoms. Although, as Dr. Hale White observes in his remarks, death is generally due to inter-current disease, it may also be caused by implication of the muscles of deglutition, paralysis of the laryngeal muscles, renal disease, secondary to vesical mischief, or even to bedsores. We refer our readers to the remarks appended to the case.

Alfred P., aged fifty, was admitted on June 10, 1886. He was in Philip ward, under Dr. Fagge, in 1883. An old report states: "He has been the subject of chronic rheumatic pains for many years. Three or four years ago he suffered from indigestion; three months ago he had a sharp attack of pain in the stomach, lasting all day, and accompanied by vomiting. These attacks have become more sharp and frequent lately. The pupils are unequal, the right being larger than the left. They do not react to light or accommodation. He can stand with his eyes shut; he has paralysis of the right external rectus and diplopia; both discs show a white margin and venous pulsation. The patellar reflex is absent. The superficial reflexes are normal. Sensation: Occasional numbness of legs and arms. He has shooting pains starting in the toes and running up the legs. He has girdle pains at the lower part of the thorax, the ring being about four inches across. He has numbness over this area and upwards to the shoulders behind, and down the extensor surfaces on both sides as far as the hands; he has also numbness of the face and head. Twenty-one days after admission he suddenly had transitory pains of the right upper limb. The stomach had sometimes to be washed out. He can turn and walk easily along a chalked line." The old report, to which all the above refers, is headed "Early Tabes Dorsalis, with Gastric Crises." He has been getting worse since; has had much difficulty in breathing; he went to St. Bartholomew's Hospital last January, stayed there three months, and was tracheotomized for this trouble.

State on Admission.—The abductors of the vocal cords are quite paralyzed, and they are so close together that they leave a median chink no wider than the thickness of a sheet of note paper. They appear healthy, but are quite immovable when he speaks or breathes. He wears an India-rubber tracheotomy tube with an opening on its upper surface. He speaks, very hoarsely and indistinctly, by putting his finger over the tube. His hearing is preternaturally acute. His sight is bad; he wears convex glasses; has conjunctivitis in both eyes; the right pupil is the larger; pupils do not react to light or accommodation; there is no strabismus, but there is complete ptosis of the right eye, and there is hemiatrophy of both discs. He cannot stand with his eyes shut, and walks with a slightly ataxic gait. His muscles are very little wasted; there is no rigidity. Tendon reflexes all absent, superficial ones diminished. He very rarely gets gastric crises now. The anæsthesia, numbness, and the girdle and lightning pains remain as before. All his joints are healthy. His tongue is normal. Only two teeth are left in the upper and one in the lower jaw; some of the teeth have been extracted, others have fallen out, and one or two have broken off near the root; those in the mouth now are not decayed, but are quite loose. The alveolar processes of the jaws are quite atrophied. He has a sensation as if he always had food in his mouth. Bowels irregular. Occasional catheterization is required. No sexual disturbance. The patient seems to be deficient in power of smell.

The Inequality of the Pupils in Various Diseases.

Dr. Pasternatski, who has been working in Professor Chudnovski's clinic in St. Petersburg, has published in the *Vrach* an account of a number of observations he has been making on the inequality of the pupils in various diseases, thus carrying out a suggestion made by his chief in a work on the methods of examining medical patients, published in 1883, in which he expressed an opinion that careful examination of the pupils would lead to interesting results. Dr. Pasternatski examined a number of methods which have been proposed, but did not find any of them suitable for his purpose, and ultimately a much simpler plan, suggested by M. Follin, was adopted. This consists in bringing a catheter gauge card close to the eye, and comparing the size of the pupil with the apertures in the card. By this means the size of the pupil in millimetres can be ascertained with a degree of accuracy sufficient for the purpose. It is important to make the observations in the shade, for the difference, when there is any, between the diameters of the pupils increases as the light is diminished. The best method of conducting the examination is to close the eye which is not being observed, for this causes a slight increase in the diameter of the pupil of the latter, as was, indeed, remarked by Hippocrates. It was found, for example, in a case in which this was tested, that when both eyes (being in the shade) were fixed on an object at a distance, the diameter of the right pupil was 5⅓ mm., and that of the left 6 mm.; when, however, the eye not under examination was covered up, the diameters increased to 6 mm. and 6⅔ mm. respectively. As to the diseases in which inequality of pupils has been observed, Dr. Pasternatski quotes a number of cases mentioned by continental physicians; also one of aneurism shown by Professor Gairdner to the Edinburgh Medical Society; as well as two reported by Professor Finlayson in the *Lancet* of January 3, 1885, in both of which aneurisms were found at the necropsy. His own observations gave the percentage of cases in which inequality was found in various diseases as follows: Croupous pneumonia, 85; heart diseases and aortic aneurisms, 61; pleurisy, 52; chronic catarrhal pneumonia, 38; acute articular rheumatism, 25; catarrh of the respiratory passages, 25; scurvy, 16; typhus, 16; recurrent typhus (relapsing fever), 15; abdominal typhus (enteric fever), 13. Inequality of pupils was also found in half the cases of catarrhal and hepatic jaundice and renal colic. The largest percentage occurred in croupous pneumonia, and study of the cases showed that the position and stage of development of the disease has a remarkable effect upon the pupils. At the very commencement the pupil on the same side as the affected lung is, as a rule, larger than the other. The difference generally increases with the lung inflammation, reaching its height on the third, fourth, or fifth day; before the crisis the difference decreases, sometimes even disappearing. Afterwards, during the stage of resolution, a difference is again manifest, the pupil on the affected side being now contracted. Not only do the pupils in pneumonia differ in size, but also in sensibility to light. Speaking generally, the author's observations lead him to believe that inequality of pupils is most frequently met with in those internal diseases which not only affect the system generally, but which, like pneumonia, pleurisy, and hepatic and renal colic, are definitely localized as well. It is also very usual in heart diseases and aneurism, but comparatively rare in scurvy and infectious diseases such as typhus, and when it does occur in these it is generally consequent on some complication.

Brain Surgery.

The *Med. Press*, January 26, says:

Facts do not appear to favor the prosecution of this branch of the surgical art, and the more they are looked into by the light of results the less do they support the views of the F. R. S., who painted them in such glowing terms recently in a contemporary. Unfortunately for that (his, F. R. S.'s) view, says Dr. Goodhart, in the Pathological Society's Transactions, "I had in my mind another case in which, according to the diagnostic skill of Dr. Ferrier himself, a cerebral tumor was judged to be a fit case for the attempt at its removal. The man died before the attempt was consummated, and the tumor was found to occupy the entire thickness of the anterior third of the affected hemisphere. *This is the way in which* (italics ours) *most of these cases reject the advances of surgery.* Extensive disease in the white matter gives so little evidence of its presence. For the last thirteen years I have been making post-mortem examinations at Guy's Hospital, and during that time, although I have come across many cases of cerebral tumor, I do not remember to have seen a single case in which the tumor was at the same time *accessible* and so *localized* as to be capable of successful surgical attack. . . . When, therefore, I read that the case to which I have alluded has opened the door to successful treatment of scores of similar cases, I can only say that a consideration of all the facts and particulars of that class makes one very doubtful as to the accuracacy of F. R. S.'s judgment. I am the more inclined to take the opposite view, viz., that it is very doubtful whether in the region of cerebral tumors other than inflammatory, *surgery has any future worth mention before it.*" So speaks an able pathologist, as well as a practicing physician of specialized experience on the point, and we trust that the authorities of our hospitals, surgical and otherwise, will take stock of these statements, and either prohibit entirely or reduce to a minimum these ingenious but withal useless opeaations. Assuredly, if they do not, some irate friend or relation will interpose and call them or their operator to a severe account. Woe be to him who ignores such teaching and such facts as we have just reproduced! However disinterested he may appear to be, no jury could "find" for him in face of such damning evidence as this of Dr. Goodhart's undoubtedly is. It more than upholds Surgeon-General Gordon's inquiry as to the *cui bono* of such wild surgery or more worthless experimentation. Confirmatory also of this view, we have before us opinions of the Committee on "Morbid Growths or Intra-cranial Tumors" as follows: "The Committee felt that it would be impossible to pass over the question of surgical treatment in intra-cranial growths. Yet out of the fifty-four tabulated cases *two only seemed suitable for removal.* Again, "the fact that intra-cranial growths may exist in certain parts without giving rise to symptoms referable to such parts, their tendency to compress and displace without destroying, and lastly, the pressure they exert on remote parts *very often render their localization a matter of pure conjecture.*" Verily Dr. Gordon may again repeat his *cui bono,* without any expectation of getting it satisfactorily answered, and if these several statements are—as they undoubtedly are—true, then might Ferrier as well have been beating the air as boring holes into the crania ef monkeys, or cutting slices out of their contents.

Muscular Atrophy Caused by "Hydro-Myelitis."

Dr. C. Wallis, of Stockholm, reports an interesting case occurring under his care in the Sabbatsberg Hospital, where a peculiar affection of the spinal cord, which he calls hydro-myelitis, had produced progressive atrophy of the muscles. The patient, a peasant aged thirty-eight, was admitted for empyema on the right side, of which he died in a week's time. He had noticed for some eighteen years a gradual impairment of the power of his right hand, and for seven or eight years of that of the left. The right hand was flexed (*in Krallenstellung*), with atrophy of the interosseous, flexor brevis, and opponens pollicis. A similar condition existed in the left hand, but to a less marked degree. The muscles of the right arm and shoulder were also slightly atrophied. At the necropsy, besides the empyema, atrophy of the muscles of the hand and forearm was found, and in the same condition was also present in a marked degree in the deltoid and serratus magnus on the right side. Microscopical examination showed that in most of the localities where atrophy existed the muscular fibres had lost their transverse striated appearance, and that they were undergoing fatty degeneration. A centimetre below the medulla oblongata, the central canal of the spinal cord began to be dilated, attaining opposite the roots of the second and third cervical nerves a diameter of half a centimetre. The anterior cornua were greatly atrophied; the posterior cornua were of an abnormal shape, and displaced by the increased size of the canal, but were not atrophied. The distended condition of the canal continued without alteration along the whole of the cervical portion; below this it began to diminish, and at the same time the atrophy of the anterior cornua became less marked, but it was only in the lumbar portion that the cord presented its normal characters. The canal contained a transparent and very fluid liquid and its wall consisted of a firm white membrane a millimetre in thickness.

Use and Abuse of Passive Motion.

Dr. Henry B. Sands thus concludes an article in the *Med. News:*

To sum up what I have said, I am not an advocate of passive motion, except under the restrictions which I have endeavored to define. I believe that when practiced without discrimination, it will often be unsuccessful, and sometimes injurious, by inducing an increased inflammation. I am certain that the severe forms of ankylosis and of fixation of tendon are frequently due to this disease, and that the inflammation will be aggravated by employing passive motion before the active symptoms have disappeared. The idea that motion will always prevent ankylosis is a fallacy which is contradicted by common experience. I have performed the operation of incision of the elbow for the cure of true ankylosis, and I have seen operations performed by others, during which, perhaps, too little bone was taken away; and, in spite of the early and diligent use of passive motion, the stiffness has returned, bony consolidation has recurred, and the operation of excision has had to be repeated. But motion may be successfully employed as a means of causing a bony deposit to take place. It is a well-known fact, that in many instances of ununited fractures of the thigh or of the leg, bony union may be determined by the inflammation which is got up by making forcible motion of the fragments, or by causing the patient to walk about upon the injured limb, with the view of pressing them against each other. On the other hand, by operating according to modern antiseptic methods, which tend to prevent inflammation, partial incision of even so intricate a joint as the elbow may sometimes be performed without any impairment of mobility. I have brought the subject of passive motion to the attention of the society because it is one of great practical importance, about which surgeons are frequently consulted, and about which there may be honest difference of opinion; but, as I mentioned in the beginning, I should be glad to change some of my present views, if others could be advanced which are sustained by evidence that appears to me to be clear and trusworthy.

Nephrectomy for Scrofulous Disease.

A very successful case of removal of the kidney for scrofulous disease was brought before the Glasgow Medico-Chirurgical Society recently, by Mr. Henry E. Clark, one of the surgeons of the Royal Infirmary. The patient, a married woman of 26, has gradually developed the signs of abscess in the left loin, and as the urine contained pus and epithelial debris, this was diagnosed as being a renal abscess. The kidney was incised in January, 1886, and about a pint of pus evacuated; but the the sinus continuing to discharge and other abscesses forming in the kidney, extirpation of the organ was decided upon. This was done in August last, by the lumbar incision without any difficulty, the only incident worthy of note being the slipping of the ligature at the time of separation of the kidney from its pedicle. The patient made rapid recovery, and is now in perfect health with a normal excretion of urine. Mr. Clark especially dwelt on the importance of the evidence obtained by the use of the urethral catheter, as showing the other kidney to be sound, and showed that in the female the introduction of a catheter into the ureter was safe, easy, and satisfactory. He referred to the statistics of extirpation for scrofulous disease, and objected to the conclusion of Gross that the ventral was safer than the lumbar incision in such cases. He also made some observations on the best position for the lumbar incision in relation to the last rib and pleural cavity. We congratulate Mr. Clark on the success of this very important operation. Successful nephrectomy marks a new era and a new triumph in surgery. M. Paul Segond gives the particulars of two successful nephrectomies, the one for suppurating hydronephrosis, and the other for painful floating kidney, in the *Annales des Maladies des Organes Génitos-Urinaires*, for last month.

Unusual Site of an Hydatid Cyst.

A case of hydatid of the scrotum came under the care of Mr. Philip E. Muskett in the Sydney Hospital during the course of last summer, and as this is an example of a very rare condition a brief note will be of interest. The patient, aged twenty-five, had been in Australia since he was three years old, and in a sheep district where the water was very bad for four years before the swelling appeared; this was first noticed eight years before he came under treatment. During that time it had been tapped twice, and on the second occasion also injected with iodine. When admitted to the hospital "there was an intra-scrotal tumor, about the size of a large emu egg, on the right side. It was smooth in outline, and its general contour nearly oval. The tumor was tense and dull on percussion, but gave to the fingers on palpation the sensation of fluid within. There was no impulse on coughing, and it was irreducible. The position of the testicle at its posterior part was made out by the presence of testicular sensation. The cord could not be clearly defined at the upper portion of the swelling. Light was transmitted by the ordinary manner of procedure, and, finally, the history had been that of an eight years' growth: painless except from its mere weight." The cyst was tapped on the day following admission, and about an ounce of "serous-looking fluid" of pale yellowish tinge evacuated. Suppuration followed this tapping, and thirteen days later about six ounces of purulent fluid were drawn off. After this pus drained away from the puncture for eleven days, then a hydatid sac partly forced its way out, and was partly extracted through this opening. The sac was grayish in color, translucent, and elastic, and in its sunken condition would about fill an egg-cup. The swelling gradually subsided, the sinus closed, and the patient left cured.

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—The Queen has conferred upon Mr. C. H. Newby, F. R. C. S. Eng., of Southsea, the decoration of the Red Cross, in recognition of his services to the sick and wounded Servians in the late campaign.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——A new and interesting branch of medical history is opened by Dr. Horatio R. Storer in a reprint before us, entitled "The Medals, Jetons, and Tokens Illustrative of Obstetrics and Gynecology." He describes a large number, many of great rarity, and shows how full of information this line of investigation may prove. Copies may be obtained from the author, Newport, R. I.

——Dr. George Strawbridge, of this city, has brought out the statistics of 261 cases of cataract extraction, forming an instructive series of observations.

——A very valuable contribution to the medical literature of this State is a monograph by Dr. William Pepper, of this city, entitled "A Contribution to the Climatological Study of Phthisis in Pennsylvania." It contains a large mass of statistics, several maps and charts, and a careful discussion of the results obtained. Published by D. Appleton & Co., New York.

——The scientific achievements of Dr. Benjamin Rush meet a sympathetic and appreciative critic in Dr. Charles K. Mills, who in his printed address on "Benjamin Rush and American Psychiatry," clearly sets forth how much this country and science at large owe to this able man.

——An article by Dr. L. Webster Fox, and Mr. George M. Gould, of this city, discusses The Reason Why the Retina is Insensible to the Ultra-Violet and Infra-Red Rays of the Spectrum. The explanation is ingenious.

——"Physical Education and Personal Hygiene," is the subject of an address by Dr. Wm. H. Shipps, of Bordentown, N. J.

——A Report on the Removal of the Uterine Appendages in Nine Consecutive Cases, Dr. Mary A. Dixon Jones, makes an interesting reprint.

——In a reprint entitled "Hysterorraphy," Dr. H. A. Kelly, of this city, describes a number of cases of this operation.

——The statistics of a year's work in ovariotomy are laid before the profession by Dr. Wm. Goodell, of Philadelphia. There were 29 cases in all, and the discussion of the various symptoms they presented, etc., is highly instructive.

BOOK NOTICES.

A Treatise on Simple and Compound Ophthalmic Lenses: Their Refraction and Dioptric Formulæ, including tables of crossed cylinders and their sphero-cylindrical equivalents. By Charles F. Prentice. Cloth, 8vo.; pp. 44. James Prentice & Son, New York.

This essay treats of refraction, prisms, simple and compound lenses, asymmetrical surfaces, and adds tables of value to the optician. It has interest to all opticians and ophthalmic surgeons.

Wear and Tear; or Hints for the Overworked. By S. Weir Mitchell, M. D., LL. D., etc. Fifth edition. Cloth, 8vo.; pp. 76. J. B. Lippincott & Co.

This popular appeal for a wiser physical culture evidently has not fallen upon deaf ears. It is gratifying to observe that a fifth edition has been demanded, which now appears with a thorough revision from the hands of the distinguished author. May its earnest words be not only read, but heeded by the thousands in our land whose happiness depends on the better observance of the laws of life.

Nervous Diseases and Their Diagnosis. By H. C. Wood, M. D., LL. D., etc. Cloth, 8vo.; pp. 501. J. B. Lippincott & Co., 1887.

The object of the author in this work is especially "diagnostic neurology." He concerns himself with the phenomena produced by the nervous system in so far as they bear upon the recognition of the causes of these diseases. With their treatment he does not concern himself.

The plan adopted is not that usual in such treatises, but one which has been evolved by a number of years' duty as instructor in clinics where this class of maladies was common. Beginning with the varied forms of paralysis, he passes to motor and then to sensory symptoms, concluding with a discussion of those interfering with memory, consciousness, and intellection. This scheme, it will be seen, is strictly symptomatic, and as such, has all the practical convenience of symptomatic schemes in general, and is exposed, as they all are, to the charge of inferior scientific precision.

The details are worked up from the stores of an ample clinical experience rigidly analyzed, and from a wide reading of the literature of the subject. As a whole, the work is one which cannot fail to be of great service to the practicing physician.

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IRRITABLE HEART.

When an individual suffers from palpitation, the disease is called "irritable heart," if no organic lesion be present accounting for the disturbed function. Disturbed innervation of the heart, "nervous heart," are other synonymous terms. Very few, however, know that there are various kinds of disturbed heart functions, and in this connection it will be interesting to read the article of Dr. K. Dehio on nervous palpitation, which this physician published in the *Petersb. Med. Woch.*, 1886, No. 31.

The purely nervous disturbances of the functions of the heart, according to D., are best divided into angina pectoris, nervous palpitation, and tachycardia. In the first the disturbance of sensation, the subjective feeling of pain, stands in the foreground; in tachycardia we have a motoric disturbance, an increase in the frequency of the heart contractions objectively demonstrable; while nervous palpitation is in the middle between the two extremes, for here we have as well the subjective sensation of the beating and the action of the heart, as the augmentation of the contractions of the organ as determined by objective examination. D. made a series of sphygmographical examinations of persons suffering from nervous palpitation, and found that various types and groups of palpitation exist. In the one kind we have a more rapid palpitation and more rapid ventricular contraction, conditions which may be artificially produced in healthy persons by the subcutaneous administration of atropia. In a second group of cases only the frequency of the heart *choc* is increased, while the vascular tonus is diminished and the arterial pressure in general is lowered, conditions which may be developed in the healthy by the inhalation of nitrite of amyl. The first group D. believes to be due to a transient paresis or diminution of the tonus of the medullary inhibitory centre, the paresis appearing in paroxysms, while in the second group, besides the morbid state just mentioned, the medullary vaso-motor centre also becomes transiently paretic. The abnormal sensations which so often accompany palpitation, as præcordial fear, gasping for air, tinnitus aurium, formication in the extremities, etc., seem to be present only in those cases where the vascular tension is apparently diminished; they may be explained by the great retardation of the circulation, which again is due to the general lowering of the vascular tonus.

The recognition of the two groups, as also that of the three kinds of functional disturbance of the heart, is not without its practical value, for according to the kind of palpitation present our therapeutical efforts must necessarily vary. The facts elicited by D. also explain the diversity in the remedies recommended for palpitation of the heart, some of which, as digitalis and aconite, wine, nitrite of amyl, and the bromides, are diametrically opposed to each other.

ON SUBSTITUTION BY DRUGGISTS.

Our attention has been called by several of the leading wholesale druggists to the frequency with which prescription clerks substitute the preparations of one house for those of another in cases where a particular manufacture has been specified on the prescription. The ordinary phrase is, "Oh, they are all the same: the one is as good as the other." In this way the purchaser is placated and the vendor succeeds in his sale.

That this is unfair both to the purchaser and to the manufacturer is plainly evident. The modes of preparation of extracts, tinctures, etc., differ materially, even when they are based on the same formula. Some houses always use the finest grades of raw material; others always use the cheapest, without reference to any other characteristic. Experience goes a long way to improve the details of methods, and experience varies with every person and firm. Many manufacturers have no hesitation in using adulterants; others would scorn to adopt this means of cheating. All these are facts well known to anybody who knows the drug trade at all, and they are all excellent reasons why a prescription druggist should scrupulously respect the directions of a physician to use only the preparations of the house specified, and no others.

Several instances have been brought to our knowledge recently where such directions have been systematically disregarded. It may be asked, what remedy can be suggested? There is none but a rigid insistance on the part of the prescriber that his directions be obeyed. A general recognition of the importance of orders of this nature will bring good results.

A-KAWA-RESIN OR LEWININ.

Dr. Lewin, the physician who introduced the hypodermic injection of corrosive sublimate for the cure of syphilis, has recently discovered that the a-kawa-resin acts as an excellent local anæsthetic. Dr. Randolph investigated its effect in conjunctival diseases. On account of the irritation which it causes, he first made use of a solution of cocaine, which he applied locally, and he then found that the a-kawa-resin prolongs the action of the cocaine. He proposes the name Lewinin for it.

The remedy will probably always have only a limited field of usefulness. First, because of its irritating qualities it cannot be employed on sensitive parts, and they must be previously anæsthetized by some other remedy, mainly cocaine. Then the action of Lewinin is a purely superficial one, and extends only to the surface to which it has been applied. It has, however, the advantage of acting when locally brought in contact with the tissue to be anæsthetized, while cocaine must be subcutaneously injected. Unless further observations augment its field of action, its usefulness will be limited to cases where we desire to prolong the short local anæsthetic effect of cocaine.

SYPHILIS OF THE EAR.

That hereditary syphilis may localize itself in the ear is not generally known. Dr. Wilson (*Ztsch. f. Ohrenheilk.* xv., p. 268) reports the cases of three children. In a family, where the father has surely been syphilitic, and where suspicion existed that the mother was also infected, three of five living children suffered from purulent inflammation of the middle ear. The disease in all of them developed a few months after birth. The oldest child, in whom the dyscrasia was not recognized, became a deaf mute. No specific treatment has been given in the case. In the second case the purulent discharge ceased, and a complete cure was established by the use of mercury; followed later by iodide of potash. In the third child the purulent discharge also stopped after the liberal use of mercury; but later, when the child became sick with measles, a purulent otitis media again set in. Dr. W. believes that the ear inflammation in these cases was a local manifestation of the inherited syphilitic taint.

PREVIOUS HABITS AND COCAINE.

Whoever reads carefully the various reports regarding the special effects of cocaine as they appear in the medical journals, will have discovered long since that some observers deny the presence of any untoward symptoms, while others just as stoutly maintain the injurious side-effects and consequences of the administration of cocaine, even if locally employed.

It seems to us as if the strength of the solution, the manner of using it, and the place of application, decidedly exert some influence on the peculiar properties which cocaine develops when given to some individuals. That, however, another important factor also plays a role, and perhaps the main one, in this respect, has been proved by observations recently made by Dr. Ziem (*Deutsche Med. Wochensch.*, 1887, No. 2).

Z. had a patient who suffered with swelling of the Schneiderian mucous membrane of the nose. and with purulent discharges from the latter. The man, æt. 45, apparently robust and otherwise healthy, had formerly been a heavy drinker and an inveterate smoker (which he still was), and had also been infected ten years before by syphilis. For the purpose of a posterior rhinoscopy, Z. applied a two per cent. cocaine solution. Immediately after the patient's face became very pale, he complained of nausea and a feeling of weakness, symptoms which remained the whole of the afternoon.

On account of similar observations, which Z. made on other patients, he advises physicians carefully to inquire into the previous history of patients on whom they desire to make a local application of cocaine, for the existence of syphilis and the abuse of tobacco and of spirituous drinks seem to predispose such individuals to the injurious after-effects of cocaine.

NOTES AND COMMENTS.

Atrophic Orchitis.

Inflammation of one testicle often occurs without any apparent cause. As a rule these inflammations, which are rarely as severe as those accompanying gonorrhœa, generally are worse in their consequences than those last mentioned. Dr. S. Róna (*Monatsch. f. Prakt. Dermat.*, 1886, No. 11), reports the case of a young man, whose left testicle suddenly became inflamed No cause could be discovered except a general rheumatic tendency. The epididymis and the seminal cord remained perfectly intact. The inflammation itself offered nothing characteristic; it was not very severe, and seemed to yield easily to the antiphlogistic treatment. After the acute symptoms had subsided R. strapped the testicle. One year later the testicle had so atrophied that nothing of it remained but a round body, the size of the smallest marble, about as large as a buckshot, while the right testicle had enlarged to fully its double size, without otherwise changing its normal conditions. The sexual powers were the same. R. is of the opinion that some of these inflammations carry the atrophic character with them from the very start, and he thinks that the strapping had nothing to do with bringing about the atrophy, as the swelling lessened immediately after the strapping, so that the bandage only caused an absorption of the fluid secreted in the tunica albuginea, without compressing the orchis itself.

Oxalic Acid as an Emmenagogue.

Dr. Poulet, in the *Gaz. Hebd.*, 1887, No. 1, highly recommends oxalic acid as a remedy far superior to any other as an emmenagogue. Its field of action, however, seems to be limited. For instance, it has no effect on the neuralgic pains from which some women suffer, whose menses are otherwise normal, nor does it influence amenorrhœa in the least when this is due to some organic disease of the female sexual organs. But whenever the menses do not appear in consequence of some functional disturbance, or when they are retarded by some transient cause, as chilling of the surface, catching cold, etc., oxalic acid is the remedy par excellence, which will rapidly re-establish the flow.

The way in which P. administers the remedy is as follows:

R.	Acid oxalici,	gr. xxx.
	Aquæ distillat.,	f. ℥vj.
	Syrup cort. am.,	f. ℥ij.
M.	S.—A tablespoonful every hour.	

The remedy should be administered at the time of the usual appearance of the monthly period, and care should be taken that no incompatibles, as magnesia, lime, etc., be given at the same time.

Primary Nerve-Suture.

Mr. Herbert Rowe had recently sutured the ulnar nerve with a catgut suture (*Brit. Med. Jour.*), in a case in which both ulnar artery and nerve were divided, soon after the accident. Two days afterwards, there was a diminution of the numbness. In four days the sensation was the same, but there was some slight movement in the muscle. At the end of one month, sensation was but slightly impaired and motion was definite, but not perfect. Shortly afterwards, the man resumed his occupation. Mr. Rowe referred to cases reported by Nélaton and others, in which sensation partly returned at the end of the second day, recovery taking place at the end of a week. In a case of primary suture of the median recorded by Lauquier, recovery began on the day of operation. He compared the rapid restitution of function in primary suture with the later development in cases of secondary suture, and referred to a case in which the sciatic nerve was sutured by Mr. Wheelhouse, perfect function being restored only after several months.

Mr. Wheelhouse said that nerve-suture was established as a satisfactory operation, whether primary or secondary, bnt in one case of the latter he had known the effect delayed for three months.

Intestinal Obstruction.

Dr. Totherick read a paper on the difficulties in the way of the diagnosis of this condition, before an English medical society, remarking that in that respect age had an important bearing, as in the obstruction of childhood the causes were rarely more than two, namely, intussusception and peritonitis. He, however, related a remarkable case in which all the symptoms of obstruction and peritonitis were present, and which ran to a rapidly fatal termination, and on post-mortem examination neither one nor the other was found, but the cause was discovered to be acute caries of the dorsal vertebræ with commencing purulent formation in the various organs. In aged people also the causes were generally confined to two; namely, impaction of fæces and malignant disease. In middle age any of the causes might be in operation, the most common being impaction, which should be treated by repeated enemata of water or oil. In acute cases in which the diagnosis was uncertain, but the fatal termination sure, exploration by abdominal section was recommended. Of all drugs, opium was the most generally useful, and in cases of impaction, saline aperients might do good. In simple inertia of the bowels from repeated constipation and over-distension, he had found faradism very useful.

Pernicious Anæmia.

Before an English Medical Society, Mr. Bates described a fatal case in a patient aged 49. The principal symptoms were shortness of breath and attacks of vomiting and diarrhœa; there was also an attack of jaundice. At the necropsy the liver was found slightly fatty, and the stomach walls were very thin, but had not yet been microscopically examined. Death took place after twenty-four hours of unconsciousness. He described another case of the same kind, in which also there had been jaundice before death; the stomach also was very thin.

Dr. Black spoke of the advantages of using alteratives in the treatment of anæmia.

Dr. Allbutt referred to the definite character of idiopathic anæmia, as accompanied by extravasations into the retina, and in curable cases remedied by arsenic rather than iron.

Mr. Jessop spoke of three cases he had seen, in all of which the patients lived in houses much exposed so sewer-gas.

Dr. Eddison questioned the use of the term pernicious anœmia as applied to the case. In every case he had seen the blood-corpuscles were distorted. He thought many were cases of ague or syphilis.

Cod Liver Oil.

M. Carles, Prefesseur Agrégé at the Faculty de Médecine of Bordeaux, has recently re-affirmed (*Brit. Med. Jour.*) that the cod liver oil which is lightest in color is the purest and the most easily assimilated. The deep color frequently seen in cod liver oil is owing to more or less putrefied livers having been used. M. Hogg, a Paris chemist, had already stated, in a report read before the Academy of Medecine, that the natural oil obtained from the cod's liver is almost colorless and tasteless; that it smells of fresh fish, and that cod liver oil which is brown in color, has been prepared from livers in a state of putrefaction. M. Lesueur, Chef des Travaux Cliniques of the Paris Faculté de Médecine, confirms these statements, and testifies to the superiority of M. Hogg's cod liver oil obtained in his fisheries off Newfoundland by a process of his own. M. Lesueur states that this oil contains nearly double the active properties of the cod liver oil generally sold, and that it is free from the disagreeable taste and odor of these oils. Different preparations have been invented to replace cod liver oil, but without success.

The Operative Treatment of Intercurrent Disease in Tubercular Patients.

Before an English medical society, Mr. Bruce Clarke read a paper on this subject. After briefly discussing the nature of tuberculosis and its dependence on a specific bacillus, the author proceeded to show that it was almost impossible to remove by a surgical operation the whole of the bacilli that had found their way into the body. The local manifestation was all that could be got at. It was clear, therefore, that an operation could only aim at removing a growth which was causing so much constitutional disturbance as to prevent the recuperative powers of the patient and the physician's remedies from exercising a due influence on the course of the intercurrent disease. After relating several cases of his own and of other surgeons, in which such operative treatment had been practiced with more or less favorable results, and after showing that such cases healed with success and ease, the author concluded by asserting that surgical interference was only justifiable when all attempts at cure without the knife had been tried and found wanting.

On Removal of the Uterine Appendages.

To the Edinburgh Medico-Chirurgical Society, recently, Mr. Skene Keith showed interesting specimens of diseased ovaries and fallopian tubes, removed by operation, and thereafter read a paper on "The Removal of the Uterine Appendages," in which he detailed the results of his own and Dr. Thomas Keith's operations in this department. Mr. Keith expressed the opinion that the commonest cause of disease in these organs is laceration of the cervix. He thought that if greater attention were paid to the primary lesions, there would be less necessity for operative interference later. Removal of the appendages had, without doubt, been resorted to too frequently. He did not think that gonorrhœa was a frequent cause, at least not so far as the cases which came to him were concerned. In reply to Prof. Annandale, Mr. Keith said he did not think inflammatory affections of the parotid were commoner after uterine and ovarian operations than after other operations. He had not met with a case of suppuration of the parotid.

Case of Plastic Operation for Ectropion.

Mr. Davies-Colley showed a case of ectropion, following necrosis of the upper jaw, in a lad aged six years. He brought it before the medical society of London as a new operation for the relief of severe ectropion. The lower eyelid showed the granular surface of the palpebral conjunctiva for an extent of three-eighths of an inch from above downwards. The edges of the tarsal cartilage were pared on the upper two-thirds of their extent, and after freeing the lower eyelid by an incision three-quarters of an inch long, made parallel to it, and a quarter of an inch below its free border, the eyelids were then sutured together. Nine months after the operation the sinus had healed up, but the contraction of the parts had considerably drawn down the upper eyelid. A subsequent operation was done for the relief of this symptom, the ultimate result being very satisfactory.

A Possible Danger Attending the Use of Pure Terebene.

Dr. Alfred Harvey thus writes in the *Brit. Med. Jour.:*

J. H., aged 56, a chronic asthmatic, suffered from the beginning of December with severe bronchitis, with profuse muco-purulent expectoration. On December 21st, he began to take pure terebene (ten drops on sugar, every four hours,) with great advantage, the expectoration diminishing to *nil*, and the dyspnœa being much relieved. After the treatment had been continued for three days, the patient was seized with intense pain in the region of the left kidney, shooting into the pelvis and down the left thigh, with blood in the urine, and severe strangury. Cessation of the terebene treatment, together with the use of poultices and the administration of opium internally, resulted in speedy relief, and left little doubt that the condition was one of intense renal congestion, caused by the terebene.

Effect of Iron on the Composition of Milk.

Dr. Mendes de Léon has made a number of researches and observations on the supposed effect of taking iron on the composition of the milk secreted. He finds that milk always contains a minute quantity of iron, which differs in different species of animals, cow's milk, for example, being richer in iron than human milk. He gave various preparations of iron to a healthy multipara and analyzed the milk, but was unable to detect any increase in the iron it contained; so that it would appear that iron given to the mother does not act on the child by passing into its system, but that it may act by improving the general condition of the mother, and thus causing her to secrete better milk.

Torsion of an Incisor Tooth.

Mr. Smale mentions in the *British Journal of Dental Science* the case of a boy aged eight who had the right upper central incisor twisted so that the mesial surface presented towards the lip. The tooth was grasped firmly by a pair of straight-bladed forceps and twisted into a good position, care being taken to press the tooth firmly into the socket during the operation. It was tied to the surrounding teeth with silk twist in order that it might not return to its old position. A week afterwards it was quite firm, the tooth could be tapped, and he could distinguish between hot and cold applications. There was no discoloration, and the gum was quite healthy. Torsion may be used freely before the patient arrives at the age of twelve years, and should be always done at one operation. It is only applicable to the incisors.

Fainting and Syncope.

The common practice of raising fainting persons to a sitting or upright position is often sufficient to destroy the spark of life which remains. The death of an eminent English statesman a short time ago gave opportunity to the coroner for emphasizing this fact, and of pointing out how much more reasonable and sound it is to keep such persons in the prone position while restoratives and local means are adopted to enable them, if possible, to regain consciousness. Though inquiring into the cause of the appearance of the "shadow feared by man," the coroner is not unmindful that its advent is often preventable, and a due regard to the welfare of the living prompts him to give sage admonition as the result of his own experience of some frequent causes of death.

Gunshot Wounds of the Abdomen.

At the Société de Chirurgie of Paris, M. Trelat spoke on gunshot wound of the abdomen. A child who had received a wound from a revolver in the abdomen succumbed, and the autopsy showed that the death was due neither to peritonitis nor to perforation, but to intestinal occlusion produced by narrowing of the intestine consequent on partial resection of the canal. M. le Dentu said that he had seen several cases of abdominal wounds with perforation of the intestine which succumbed to peritonitis in from four to five days. M. Tillaux said that wounds of the small intestine were not necessarily fatal, and that spontaneous cure is not impossible. He considered that laparotomy was very hazardous, and should be reserved for extreme cases.

Pyæmia After Extraction of a Tooth.

Dr. Zawadski mentions in a Polish journal a case where the extraction of a lower wisdom tooth in a man, aged forty-six, by a "feldsher," was followed by a fatal result. The day after the operation the soft parts in the neighborhood began to swell; then followed severe headache, a rigor, and fever, death occurring on the nineteenth day. At the necropsy, purulent inflammation of the dura mater of the base on the left side was found, and purulent thrombi in the cavernous and superior petrosal sinuses. The soft parts near the angle of the lower jaw were infiltrated with pus, and there were broken-down thrombi in the neighboring veins; also metastatic abscesses in the lungs and spleen.

The Treatment of Goitre.

The treatment of goitre is very varied, and the results have been frequently disappointing. Women are attacked so much oftener then men that the deformity is much more felt. A Dr. Dugeut, says the *Med. Press*, has treated for many years, with almost invariable success, the unsightly tumor by injections of tincture of iodine of the ordinary strength. The syringe of Pravaz was the instrument used, and the first injection was made in the part the most resisting and fleshy. Frequently one injection sufficed, but more frequently it was necessary to repeat it several times at an interval of eight days. The quantity used each time was from a half to a full syringe. The injection was followed in most cases by very slight reaction, which did not last more than two days.

The Treatment of Diabetes Mellitus.

Before an English medical society, Dr. Collins read a paper on this subject. After referring to the manner in which the carbohydrates reached the circulation, he defined the part played by the saccharine and amylaceous principles of food; and how in diabetes mellitus there was a want of power to assimilate and make use of the carbo-hydrate group. The clinical features and pathology of diabetes led up to its treatment. Considerable stress was laid on the exclusion of all starchy and saccharine principles of food. Of medicinal agents, opium alone was of any value; alkalies, as salicylate of soda, etc., being partially useless.

Entozoa and Pernicious Anæmia.

Dr. G. Reyher, writing on the etiology of pernicious anæmia, points out that, as in a large number of these cases, a Bothriocephalus latus has been diagnosed and expelled by means of male fern, the patients subsequently recovering; and as the anæmia of miners is now known to be due to the Anchylostomum duodenale, it is possible that all cases are due to entozoa of one kind or another, and that, therefore, diligent search should always be made in the fæces for the ova of tæniæ, etc. The treatment will, in cases of successful search, be obvious.

Adenoid Bronchocele.

Mr. Vincent Jackson showed a girl, aged 14, to an English medical society, who had been sent to him on account of alarming symptoms occasioned by a very large adenoid bronchocele. Asphyxia seeming imminent, Mr. Jackson completely divided the very broad isthmus, and removed a small portion. The operation was followed by the complete relief of the symptoms, and by diminution of the size of the tumor to the extent of one inch.

Iodoform Pencils.

Dr. Oscar V. Petersen, of St. Petersburg, recommends (*Vratch*, No. 51, 1886, p. 908), in the treatment of syphilis, pencils made of 50 or 70 per cent. of iodoform, together with glycerine and gum arabic, and enclosed in a wooden holder. In the case of a chancroid ulcer, the pencil need only be applied to its surface, which then becomes coated with a more or less thick layer of iodoform. The chief advantage of the method is, that the patient remains absolutely free from an unpleasant and tell-tale odor.

Papine for Children.

From the *New York Medical Jour.* we learn that Dr. Wm. J. Crittenden, of Unionville, Va., recommends papine in cases in which the patient, on account of idiosyncrasy, cannot take opium or any of its preparations. It can be given in doses of thirty minims to a drachm.

Vomiting in Young Infants.

Dr. A. A. Smith, of New York (*N. W. Lancet*), recommends one grain of calomel to one ounce of lime water; to this add one pint of pure water, and give a teaspoonful of the mixture every ten minutes.

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—The report of the Charité Hospital in Berlin shows that 17,010 patients were admitted during the year 1886, to which number must be added 1253 infants born alive, also 79 stillborn. The total deaths amounted to 1904. The cases cured numbered 14,892.

CORRESPONDENCE.

Gunshot Wound of Brain—Recovery.

EDS. MED. AND SURG. REPORTER:

I have, to me and to many more of our community, an interesting case that I would like to report through your journal

I was called and took with me Dr. W. C. Niver, of this place to see Martha B., aged nine years, who lives near Brockport, Elk county, Pa., and who had been accidentally shot by her older brother a few hours since. The young man was cleaning his revolver, when it went off, the bullet taking effect in the upper and central portion of the right parietal bone, going through and down into the brain to the depth of 2 or 2½ inches, with the following symptoms:

October 24. Found her lying on her right side in semi-comatose condition, with brain matter oozing from the wound. Pupil contracted to pin-hole. Pulse 60, temperature natural, respiration slow; but every few minutes had vomited, and was still making the effort. On probing the wound we found that the bullet had taken a downward and slightly posterior direction. We concluded that the bullet was beyond our reach, and contented ourselves by using means to allay the irritation and keep down inflammation, with the history as follows:

October 25. Semi-comatose; complains of pain in the head; vomiting; frequent urination; bowels constipated; pupil much dilated; pulse 65; temperature natural; restless.

October 26. Dozing a good deal; vomiting has ceased; irritation of bladder ceased; pulse, 65; temperature natural; respiration slow but easy; bowels constipated, but has eaten a little. There is now paralysis of motion of right side of face and left side of body.

October 27. Symptoms much the same, except bowels moved; resting pretty well.

October 28. Just the same in general symptoms, but has convulsions every twenty or thirty minutes all the day.

October 29. Convulsions ceased; can move left hand a little; pulse, 90; temperature natural; respiration natural; resting well.

From this time on she has gradually improved in every respect. At this date the girl is up and about the house, and complains of nothing, and has complete use of all her senses. The wound is yet discharging. Morphia and potass. bromid. were all the drugs used, with cold water.

M. M. RANKIN, M. D.

Brockwayville, Pa.

Union by First Intention after Amputation without Asepsis.

Eds. Med. and Surg. Reporter:

The following case of union by first intention following an amputation may be of interest to the readers of the Reporter. There was no attempt made during the operation or subsequent to it to secure an aseptic condition in any respect:

January 14, Alexis Hawkins, a boy about fourteen years old, came into my office and informed me that he had "shot his finger off."

Upon examination of the wound, I found the missile—a bullet from a 32-calibre revolver—had passed through the second joint of index finger of right hand, shattering the bones and leaving the muscles and tendons hanging in shreds. I amputated the finger half an inch below carpo-phalangeal joint; and having read in the Reporter of the successful application of fluid extract of calendula, I concluded to give it a trial. With a camel's hair brush I thoroughly painted the inside of the flaps with a glycerole of calendula, brought them together, closed the wound with sutures of ordinary white silk. I then made a paste of iodoform and the glycerole, with which I saturated absorbent cotton and applied it to the wound, retaining it by bandage. I gave the boy's mother a bottle of the calendula, and directed her to keep the cotton wet with it.

Saw him on the 13th; he had had no rise of temperature or pain. I visited him every two or three days until the 19th, when I removed the dressing. There was no odor; not a drop of pus. There was no suppuration in the track of the sutures. The flaps were apparently firmly united. There was no swelling, very little tenderness, and during the entire time he had not suffered pain. There was no puffiness of the stump—no doughy feel to it.

I saw the case again February 1, and the wound was apparently well.

This is the first case of amputation that I ever saw unite without suppuration, without pain, and without swelling or soreness.

I do not know but the calendula would have been equally successful without the iodoform. Will try it alone the first opportunity.

J. B. Hatton, M. D.

Red Oak, Ia.

* * *

—A Professorship of Hygiene has recently been created at Breslau, to which Professor Flügge, of Göttingen, has been appointed, where he is Director of the Institute of Chemistry and Hygiene.

News and Miscellany.

How the Reporter Saved a Dying Consumptive.

"You may abuse newspaper men all you please," said a robust chap in the smoking-room of a sleeping-car, "but I want to tell you that I have a weakness for reporters. A reporter once saved my life." "How?" "Well, three years ago I thought I was dying with consumption. My friends thought so, too. It appeared to be a clear case. One day a reporter bustled into my room, took out his pencil and note-book, and began business, without any unnecessary delay. 'Mr. Johnson,' said he, 'I understand that you are dying with consumption. Will you please give me a history of your life?' Well, gentlemen, but for that reporter I should not now be alive. I summoned all my remaining strength, threw the reporter down stairs, slid down the banister and jumped on him before he could get up, pounded him into a black swelling, and then threw him into the street. An hour later I heard he was likely to die from his injuries, and so I took the first train for the West, going clear up into the mountains and roughing it like a prospector. Now, look at me!" "Did the reporter die?" "Not a bit of it. He's now the editor-in-chief of a paper in Cincinnati."

Angry at His Own Salvation.

"Talking about druggists' mistakes," said a man who runs a pill factory in Chicago, "I'll tell you a funny mistake I made about three years ago. A young German came into the store and said he wanted fifty cents' worth of arsenic to feed to some rats. I sold him what I supposed was the poison, and would have thought no more of the sale if the fellow had not come round the next day and berated me for selling him quinine for arsenic. I learned later that the German, who had become despondent over some money matters, bought the 'arsenic' with the intention of committing suicide. He took the quinine to his lodgings, put on his grave-clothes, shaved himself with a dull razor, and then lay down upon the bed with a teaspoonful of the alkaloid in his stomach. When he woke up the next morning and found himself alive, he came to the store and relieved himself of his bile. Three weeks later he got a good job in a down-town clothing house, and is now earning a good salary."

Drugging Criminals to Further Justice.

A cable despatch from Paris to the *New York Herald* says that this study has become a passion among medical men, who say it may greatly help legal procedure, inasmuch as by sending criminals to sleep and dragging their secret from them while under hypnotic influence there would be little fear of judges condemning the innocent for the guilty. A theft in the hospital was found out in this way by Dr. Marie, for many years Dr. Charcot's assistant. The subject refused at first to tell where the stolen object was concealed. After a little diplomacy, however, on the part of the young doctor, who told the sleeping girl he was the young man from whom the card-case had been taken and not to fear telling him where it was, she gave the detailed account of having stolen it, and told where the card-case was to be found. Dr. Marie immediately went to the spot indicated, where, sure enough, the stolen article was found.

What Doctors Sometimes Endure.

A rather ludicrous incident happened to a physician at New Kingston the other day. The physician, Dr. Gibson, who has lately moved to that place, was called upon to see a patient—an aged woman, but of strong muscular build and energy. He thought, after some little conversation, that she suffered with rheumatism, and was about to place a seat for her near the light in a warmer room, where she had followed him with her husband, when, without a word of warning, she struck Dr. Gibson in the neck, and with so violent a blow that for a moment he was afraid he would lose consciousness. The unfortunate woman's mind was unbalanced, and for some time past she has labored under the hallucination that every physician who has been brought to see her was a horse doctor, who mistook her for an animal of that genus, and wished to give her that kind of medicine.

Thought He Had 'Em Again.

Two men sat beside each other in the parquet of the Chicago Opera House one night recently, and watched the presentation of "The Rat-Catcher." When the curtain fell on the flight of all the rats in Hamelin, one of the men turned to the other and said: "Pretty well done, eh?" "What was well done?" asked the other. "Why the rats. I say it was well done." "I didn't see any rats," replied the wag. "Didn't see a half a thousand of them going into the river and crawling over the bridge?" "Naw." "Why, you must have seen them. They were as plain as the nose on your face." "There wasn't a rat on the stage." "Sure about that?" "Would bet money on it." The man who had started the conversation clasped his hands to his head, looked appealingly to the solemn man by his side, and then grabbed his hat and rushed out of the theatre.

When the Supreme Judges Had Wine.

Many years ago, when Mr. Quincy, the junior, was on a visit to Washington, Mr. Justice Story entertained him with an account of the social life of himself and his associates on the Supreme Bench. "We usually dine together," he said, "at 6 o'clock, very quietly and simply. We have wine only when it rains." And after pausing a little on this statement, he added, with judicial gravity: "But sometimes the Chief Justice will say before we rise from table, 'Mr. Story, look out of the window and see whether it is raining,' and when I report that the weather appears to be fair, he will say, 'So much the better. Our jurisdiction is so vast that, according to the doctrine of chances, if the weather is fair here it must be raining in some other part of the country; therefore we will have a little wine to-day."

The Diseases of Wild Animals in Confinement.

Dr. H. C. Chapman says that nine-tenths of wild animals in confinement are subject to heart disease, although all animals have their peculiarities. The elephants are heir to many diseases, but the most common and fatal is rheumatism. Monkeys and baboons generally die from bronchial affections and heart disease; felines, such as lions, tigers, leopards, etc., from dysentery and heart disease; deer, antelopes, etc., suffer most from dysentery and heart disease; while the canine tribe, such as wolves, dingoes, foxes, etc., don't seem to be subject to any disease except pure cussedness. The only thing to be feared in the wolf tribe is too much sociability. It is unsafe to keep more than a pair together, otherwise they would eat each other.

Acrobats and Science.

M. Guyot-Daubès, in a work entitled *Hommes-Phenomènes*, enumerates the services rendered to science by the class of acrobats known as sword-swallowers. Owing to the amiability of an acrobat, Stevens, in 1776, was able to study the human gastric juice. For this purpose, he placed small quantities of meat in metallic tubes pierced with holes, which the acrobat swallowed and brought up again when directed. Sword-swallowers have demonstrated how instruments for facilitating swallowing must be adapted. Fauche's tube is based on their information; also the construction of œsophageal catheters, for injections into the stomach, and the invention for illuminating the stomach with the electric light. In a word, acrobats are unknown benefactors to science.

Superstition against Doctors.

A lay contemporary tells us that a case of alleged witchcraft has recently come to light in Reading. The supposed witch is a woman who has been in ill health for years, and the victim the wife of a shoemaker. She has been afflicted for nine weeks past. Her left leg first doubled up, and then swelled to thrice its normal size. Her skin began to darken, and in a few days she was black as coal from head to foot. For seven weeks she suffered excruciating torture, screaming day and night and taking no food whatever. Several days ago she began to shed the black coat, and is now improving.

The doctors pronounce it a case of inflammatory rheumatism, with other complications; but the superstitious neighbors declare it to be the work of a witch.

To Roast a Small Roast Well.

Small families often complain that they cannot have good roast beef because they are obliged to buy such small pieces, and it comes upon the table dry and overdone. To prevent this, the smaller the piece to be roasted the higher the temperature to which its surface should be exposed. It should be crusted or browned as quickly as possible, so that the juices within shall be held there under high pressure, and only be allowed to escape by bursts and sputters, rather than by steady evaporation. No more fuel need be consumed, since it would take a shorter time to cook.

Edison's Lungs Diseased.

It is reported that Thomas A. Edison, the electrician, is not likely ever to return from Florida, where he has gone for his health. He had a severe attack of pleurisy last December, and it left his lungs hopelessly diseased. His recovery is deemed impossible. His health was never robust, and now he is helpless. He insisted on carrying along his uncompleted inventions, which are more numerous and wonderful than those which have become of practical value, and at Fort Meyers he will try to continue his experiments. He is accompanied by an expert and clerical staff.

Why Roscoe Conkling Wears a Curl.

An Auburn lady tells this about Roscoe Conkling: "One day when Roscoe was visiting my father's family, the horse and sulky were brought up to the door, and my father was just getting ready to start out for a ride among his patients. Young Roscoe thought he would get some life out of the old horse, took a pin and stuck it in his haunches, when the usually staid animal suddenly gave a kick and hit Roscoe a severe blow on his forehead, cutting a gash that to this day leaves a scar on the brow. And this is why the ex-Senator permits a little curl to drop over it."

Disturbing the Dead's Sacred Rest.

The other day at Washington, D. C., a lady believing her deceased husband had not been allowed by resurrectionists to rest in peace, insisted upon having the grave uncovered and the coffin lid opened. Her husband's corpse had not been stolen. She beheld a petrified image horribly staring at her. Then she repented her act, and fell into a sickness that may prove fatal. Could the stony lips of her husband have spoken, he might have moaned, as did the spectre of Samuel to Saul: "Why did you disquiet me to bring me up?"

The Girard House Medicine Cup.

In the Girard House, a large hotel of this city, leading to the porters' room, there is a white marble ice-water fountain, with a silver cup dangling from a chain. So many people have been taking pills, cod-liver oil, cough mixtures, and other decoctions with the help of the silver cup, that the cup got to taste like all the medicines that were mixed in it, and it smelt like a drug store. Recently another silver cup was chained to the fountain, and over the old cup hung a sign which read, "This is the medicine cup."

Dental Surgery on the Continent.

According to the *Independent Practitioner*, in Austria and Hungary there were until lately no dentists, medical men alone being allowed to practice dentistry. Before the year 1876, in order to practice dentistry in

Holland, it was necessary to hold the diploma of medicine, surgery, and midwifery. The law has now been amended; a special course of study and special examinations having been provided for, as in Germany, Russia, and Switzerland.

An Appeal to Unwatched Honesty.

A gentleman stepped into the Wright House in Parkesburg the other day, and, having time before the train was due, threw his overcoat in the window, and asked a young man sitting close by to keep an eye on it till he would go up and get some supper. "Certainly," was the reply. When he came back, the young man had changed positions, and attached to the coat was a card on which was written, "Dont Touch It; This Man Has Just Had the Small-pox."

A Commendable Act in a Suicide.

The *San Francisco Alta* says:

"Occasionally a fellow gets down to facts. Now there was Dr. A., of N———, who committed suicide, leaving behind a note in which he said: 'I die without malice to any one. I go to hell.' It is so seldom a man leaves his future address under such circumstances."

Afraid Moles Will Eat His Body.

West Chester possesses a character. He is afraid of moles attacking his body after interment. He owns a lot of land in Greenmount Cemetery, and occasionally he goes to that lot and deposits broken glass on the land, hoping in this way to keep away the moles after he has been laid away to rest.

Mortality of Medical Men at Matanzas.

The Havana journal, *La Enciclopedia*, states that during the last three years no less than eight medical practitioners have died at Matanzas, which is a port in the northern part of the island of Cuba, the population which is only about 35,000.

Items.

—A German inquirer has, it is stated, taken four heads of hair of equal weight, and then proceeded to count the individual hairs. One (red) was found to contain 90,000 hairs; another (black), 108,000; a third (brown), had 109,000; and the fourth (blonde), 140,000.

—Professor Virchow, who has long represented one of the divisions of Berlin in the Reichstag, is to be opposed at the general election now approaching by Field-Marshal Count von Moltke—a battle of giants, in which the cause of Parliamentary government is championed by the pathologist.

—Dr. Mariano Semmola, Professor of Experimental Therapeutics in the University of Naples, has consented to deliver one of the "General Addresses" before the International Medical Congress at Washington. He has chosen for his subject "Bacteriology and Its Clinical Therapeutics."

—A prize of fifty thousand francs is offered by the French Minister of Education for a discovery rendering electricity economically applicable in the shape of heat, light, chemical action, mechanical power, transmission of messages, or treatment of disease. A committee, with M. Bertrand, of the Academy of Sciences, as its chairman, will adjudicate.

—Herr von Bergmann, Professor of Surgery in the University of Berlin, has just declined an invitation to be chief surgeon to the Willig's Hospital in St. Petersburg. This institution, a palatial structure, and fitted with all imaginable appliances owes its origin to the private physician of Alexander I., who devoted his fortune to its establishment.

—The Sanitary Commission at Naples has determined, upon the recommendation of Semmola, to erect a laboratory for the practice of Pasteur's method of inoculation. The circular which announces its erection, urges the need of further experimentation with this method, to enable an accurate estimate to be made of its worth.

—He (just been refused): "Then life has no further charm; I shall kill myself.".

She: "By poison?"

He: "Probably."

She: "Well, you'll excuse my mentioning it, but brother Jack has just opened a chemist's shop, you know, and would you mind buying the poison of him? It would encourage poor Jack, and prove your devotion to me." (He still lives.)

—William H. Crane, the comedian, tells this new story of his boy: "His mother asked him the other day whom he had been playing with, and he answered that he had been playing with old Jule Seligman's little boy. 'Hush, my dear,' cried his mother, 'that's not the way to speak of Mr. Seligman. His name is Julius, not Jule.' 'Then,' replied the precocious child, 'I suppose that my papa's name is Bilious?'"

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A CONTRIBUTION TO THE STUDY OF THE OPERATION OF SHORTENING THE ROUND LIGAMENTS—ALEXANDER'S OPERATION.*

BY THOMAS A. ASHBY, M. D.,

Professor of Gynecology in the Baltimore Polyclinic and Post-Graduate Medical School, etc.

There can be little doubt of the fact that the uterus is the most movable organ in the female body. It changes its position in the pelvis with each inspiration and expiration, rising and falling with rhythmic precision. Its axis in the pelvis is constantly influenced by the contents of the bladder and rectum, being displaced forwards or backwards by the fullness or emptiness of these organs. This latitude of motion has been wisely provided for by the character of its anatomical arrangements and supports. At once restrain the uterus from assuming its various normal relations to other pelvic organs and viscera, and the consequences become apparent. The extent of motion allowed the uterus is a varying quantity within certain limits. The exact position of the uterus in health is a point which cannot be established, since with every woman the relation of this organ to other organs is as variable as the shape of the nose or the expression of the features. The uterus is found turned or flexed at different angles in many individuals without giving rise to the least inconvenience, whilst in others the slightest deviation of the organ from its normal axis in the pelvis is accompanied by distressing symptoms.

The uterus is supported in the pelvis by tissues which perform the function of bumpers rather than the support of strong ligaments, hence its support is to be measured rather by the tonicity of the tunics which invest it than by connecting fibres which restrain it like so many stays or braces. The body of the uterus is invested by the peritoneal membrane, which, though closely adherent to its anterior and posterior surfaces, is given off in folds on its lateral borders to form the so-called broad ligaments. As the peritoneum is reflected from the anterior and posterior surfaces of the uterus, it turns up over the bladder in front and rectum behind to form the so-called utero-vesical and utero-sacral ligaments. In addition to these so-called ligaments two rounded cords, made up of areolar tissue, vessels and nerves, besides a dense bundle of fibrous and muscular tissue, are given off from the sides of the uterus, near the fundus, and curving around between the folds of the broad ligaments, pass through the internal abdominal ring along the inguinal canal, and, as they emerge from the external abdominal ring, are lost in the tissues of the labia majora. These cords are known as the round ligaments. They present the appearance of a true ligament, and may be so regarded. These ligaments are between four and five inches in length, and as they run in a tortuous direction through the folds of the broad ligaments and curve round the sides of the bladder, they hold the fundus of the uterus nearer to the symphysis than their length would indicate. It is believed by some anatomists that the round ligaments have the peculiar function of drawing the uterus towards the pubis. They are also believed to aid in fixing the uterus in its proper axis in the pelvis. In addition to the supports mentioned, the uterus is held in its position in the pelvis by the walls of the vagina, which surround the cervix and embrace it as a keystone at the arch of the vaginal roof. The vagina in turn is maintained in its long diameter by the tonicity of its muscular and cellular coats, and by its attachments to the bladder in front and rectal wall behind. When all of these tissues are in a condition of tonicity, they conjointly support the uterus and pelvic organs. When greatly relaxed from any cause they allow the uterus to sag down in the pelvis and to draw down its natural supports. Thus prolapse of the uterus necessarily drags down its peritoneal investment and the round ligaments, depresses the vaginal arch at the cervix, and draws in the anterior and posterior vaginal wall, first at the internal end of the vaginal tube, and next along its entire extent. This process of descent may be reversed in those cases of rectocele or vesicocele where the uterine support is weakened at the external end of the vaginal tube. When the tissues which make up the pelvic roof retain their tonicity, even in the absence of vaginal support, the descent of the uterus is resisted and the organ can only be dragged down through the vulva by overcoming this resistance. When the uterus is strongly seized with vulsellum forceps and drawn down in the vagina, we have this condition. The broad ligaments are put on the stretch; the bladder is drawn down with the uterus, owing to the intimate connection between the two; the rectum is not disturbed, owing to the loose attachment of its subperitoneal connective tissue to the vagina. If the broad ligaments now be severed, complete prolapse of the uterus is secured. The round ligaments are the last tissues put on the stretch. From this history of uterine prolapsus here described, it would seem that the round ligaments play a very insignificant part in supporting the uterus, whilst the broad ligaments and utero-vesical and utero-sacral folds of the peritoneum materially add to the support of the organ.

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* Read before the Baltimore Academy of Medicine, February 1, 1887.

When we come to study the causes of version and flexion of the uterus, we find the same deviations from the normal axis with variations within health according to the individual point.

Anteversion is regarded by anatomists as the normal position of the uterus. In childhood, and in the woman who has not borne children, the uterus is almost invariably turned forwards. The reverse position, retroversion, is the most frequent form of displacement. Uterine flexions are almost invariably due to faulty nutrition of the uterine muscles, but they may result from overpressure from tumors, or from intestines forced down into the pelvis by tight lacing. Flexions may occur in the cervix or in the body. The first named variety is referable to undue length of development, the elongated cervix being bent upon itself by mechanical pressure. Flexions of the body of the uterus must be attributed to the weakened supports of the uterine walls, which yield under super-imposed weight, either connected with the uterus itself, or external to the organ. The broad ligaments undoubtedly exercise an influence in the prevention of versions and flexions, but where these supports are relaxed or overstretched by constant strain exercised upon them, their restraining influence is overcome. The utero-sacral and utero-vesical ligaments are simply folds of peritoneal tissue, which exercise but partial resistance against version and flexion. The function of these ligaments seems to be to aid in the suspension of the uterus in the pelvic canal. The round ligaments coming off from the fundus and passing forwards into the inguinal canal undoubtedly exercise a strong influence in preventing posterior displacement of the uterus. Their course around the bladder is somewhat tortuous; this may allow a certain amount of lengthening, estimated at from two to three inches, before they are made taut by the posterior displacement of the uterus. The round ligaments exercise but little if any influence in preventing prolapse of the uterus. Savage has shown that after all the other supports to the uterus are severed, they are the last made taut by procidentia. In view of the fact that the round ligaments have the power of drawing the fundus of the uterus forwards, the advantage of shortening their length in cases of posterior uterine displacement is now an established fact. As far back as 1840, Alquié, a French surgeon, proposed the operation of shortening the round ligaments, but he failed to demonstrate the value of this procedure upon the human female. It was not until 1881 that the operation was performed upon a woman. On December 14, of that year, Dr. Wm. Alexander, of Liverpool, operated successfully on a case of prolapsus uteri, by drawing out and shortening these ligaments. Whilst not the originator of the operation, to Dr. Alexander belongs, therefore, the credit of its first performance. The operation very properly now bears his name. Since Dr. Alexander first operated, he has been an earnest advocate of its advantages, and he has performed the operation more frequently than any other surgeon, with results of a very satisfactory character. The Alexander operation has now been performed over two hundred times in this country and in Europe, by a number of different surgeons, with varying degrees of success, and with corresponding difference of opinion as to its value. It is a procedure which is still under trial and criticism. It is incumbent upon those who have had an experience to record the same. It is by a study and comparison of the various steps of the procedure and a report of results that its advantages and disadvantages will become apparent. Having performed this operation in June last, I shall present a report of the case, and then discuss a few of the steps of the procedure.

Mrs. ———, aged fifty years, a widow, had suffered for a number of years with uterine disease. For four or five years previous to the date of operation she was almost a confirmed invalid, her life being a burden to herself, and, as she imagined, to her friends. During this time she had been under the treatment of several well-known and skillful gynecologists, all of whom had recognized her true condition, but had afforded her only very temporary relief. Becoming discouraged, she wandered from one physician's office to another until local and general medication had been faithfully tried. She still remained the victim of morbid anxiety and severe suffering. Coming under my treatment in the early part of last year, I succeeded, as did my predecessors, in obtaining her consent to a vaginal examination. She was flooding profusely at the time, so that I administered ergot and desisted from an exploration until hemorrhage had ceased. I learned from her history that she was subject to intense menorrhagia, which invariably left her weak and prostrated from the loss of blood. In person, she was plump and well nourished, but her skin and conjunctivæ were extremely pale and anæmic. She was extremely nervous and dejected in spirits, and longed for death as the surest way of escape from mental and physical suffering. She manifested no hope of relief, but expressed a great willingness to undergo any plan of treatment that would give her some benefit. A few days subsequent to the time she first came under my care, I succeeded in making a physical exploration, and I found that her condition coincided with the history related by her, which she had obtained from other physicians. Her uterus occupied a low position in the pelvis; the body of the organ was large, flabby, and relaxed; the fundus rested against the sacrum; below the promontory, on its posterior wall, were several fibroid tumors, interstitial, varying from the size of a walnut to a medium-sized apple. These growths were irregular in shape and outline, and presented a hard nodular feeling to the touch. The uterine cavity was tortuous, roomy, and admitted the sound to the depth of 3½ inches. The uterus was perfectly movable, and could be easily elevated into its normal axis, but the moment support was withdrawn it tumbled back into its acquired position. The pressure made against the rectum by the displaced organ was the chief source of discomfort. The patient suffered from a distressing flatulent dyspepsia and from constipation. The pressure of the uterus prevented an escape of flatus by the rectum, and also occasioned such suffering that defecation was performed with the utmost difficulty. Enemas or laxatives were invariably required to secure a passage from her bowels. So long as the uterus was maintained in its normal position these symptoms were relieved. It was quite evident that the mechanical pressure of the displaced organ was the prime cause of both physical and mental distress, and also contributed in a measure to the profuse loss of blood during menstruation. The congestion of the menstrual epoch occasioned most violent cramps, nausea, and other disturbances, so that the recumbent posture was required during all of this time.

It was my opinion that any mechanical contrivance which would hold the uterus in position would relieve the pain and distress consequent upon displacement.

I determined at once to use a properly fitting pessary, but was informed by my patient that she was unable to wear pessaries—that she had worn a number without relief. I insisted upon further trial, and during the next two months I employed every mechanical device which I could obtain, with total failure.

I then suggested the Alexander operation, and explained the advantages of the procedure in her case. She readily consented, and in fact urged me to undertake the operation; she was more anxious than I was to test its value. Whilst I believed in the *rationale* of the method proposed, I had some misgiving as to the value of the method in her case, though it seemed to me that if her uterus could be drawn forwards and fixed, the tendency to displacement backwards would be removed. At this juncture I was greatly aided by the experience, skill, and anatomical knowledge of my friend, Dr. Randolph Winslow, of this city. Dr. Winslow had performed this operation twice upon the living subject, and had also demonstrated upon the cadaver the fact that the uterus could be easily elevated into position by the round ligaments, and there be retained by traction upon them.

The operation was performed on the 8th day of June, with the assistance of Drs. R. Winslow, John E. Jay, and W. J. Chappell. After etherization an incision was made over the external abdominal rings and the superficial tissues were cut through until the external end of the round ligament came into sight. These were dissected out and the ligaments were gently drawn through the canal until some three inches of their length were external to the canal. As traction was made on these ligaments the uterus was observed to rise in its normal axis in the pelvis. A sound was inserted into the uterus to aid in its replacement. Having demonstrated a correct position of the uterus, the ligaments were attached to the line of incision by buried cat-gut sutures. Cat-gut threads were also placed along the floor of the wounds to act as drainage-tubes. The wounds were then closed. After closure of the wounds the sound was withdrawn from the uterus and a suitable pessary was introduced to aid in the support of the uterus until union had been secured. Primary union took place, with the exception of a slight discharge of pus along the tract of the cat-gut drainage threads. Within ten days the parts were entirely well. The patient had no trouble referable to the operation. Her temperature at no time was elevated above 100° F. After three weeks she was allowed to get out of bed, and from that time onward her improvement was continuous. On October 11 last, I received the enclosed letter from her, which explains her condition at that time.* I have seen her frequently since, and at this time of writing her health is so vastly improved that she is able to do any ordinary domestic duty. She has been relieved of the suffering incident to the mechanical pressure of the uterus on the rectum. She has had no show of blood since November last. It is believed that the menopause has been reached, and that her general health will improve from this time forward, as the great drain from loss of blood has been stopped. Before this operation was performed my patient could not walk across her room with comfort; she was on the verge of complete invalidism. She is now able to walk where she pleases, run up and down stairs with ease and agility. She has informed me that she has recently walked fourteen squares on shopping expeditions with comfort. Her mental and physical condition are so markedly improved that she seems unlike the same individual.

I have had no opportunity and no occasion to make a vaginal examination to verify the position of the uterus. Her sense of comfort and ease of motion are sufficient to prove to my mind that the uterus is now in proper position.

The inqury may be suggested, How long will it remain in its normal axis? My answer is, the remainder of her natural life. I see nothing in the present condition of the uterus to favor any other view. The organ has had its normal stays restored by shortening their redundant length. The menopause has been established, and the weight of the fibroid tumors will become less and less, now that this has been declared. As a matter of safe precaution and of increased comfort, a pessary will be worn for such a length of time as may seem judicious. It must be borne in mind that previous to the operation she was unable to wear a pessary with comfort.

Remarks.—The case here reported illustrates in a very satisfactory manner the advantages of the Alexander operation in certain forms of posterior uterine displacement. The uterus having been dragged from its normal axis by fibroid growths upon its posterior wall, had remained in this false position for some years. The nutrition of the organ had been impaired, its size increased, and a general relaxation of its muscular tone and ligamentous supports had been induced by these same growths. Whilst the organ could be readily restored to its position, it was found impossible to retain it *in situ* by any mechanical contrivance which had been employed. Pessaries gave intense distress, and could not be worn continuously for a longer period than one or two days at a time. They did but little good when employed. It was quite apparent that no form of mechanical support would be of service in this case, except a restoration of the normal ligamentous supports, which had become relaxed and over-stretched by the continuous weight of the displaced organ. The results have demonstrated the correctness of these views. It is in just such a condition of posterior displacement as has been recorded in this case that we have the promise of satisfactory results from shortening of the round ligaments, and in which the advantages of this procedure are most conspicuous. I fail to see any striking advantage which will follow the shortening of the round ligaments in cases of procidentia uteri. The round ligaments can exercise but a feeble power in preventing the uterus from descending in the pelvic canal. It has been shown by careful demonstration that they are the last of the uterine supports to become taut in downward displacement. It is therefore doubtful whether shortening of these ligaments, in the absence of a restoration of the perineal support, would render any material or durable service. Nor do I believe the Alexander operation is destined to meet with success in cases of posterior displacement where adhesions have formed between the uterus and rectal tissues. In such cases more or less violence is required to sever the attachments before the uterus can be drawn into its axis by traction on the round ligaments. The advantage of the procedure under such circumstances seems of doubtful propriety. In those cases of posterior displacement where the uterus is easily replaced by sound or finger, where the muscular tone is simply impaired, and where pessaries are worn to no advantage, or with distress, the procedure under consideration is, in my judgment, not only admissible but positively indicated.

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* BALTIMORE, October 10, 1886.

DR. ASHBY, DEAR SIR:—I am happy to state that I have been very much benefited by the operation you performed on me last June. Previous to this I was a great sufferer, and could not sit up one hour with any degree of comfort. I can conscientiously say that I think the Alexander operation a great boon to those who suffer from displacement, and I would be more than willing to talk with any sufferer who is in doubt about it. Yours truly, MRS. ————.

The Alexander operation has a limited field of usefulness, but when properly employed within the limits assigned to it, it is in my belief one of the most valuable procedures contributed to surgery within the last decade.

In this connection it is proper to discuss a few of the steps of the procedure. *First*, as regards the danger of the operation. As far as I have been able to collect statistics, the mortality has been less than two per cent. The operation is as nearly devoid of danger as any procedure can be, if it is properly performed. Among the cases reported, death was attributed to pyæmia in three cases, which resulted from want of care and cleanliness. Peritonitis is a source of danger, since it is possible to injure this membrane in drawing the ligaments through the canal. With ordinary care the peritoneum can be discovered and its injury avoided. *Second*, the difficulty of finding the ligaments has been referred to by several operators. In the case here reported no trouble, in this respect, was experienced. With proper care and a knowledge of the anatomical arrangements, the ligaments can be brought into view by cautious dissection. In a report of forty cases made in November, 1885, by Dr. Alexander, this difficulty was not experienced. Imlach, of Liverpool, has reported thirty-six cases, without difficulty in finding the ligaments in a single case. As opposed to this experience, Mundé, of New York, was unable to find the ligaments in three cases out of six cases; he therefore claims that this is an element of uncertainty in the operation. The fact that the inability to find the ligaments has occurred in less than four per cent. of the cases reported is but a slight disparagement to the operation. Such a failure upon the part of the operator only necessitates the closure of the incision, and leaves the patient in the same condition she was in prior to the attempt.

I quite agree with Dr. Alexander in the statement that the operation is a delicate one, and quite different from ordinary procedures. The external end of the ligament lies imbedded in the tissues, and will be readily overlooked if not carefully dissected out. Its white sheen can be made to appear when gently drawn out of the ring. It then has the appearance and structure of a true ligament. The after-treatment of the operation should be conducted on strict surgical principles.

The following summary of conclusions is offered:

1. The round ligaments are designed to hold the uterus in its axis in the pelvis, and to draw the fundus of the organ towards the symphysis pubis. They have little if any sustaining power in preventing procidentia, except in extreme degrees of descent, where the organ has escaped external to the vulva.

Posterior displacement of the uterus can only take place when the round ligaments have been relaxed or stretched by prolonged tension.

2. Shortening the round ligaments is a practical method by which the uterus may be lifted into its normal axis, and be retained in position by a restoration of its normal supports,

3. This operation is admissible in all cases of posterior displacement where the uterus is not fixed by adhesions, but perfectly movable in the pelvis, and where other methods of support are not of service.

4. The operation can prove of little value in cases of procidentia, except when employed in conjunction with other methods in-

stituted to overcome this form of displacement.

5. The operation can be easily performed by one who is familiar with the anatomy of the parts. It is almost devoid of danger, if ordinary safeguards are employed.

6. In the class of cases to which it is limited, the benefits secured are striking and important.

THE CARE OF PATIENTS OF DOUBTFUL MENTAL STATE, AND THE PRIVATE TREATMENT OF THE INSANE.*

BY JOHN A. CLARK, ESQ.

The subject which I have selected for a short paper—"The Care of Patients of Doubtful Mental State, and the Private Treatment of the Insane"—is one deserving of more practical attention than it has yet received from the community.

There are a large number of nervous cases which appear to hover on the confines separating a morbid condition of mind from actual and pronounced insanity. In most of these cases it is a long time after the development of the early symptoms before the friends and family of the unfortunate patient can bring themselves to realize the gravity of the malady. What they require is some system of prevention which may arrest and ward off an impending derangement of the mental faculties. The patient requires rest and repose, the absence of all surroundings that can awaken or continue care and anxiety, and a judicious treatment both of the mind and of the physical health.

For persons in such a mental condition there should be sanitariums, or health resorts, where they would be subjected to such wise moral and physical discipline as would tend to promote their recovery. A separation from their family and friends frequently seems necessary to produce these results. Unfortunately, there seems to be but slight provision for such a class of cases.

Nothing can be more complex or unfathomable than the human mind. The moral treatment of the patient has more potency in promoting recovery than the administration of any drugs or medicines. The anxiety and solicitude of the family of the sufferer often appear to deprive them of the ability to deal with the exigencies of the case as well as comparative strangers might. Yet, when it fully appears that some important step should be taken, they feel the greatest repugnance to consigning the invalid to the walls of an insane asylum, especially when there is a reasonable doubt in their minds whether the person is really insane or not. It is for this very large class of cases that intermediate hospitals are required.

It is probably preferable that such hospitals should be maintained by and under the supervision of charitable corporations, under the wise management of competent and conscientious managers and trustees, although there can be no good reason why private individuals and specialists should not establish and maintain such retreats for those mentally affected.

Crowded asylums must certainly militate against the opportunities for recovery. The environments of the patient are bad. These massive structures, with their frowning walls and battlements, suggest to the unfortunate patient that he has been transferred from the freedom of his home to the desolate loneliness of the penitentiary. He is thrown in contact with the incurable and demented. Man is an imitative animal, whether his mind is clear and normal or diseased by hallucinations. There is certainly a contagion in being surrounded by persons indulging in every possible delusion. How much preferable, then, is the condition of the patient of doubtful mental state when sent for treatment to an institution which is exclusively devoted to the treatment of similar cases! Such a home now exists under the care of the Friends at Atlantic City, where pure air and cheerful surroundings have restored many persons suffering from nervous disorders to perfect health. Such institutions should be established either by the seaside or in the country, where the patients may have ample opportunity for exercise and recreation in the open air. They should only contain a limited number of patients, and should partake of the character rather of large families. There should be no gloom about such homes, no barriers or walls, no appearance of restraint—nothing, in fact, to impress gloom and melancholy upon the inmates, but all that is cheerful and bright, to allure them back, as it were, to mental health. There should be music and flowers, cheerful books, diverting amusements, together with a round of rational employments suited to the tastes of the different patients, which would tend to divert them from the melancholy suggestions of their own morbid thoughts. Above all, there should be intelligent management, and a recognition of the peculiarities and idiosyncrasies of each patient. The attendants should be persons of experience, cultivation, and refinement. They certainly would require the possession of some Christian fortitude to endure the vexatious exactions and irritating caprices of those they have in charge.

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* Read at a joint meeting of the Philadelphia Neurological Society and the Philadelphia Medical Jurisprudence Society, January 24, 1887.

It has been said by a recent writer that it is difficult to draw the line between actual insanity and some acute nervous disorders, and therefore many cases have been consigned to an asylum for treatment which are entirely out of place in its associations or under its care. Acute cases of insanity and hybrid types of nervous disorder can be treated and cured without the unpleasant remembrance of an asylum, and without the injurious results which sometimes follow the injudicious incarceration of sensitive patients.

It is this consideration which brings us to the conviction that there should be such intermediate hospitals as I have described. They would not interfere in any measure with the asylums now in existence. The care of incurable patients and the treatment of those who have not yet reached that stage should certainly be separated. How much more essential is it, then, that those of a doubtful mental state, where insanity is not well established, should receive treatment in intermediate hospitals.

The question now arises whether there is anything in the lunacy law of the State of Pennsylvania which prevents the existence of such intermediate hospitals; and if there is, whether it would be wise to make some new enactments covering such cases. The Act of Assembly of May 8, 1883, entitled "An Act Relative to the Supervision and Control of Hospitals or Houses in which the Insane are placed for Treatment or Detention," has worked a great revolution in the supervision of this class of persons in the State of Pennsylvania.

This law has been supplemented by the Rules and Regulations of the Committee on Lunacy, which have been ordained by the Board of Public Charities and received the consent of the Chief Justice of the Supreme Court and the Attorney-General, according to the provisions of the act. This act, with the rules before referred to, provides for the granting of licenses for asylums, the admission of patients, and the supervision of such institutions. The personal liberty of the citizen is protected from the possibility of the detention of a sane person, and the management of the asylum is under such supervision as to prevent the abuses which have heretofore crept into some institutions.

This law is a highly commendable one, and the existence of the Committee on Lunacy is one that assures the public mind that institutions for the care and treatment of those deprived of reason are under proper supervision and control. Institutions or individuals complying with the requirements of this act are protected from all judgments against them for the detention of any person, unless the judge, after trial and verdict, shall "certify that there was proof to his satisfaction that the party charged acted with gross negligence or corruptly, or that he acted without reasonable or proper cause, or was actuated by motives other than the good of the person restrained."

No person shall be received as a patient for treatment or for detention, into any house or place where more than one insane person is detained, or into any house or place where one or more insane persons are detained for compensation, without a certificate signed by at least two physicians, agreeably to the provisions of the act and rules heretofore mentioned.

Certainly nothing in this act provides that persons suffering from nervous diseases may not be treated in the intermediate hospitals; but if doubtful cases are so treated, the very doubt implies that receiving such patients for treatment may be an infraction of this law. Persons may voluntarily place themselves in asylums, and may be detained for the time they shall specify by an agreement signed by them at the time of ther admission, but not exceeding seven days, and they may from time to time renew the authority to detain them for a time not exceeding seven days from such renewal. No agreement shall be deemed to authorize the detention unless signed in the presence of some adult person attending as a friend of the person detained, in the presence of and also by the person in charge of the house, or the medical attendant.

Thus it seems that if there were an intermediate asylum unlicensed by the Committee on Lunacy, in which there happened to be two doubtful cases of persons who should prove to be insane, the maintaining of such a house would be in violation of the law. No person could be received for treatment in such a house unless they had the certificate of two physicians, as required by the act and rules.

A literal construction of the act would seem to imperil any managers or other persons who would establish an intermediate hospital for doubtful cases without the same rigid compliance with the law which is required of those keeping insane asylums. It is certainly worthy of the consideration of the medical profession and the Committee on Lunacy whether it would not be proper and expedient to secure some additional legislation to provide for hospitals of an intermediate character. One patient can be treated at home, or a physician could receive one such patient in his own house, but not more. It is doubtful whether it would not be ascertained on careful examination that any hospital provided for persons suffering from nervous disorders has at least two patients who are probably insane.

This subject does not appear to have received the consideration of the legislature when the act of 1883 was passed, and it is certainly worthy of discussion at the present time, which should be conducted in a calm and dispassionate manner, with the hope of a solution which shall be beneficial to patients suffering from nervous disorders which are likely to affect, if unrelieved, the soundness of the mind.

MEDICAL SOCIETIES.

JOINT MEETING OF THE PHILADELPHIA NEUROLOGICAL SOCIETY AND PHILADELPHIA MEDICAL JURISPRUDENCE SOCIETY.

(*Continued from page* 272.)

"I may say in quasi reply to my distinguished friend on the opposite side of the room, that the person whom he followed to the gallows was convicted as properly under the laws as it is possible for a man to be convicted. The man may have been insane—such a thing is possible; but I believe that he was as properly convicted as a man can be under our very imperfect system of trial. We cannot look into the heart; we can only judge of the heart by the actions. Eighteen months ago there was something like an array in this room of the two professions against each other upon this point, which should not be. They should work together in all these subjects, and endeavor to pull in perfect harmony towards the desired end, and not be placed in antagonistic positions.

"A word as to what the treatment should be after a patient is received. In addressing the eminent gentlemen here to-night, and the chairman, who is himself an expert of the highest order of merit, I wish to make some suggestions which have occurred to me some time since. I believe that there is a large class of the insane who have no homicidal or suicidal tendencies, who could be allowed a greater measure of liberty than they have at present under our imperfect system. I wholly agree with the suggestions of my friend, Mr. Clark. There are, undoubtedly, a large number of men who may be of sound mind so far as the ordinary affairs of life are concerned, and who yet may be hovering on the border-line, and for whom residence in a hospital for the insane may be the worst possible treatment. If they could be separated from contact with associations which may be irritatingly exciting, and yet not be consigned to a hospital for the insane, but to some intermediate place of treatment, I believe that it would be a great gain. It is said, and I believe on the very best authority, that in order that there may be a good chance of a cure, the disease must be taken in charge very early. The statistics with which we were favored to-night show that the cases treated within from three to six months of the access stand a vastly better chance of recovery than those taken after the first year. If the suggestions of Mr. Clark were carried out, I believe that they would do much good. I go so far as to say that I believe that, even in the case of the incurable insane, much of the restraint could be removed. The only dangers to be guarded against are danger of the individual to himself and danger to others. We should protect society, and we should protect the party against his own acts; but we are not required to go beyond this.

"These are the thoughts tossing through my mind after hearing the excellent papers that have been read. I am not a partisan or extremist on either side. So far as the law is concerned, I am willing to admit that it is a very rough instrument, and only approximates—and that very imperfectly—to the dispensation of justice in human affairs. Medicine is a science—at least it is an art based upon scientific requirements—and has a much higher field than the law. I believe that all these great improvements come quite as much from the medical profession, if not more so, than from any other quarter; and I am looking for further advance from the eminent men in that profession."

Dr. E. N. Brush: "The objection made by Dr. Wood that there seems to be no provision by which a person dangerous to himself and to society can be placed in an asylum, except by the action of the friends, would seem to be met by the requirements of the lunacy statutes of the State of New York, which provide that a justice of the court may, upon complaint, issue a warrant and summarily commit a person who is complained of by any one as being dangerous to himself or to others, upon taking proof as to his insanity. If his friends are not able to support him, the charges are collected from the county, otherwise his friends or estate must bear the expense.

"In regard to the accountability of physicians, I think that they are not anxious to shift any of the accountability which devolves upon them for careless or injudicious opinion; still the fact remains that there is nothing to prevent a lunatic discharged unrecovered from bringing action for damages, which, although unsuccessful, may put the physician to much expense in defending himself.

"I am happy to be so well supported in my plea for early treatment as I have been by Mr. Clark's paper. His suggestion for intermediate hospitals is in the line of early and prompt treatment.

"I see no reason, however, why the suggestions of Mr. Clark might not be applied to many of the asylums of this State. I am satisfied that there is no superintendent or physician connected with any asylum, if the cases were brought early, who would not be willing to place the patients in such a position that their recovery would be hastened and not retarded by unpleasant surroundings.

"At the hospital with which I have the honor of being connected, the Pennsylvania Hospital for the Insane, we every year treat a number of these incipient cases, who come and remain voluntarily, and who do not seem in any way disturbed by their surroundings; and we know of no legal objection to their remaining for indefinite periods, as long as no detention is exercised. As far as a patient's residence in an intermediate hospital is concerned, there must be some legal right to detain him there, in case he will not yield to the judgment of his friends or the physician, otherwise we are left in the same position as at present."

Dr. S. Weir Mitchell: "Eight or nine years ago, after returning from England, where I had been through many of the hospitals for convalescents attached to the great English hospitals in which patients of a doubtful mental state were placed, I went to the authorities of the Pennsylvania Hospital for the Insane and proposed, for myself and a lady of this city, to make a reasonably liberal gift for four years if they would start an institution of this kind. It was promptly rejected as not practicable. The offer was then made to the managers of the Friends' Asylum, but after consideration it was rejected. I am happy to learn that under the guidance of my friend, Dr. John C. Hall, better counsels have prevailed, and the first institution of this kind has been established near this city. I believe that there is a similar institution in New York State."

Dr. H. C. Wood: "I should like to say a word with reference to the remarks of my friend, Mr. Biddle, referring back to the old Taylor case. It seems impossible to get the legal mind to understand the position which I myself and, I believe, most of the medical gentlemen connected with that case took. I never said that under the laws of the State of Pennsylvania the criminal was not properly executed. I do believe that the laws of the State of Pennsylvania need alteration. The difficulty is that the legal gentleman who administers the law makes the law as it exists a part of himself, and then becomes a partisan of the law as it now exists. The legal profession come to believe that the law is perfect, and the moment any one dares to differ in that respect, that moment the elements of more or less partisan feeling make their appearance."

Dr. William L. Robinson: "There is one class of patients to which reference has not been made, and that is the criminal insane. I should like to know what disposition should be made of these people at the end of their sentence. If they are liberated, they are soon arrested for repeated crimes and returned to prison. We have already received this year at the penitentiary six insane people liberated in November last. The expense of the repeated trials of these people is great. There should be some method of disposing of them which would avoid this expense, and at the same time protect the community. Our asylums for the insane have not detained them when sent there. Will some of the chiefs of asylums present tell us of the influence of the criminal on other insane patients?"

Dr. John C. Hall: "I feel that I can speak somewhat experimentally, as the Friends' Asylum has tried this intermediate system of treatment, as Mr. Clark has termed it. Our house at Atlantic City has given good results. There are many cases that can be better treated in a small house than in the wards of a large hospital. There are many persons whose relatives would send them to such a house, and yet would not place them in a hospital, merely because of the prejudices which exist in reference to these institutions. I should be glad if some modification in the lunacy laws could be made to cover this particular point. This is, I think, a subject of vital importance."

Dr. Francis X. Dercum: "I think that the point raised by Dr. Wood has not been sufficiently dwelt upon—that is, in regard to the protection of the community against the insane who are not confined by their friends. A year ago I had an experience illustrating this very point. I was called in the middle of the night to a house in my neighborhood, where I found a woman in a state of acute mania. She had torn off all her clothing, and was engaged in a desperate struggle with her father and two sisters. The latter soon became terror-stricken. I alone was unable to control her, and we were obliged to call in assistance feom the street, and we had the unedifying spectacle of a strange man, a policeman, and a physician, in a struggle with a naked woman on the floor. The patient was finally quieted by the hypodermic use of sedatives. The next morning I called at the house with the object of arranging for her removal to an asylum. I was met with a prompt refusal. In my ignorance of the law I went to the police station and informed the sergeant of the facts of the case, and there the matter ended."

Dr. Charles K. Mills read a paper entitled

Suggestions as to Lunacy and Inebriate Laws.

DISCUSSION.

Dr. S. Weir Mitchell: "With reference to voluntary incarceration, I wish to say that I was one of the commission that framed the law of 1883. I made great efforts to have this period of one week changed. I desired that it should be made at the will of the person concerned, but limited to six months. I was, hower, unable to bring a majority of the commission to this view."

Dr. S. Preston Jones: "I have made some inquiry in reference to this law in Connecticut, but I do not find that it has been resorted to to any extent. At the Retreat at Hartford they have received only one patient in ten years, under its provisions. There is only one inebriate asylum in the State, and that is a private one. The law was amended two years ago, so as to permit a judge of probate to put the inebriate under the care of any reputable physician in the State. There is a law in this State providing for the care of the property of a drunkard, but it is rarely resorted to.

George W. Biddle, Esq.: "I wish to express my concurrence with Dr. Mitchell in regard to the desirability of extending the period for which a man may voluntarily commit himself. This is reasonable to the last degree. I should have gone a little further, and have said any time within one year, if the patient choose."

Dr. Charles K. Mills read a paper on "Confessions of the Insane," and related the case of a patient who confessed (about the same time that Wilson made his confession) to having murdered a man named Stahl, and to having thrown his mutilated body into Wissahickon Creek.

The next paper was entitled "Description of the Brain of John M. Wilson, Recently Hanged at Norristown, Pennsylvana," by Francis X. Dercum, M. D.

(*To be continued.*)

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated meeting February 9, 1887.

The President, J. Solis-Cohen, M. D., in the chair.

Dr. George W. Vogler read the report of

A Case of Suppurative Inflammation of the Liver in a Child Twelve Years of Age; Operation and Recovery.

M. C. S., a bright, precocious school-girl of rather delicate and frail build, dark-complexioned and tall, presented the following history:

On October 7, she first complained of intermittent pain immediately over the right hypochondriac region, corresponding to the right lobe of the liver, and at the same time began to favor the part by slightly bending forward and to the right side when standing or walking. She was still attending school, and kept up active exercise. There were, apparently, no other symptoms present—at least she complained of none. This state of things continued for about one week, the little patient continuing her school duties, although with much suffering and inconvenience. She now refrained from going down to recess with the other children. The pain became more severe, especially at night, producing great restlessness, and interfering with sleep. The stooped condition of the body was now permanent; walking was discontinued owing to pain; and some fever (at night particularly) also manifested itself, with marked impairment of appetite, coated tongue, thirst, cloudy urine, and constipation.

Both the mother and child, after several careful examinations of the part, found nothing to account for the trouble. In the meanwhile, a physician in attendance upon another member of the family was asked to look at the child. He examined her several times, but found nothing of note, and pronounced the case as probably a strain, or one of cold, for which he ordered a plaster, and some citrate of magnesia for febrile disturbance. The child continued to grow worse daily, and the same physician ordered a fly-blister to the affected part. It may be mentioned just here that the pain never shifted, but was always confined immediately over the area corresponding to the right lobe of the liver. Flaxseed and onion poultices were ordered to be applied by the medical gentleman upon noticing later a slight swelling over the seat of pain. Upon November 12, five weeks after the commencement of her illness, I assumed charge of the case. I found her bedfast, greatly reduced in flesh, with an anxious expression and suffering intensely. Her favorite position was a sort of sitting posture, with the body bent forward and to the right, and with the lower limbs flexed strongly upon the abdomen. The symptoms already described were very marked; also irregular attacks of chilliness or rigors; temperature was elevated every night; there was no cough, jaundice, or vomiting; there was, however, sallowness of the skin, and quite dark, turbid, and scanty urine.

Examination revealed a dark bluish swelling some three inches in diameter in the right hypochondriac region, bordered by the sixth rib above; the tenth below; the linea mammalis (a line extending perpendicularly downward from the right nipple), upon the inside; and the linea axillaris on the outside. The swelling was about three-quarters to one inch in height, and presented all the appearances to sight and touch of a carbuncular development. It was hard, firm, and quite painful to the touch. There was no fluctuation. My first object was to ease the child of her enforced or assumed cramped and painful position in bed by encouraging her to occupy a rocker, or, if possible, to step about the room a a little. She was put upon concentrated nourishment, stimulants, and medicinally, on syr. ferri iodidi, and bromides and chloral for the pain. The latter remedies had to be early replaced by opiates and quinine, owing to their inefficiency to combat suffering. Temporarily, I ordered an ointment applied every eight hours, composed of camphor, opium, ext. belladonnæ, comp. resin ointment, and cosmoline.

This plan of treatment was continued for five or six days, with the effect of markedly softening the swelling and causing it gradually to diminish in size, and the development of a central point of concentration just over the eighth intercostal space. I thought I detected fluctuation on palpation, but obtained nothing but blood on aspiration with the exploring needle.

At any rate the child seemed easier and more comfortable. Anodyne flaxseed poultices were now started, and on the 21st instant I prepared to operate, all the conditions seemingly pointing to the detention of deep-seated pus. Contrary to the usual custom, I determined to treat the case by free incision, the thorough evacuation of the pus (if any), and the prevention of reaccumulation by complete drainage by means of rubber tubing.

The little patient was thoroughly etherized, and, after selecting a favorite point by the aid of the exploring needle, a free opening was made, one inch or more in length, down through the eighth intercostal space, about one and a half inches to the right of the linea mammalis. Immediately a large quantity of pus flowed from the wound. The amount of pus I judged to have been at least eight fluid ounces.

At first the pus was "laudable," free from odor, but streaked or marked with biliary coloring matter; toward the end it assumed the very dark condition usually spoken of as "chocolate-colored pus," due to the presence of blood or disintegrated hepatic tissue. Gradual pressure over the hepatic area aided in its rapid and free evacuation; the bulging over the intercostal spaces disappeared, and for the first time the outlines of the ribs were readily recognized. A probe was now passed through the wound under the ninth rib, and it entered in an obliquely downward direction, to the extent of four inches, toward the linea alba, and three inches obliquely upward toward the sternum, in depth perpendicularly about two and a half inches.

A perforated rubber drainage tube doubled upon itself was introduced into the depth of the cavity, enabling free drainage; and the daily injection of carbolized oil (two to sixteen fluid ounces) through one end, and its escape through the other. Warm cataplasms were continued night and day. After some five days the tube was replaced by one of a smaller calibre, and entirely done away with the ninth day after the operation. A small piece of lint dipped in carbolized oil was used a few days longer, simply to keep the cut from closing and insure thorough healing from within outward. Finally, carbolized zinc ointment completely healed the wound by December 8th. Her improvement and rapid convalescence after the operation were wonderful. Internally she has been taking cod-liver oil emulsion with hypophosphites and syrup ferri iodidi.

December 12th, she was walking and playing about her room. Of course, the marked constitutional depression due to her serious ailment will, to a considerable extent, continue for some time to come, but there is at present no doubt of her entire recovery of good health.

Later, January 15, 1887, the child is well and fully recovered.

Remarks.—Let us notice briefly some of the very interesting features presented by this case. The first thought worth noting is the tender *age* of the patient, viz., twelve years. The statistics show this serious ailment to be unusually rare in children, being seldom seen under the age of twenty.

In seeking for the *cause* of the disease in this case, I am led to adopt one of a traumatic nature. Frerichs, Budd, Andral, Romis, Morehead, and others, in their collection of cases, show but a very small percentage due to external violence. Thus, Budd reports only 2 out of his 62 cases collected; Morehead, but 4 out of his extensive observations—318 in all. After the closest questioning, my little patient revealed no previous malarial, dysenteric, metastatic history, or any other inflammatory and ulcerative process in the gastro-intestinal canal, which are generally looked upon as the chief disturbing influences or causes of suppurative inflammation of the liver. Careful inquiry elicited the following history and probable cause:

About four days previous to the commencement of her symptoms, she assisted her aunt in carrying flower plants from the yard up to the fourth floor of the house. One of these plants was, owing to its weight, entirely beyond her strength; yet, after four efforts, she succeeded in landing it on the fourth floor. She described very vividly the pain caused by the pressure, and the weight sustained over the right hypochondriac region in her struggles to complete her task. As before said, the child is of a very spare build and delicate physically, and it is quite probable that this external violence originated her painful affection.

A few words as to the diagnosis, prognosis, and treatment. I found much difficulty for a time in arriving at a satisfactory conclusion as to the *diagnosis* of the disease, and was inclined for some days to believe the case one of an unusual carbuncular development, dependent upon a very badly run-down system, and having its starting-point in the mechanical violence or external contusion referred to above. Even the exploring needle failed me in establishing a positive conclusion. It was only quite definitely arrived at by doing as Frerichs so aptly puts it: "In most cases a correct diagnosis will only be arrived at by not relying upon individual symptoms, by taking a general view of the mode of origin and entire clinical history of the case, and, after excluding by comparison the diseases of the liver and of the neighboring parts, which may give rise to symptoms similar to those of hepatitis."

It is well understood that the prognosis is generally unfavorable in suppurative hepatitis. Frerichs says: "Suppurative hepatitis belongs to the class of severe maladies which imperil life, and which terminate in death far more frequently than in recovery." And this naturally leads to the consideration of the treatment. I candidly believe from the presence of the grave symptoms, that my patient would have died in a short time but for the prompt and energetic operation undertaken as soon as a reasonable conclusion could be arrived at concerning the diagnosis. Even when there is considerable doubt existing, and the condition of the patient is serious, careful exploratory incision could be made to determine the true nature of affairs. No danger can result from this when proper precautions are used. At any rate, the aspirator should be early used as a means of establishing diagnosis. Drs. Sims, Hammond, Jimney, of Mexico, and many others, have frequently punctured the liver without any bad results.* It has been demonstrated time and time again that the entrance of air into such a cavity through an incision is not necessarily attended by decomposing action and death, but, on the contrary, a complete evacuation is obtained, reaccumulation prevented, and the threatened death by exhaustion or blood-poisoning averted. Upon the other hand, imperfect removal of the pus by one or more aspirations or punctures, permitting more or less to remain behind, will, in addition to that constantly forming, undoubtedly keep up the constitutional disturbances, and, finally, produce a fatal issue by rupture or blood-poisoning, if the very rare act of absorption does not take place.

The case treated of in this paper happily illustrates the good results of free incision, perfect drainage per tube, and the rapid healing and antiseptic properties of carbolized oil. The method of gradually opening the abscess as recommended by Récamier, Begin, and others, by the separation of a slough through many applications of caustic potash or soda, is very slow in operation, painful, productive of loss of tissue, and if an opening into the pus cavity is finally established air must also surely enter. Again, many abscesses of the liver open spontaneously, and though air freely enters the cavity, the patients usually go on to rapid recovery. In fact, this latter mode of termination of the disease (spontaneous opening) is very much welcomed by the physician, and has eminent advocates. I should not think, after the excellent result obtained, of treating similar cases by any other plan than the one suggested. Lives are undoubtedly lost by the partial or imperfect method of the removal of foreign material by repeated aspirations or punctures, thereby necessarily keeping up the source of trouble which eventually must end in death. The early and prompt operation happily terminated my case in recovery in about fifty days, while Rouis, in his valuable and extensive statistics, shows the average duration of the disease in cases *not* operated upon, and which recovered by bursting either through the thoracic or abdominal walls, through the bronchi, colon, or stomach, to have been 140 days.

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* Since completing these remarks, I notice in the January 1st number of the Medical News, a report of a "Case of sudden death from the introduction of an aspirator needle," by Dr. Reeve, of Dayton, Ohio.

DISCUSSION.

Dr. C. N. Seltzer said: "I have seen three cases of abscess of the liver, and in these cases the symptomatology was somewhat different from that of the case described. I should think that an abscess of the liver holding eight ounces would produce more constitutional disturbance that was present in this case.

"The destruction of liver structure is usually greater, and the case, as a rule, requires a longer time for recovery. The three cases which I have seen all resulted fatally, and at the post-mortem the liver tissue was found to be very ragged, and hanging in shreds in the abscess cavity. In these cases the diagnosis was readily reached by a microscopical examination of the pus. The liver cells could be easily detected. That I think should have been the mode of determining whether the case were really one of hepatic abscess or not."

Dr. Joseph S. Neff said: "It is well known that pus from a hepatic abscess rarely contains liver débris, because most abscesses in this situation are surrounded by dense walls of pyogenic membrane. The cases to which Dr. Seltzer has referred, in which the liver substance projects in shreds into the abscess cavity, are cases of diffused abscess, which are very rare.

"In the circumscribed abscesses of the liver which I have seen, the tendency to point has been in a different direction from that in the case reported. I have seen only one case in which the abscess was opened through the abdominal walls. That was the case of a man in the Jefferson College Hospital. The abscess was tapped a number of times, but as the man was evidently sinking, it was decided to open it through the abdominal wall. One of the dangers of this operation is that pus may escape into the abdominal cavity. In performing this operation, some operators at the first sitting cut down to the peritoneum. In the course of twenty-four hours there will have been some local peritonitis with the formation of adhesions, and then the operation is completed. Dr. J. M. Barton operated in my case, and after cutting through the abdominal wall with a scalpel, a white-hot knife was used in order to avoid hemorrhage from the liver structure. After the liver had been penetrated to a short distance, the knife failed to act satisfactorily, and the operation was completed with a soft gum catheter.

"In the case reported, the cause of the affection and the youth of the patient are also points of considerable interest."

Dr. Seltzer said: "My remarks were based on the statement that this was an acute diffused hepatic abscess, and not one surrounded by pathogenic membrane."

Dr. Vogler said: "I have no doubt whatever as to the diagnosis of this case. The situation of the abscess, the fact that the pus was mixed with biliary matters, the fact that the finger could be introduced through the cut two inches under the ribs, and the very grave constitutional symptoms, were sufficient to indicate the seat of the disease. I unfortunately neglected to make microscopical examination of the pus. As Dr. Neff has said, it is not necessary that disintegrated hepatic structure shall be found, for many of these abscesses are localized. I thought that in all probability adhesion had formed between the abdominal wall and the liver, and in operating I experienced no trouble."

Dr. Joseph S. Neff read the report of

A Case of Perforating Ulcer of the Stomach, with Chronic Peritonitis.

Alfred Reed, colored, stevedore by occupation, forty-five years old, was admitted to the medical ward of the Philadelphia Hospital, December 12, 1886. The family history was indefinite; he had had the ordinary diseases of childhood; pleurisy when about nineteen; enteric fever a few years later; says he had relapsing fever about twenty years ago, since which time he has often had pains and stiffness in the joints, but not severe enough to prevent him working. During the last year he has had occasional attacks of indigestion, rarely accompanied by nausea and vomiting. Last spring he vomited blood; had sensations of burning heat in the stomach, and other evidences of indigestion, with extreme acidity of the stomach; there was very little pain until the latter part of July or the first of August, at which time it was confined to the abdomen (?), and was constant, but more marked after eating. From this time he vomited after almost every meal, and it was not long before he could retain only liquid food. At first the vomited matter was simply the undigested food, later small quantities of a slimy, watery fluid as well. From that time up to admission he vomited blood, dark in color, small in quantity, but once or twice.

Does not remember any sudden onset of pain, or any symptom pointing to perforation of the stomach, or acute peritonitis. His weight last winter was one hundred and ninety pounds, but at date of admission he was much emaciated, complaining of severe and constant pain over the upper portion of the abdomen, especially in left hypochondriac region, not being able to bear the slightest pressure. There was a small prominence, slightly firmer than the rest of the abdominal wall, situated below the margin of the ribs, one inch to the left of the median line, ovoid in shape, the horizontal diameter being three inches, the vertical diameter two inches in length. Over this area the percussion note was somewhat dulled—*i. e.*, on light superficial percussion; the motion of the diaphragm was not imparted to the mass. He referred to this point as the source of pain which radiated over the entire abdomen and through the back.

Physical examination showed the heart to be of normal size, first sound absent, second accentuated, more marked over aortic valve; no murmurs were heard; the temporal and radial arteries were firm and hard, not compressible, with no perceptible pulse in the wrists. A systolic bruit was heard posteriorly over the thoracic aorta.

The lungs were normal, but many mucous râles were audible in the bronchial tubes.

No increase in the liver or splenic dulness could be made out, as he could not bear any pressure below the diaphragm.

His general condition improved somewhat for a short time after admission; the pain, however, remained constant, and vomiting was of frequent occurrence.

He died of exhaustion on January 1, 1887. During the time he was under observation no change of note occurred. The temperature ranged from normal to 99.5°. He vomited blood once only, on December 15th, small in quantity, and dark in color. Paroxysmal spasm of the diaphragm commenced December 16th, and lasted with intermissions until death. A loud systolic murmur was detected on the 19th, with area of intensity over the apex. The urine remained normal throughout, and much reduced in quantity; specific gravity 1.032; reaction markedly acid, and of high color. No albumen or sugar.

The diagnosis was made of cancer of the pyloric end of the stomach with secondary peritonitis, induration with inflammatory infiltration, and adhesions between the diaphragm and the stomach.

Autopsy.—External Appearances. — Body much emaciated. Abdomen scaphoid.

Thorax.—Lungs were normal, except hyperæmia, and were firmly adherent to the diaphragm. No other pleural adhesions.

Heart.—Pericordial sac obliterated by adhesions. Left ventricle large, firmly contracted. Right ventricle small, and partly filled with a firm clot. Valves normal. Aorta shows marked chronic endarteritis throughout its whole thoracic portion, and extending to abdominal aorta. Left ventricle was small, wall thickened, red and firm.

Abdomen.—Peritoneal cavity contained a quantity of purulent (?) matter. Peritoneum inflamed, the coils of intestine extensively adherent to each other, and to the liver, spleen, stomach, and diaphragm. There was a sac formed at the hilus of the liver by adhesion of the duodenum with the gall-bladder and under-surface of the liver. This cavity contained purulent (?) fluid with thickened walls. The gall-bladder was flattened from pressure, and contained a small amount of thickened bile. The mesocolon showed inflammatory thickening. The upper surface of the liver was extensively adherent over the right lobe to the diaphragm. The left lobe was intimately connected with the stomach. There was a cavity formed by the anterior surface of the left lobe of the liver, the anterior surface of the pyloric end of the stomach with the diaphragm forming its roof. The right wall of the cavity was formed by the suspensory ligament of the liver, the anterior wall by adhesion of the liver and stomach, the left wall by adhesions between the diaphragm and the anterior wall of the stomach. The cavity was filled with a grumous material, its walls being indurated and inflamed. In the floor of the sac there was an opening a half inch in diameter through the anterior wall of the lesser curvature, about half way between the cardiac orifice and the pylorus, and a half inch to the left of the left edge of the left lobe of the liver. There was also another sac formed by adhesions between the diaphragm, spleen, and cardiac end of the stomach. This appeared to be a blind cavity, having no communication with the one just described, or the stomach; it contained a similarly looking thick grumous fluid.

Stomach.—Walls were greatly thickened, more marked at the lesser curvature. In the neighborhood of the perforation noted the wall was thinner, the orifice presenting a rounded edge. When opened, the mucous surface thoughout appeared greatly ridged and mammilated, general thickening being most marked at the pylorus. There was no indication of neoplasm.

Spleen.—Adherent throughout its whole surface, very small, firm, with dark red fibrous pulp.

Liver.—Right lobe large, the left being small. Flabby cut surface shows a slightly congested parenchyma.

Pancreas.—Normal.

Kidneys were firm, cyanosed, normal in size; capsule slightly adherent; some small cortical cysts; thinning of cortex, and interstitial thickening.

The point of interest clinically is in connection with the diagnosis from malignant disease.

The constant character of the pain, the persistency of the vomiting without remissions, the small amount and character of the hemorrhage, the gradual loss of flesh, with apparent cachexia, and the presence of a painful, non-fluctuating tumor, would warrant a diagnosis of cancer. I should mention, too, the presence of constipation as being of some value.

The circumscribed cavities noted were the result, evidently, of inflammation from the passage of the contents of the stomach into the peritoneal cavity, the secondary adhesions binding the organs together in such a form as completely to shut off the small cavity in the left side from any outlet, while the larger in the right side still had direct connection with the interior of the stomach. The cause of the immobility of the tumor upon deep inspiration was undoubtedly due to the fact of the diaphragm itself being thoroughly adherent to the chest-wall over a considerable extent of its surface, and therefore having very little play during the respiratory movements.

DISCUSSION.

Dr. Henry F. Formad said: "The case of Dr. Neff's is of great interest from the fact that the patient's life was considerably prolonged by the formation of a sac which retarded the development of peritonitis after the rupture of the ulcer. The case is also interesting from the fact that it occurred in a male. In some twenty-two cases of gastric ulcer in which I have made the post-mortem, in about seventeen the subjects were females. This agrees with the experience of others. Gastric ulcer is not a rare condition, but many cases are overlooked because physicians are in the habit of opening the stomach through the smaller curvature, and it is here that the ulcer is most frequently situated. In the majority of cases that I have seen, the death was sudden, being due to perforation. In some the death was apparently due to shock, the whole of the contents of the stomach having in many instances escaped into the peritoneal cavity. Death occurred before there was time for the establishment of inflammation. In some cases there was free hemorrhage, and in one case there was a complete blood-cast of the stomach.

"Some of the cases that I have seen have been in drunkards, some have been in hysterical women, and some in the insane. Three of my cases came from the Insane Department of the Philadelphia Hospital. Dr. Dercum informs me that he has met with several cases of gastric ulcer among the inmates of the Norristown Insane Asylum.

A Dog That Goes on a Toot.

There is a very funny dog in Chicago. He belongs to a saloon-keeper, and his most remarkable trait is his inordinate passion for strong drink. He loves his toddy, and he appears regularly at 7 o'clock each morning to have two fingers of forty-rod poured down his throat through a funnel. This dog often gets drunk, and the effect of the liquor on him is nearly like its effect on man. He dances around at first and gives forth incoherent and unaccountable yelps, but after a few more drinks his eyes lose their fire. He whines in a maudlin manner. His steps become unsteady. He is drunk. He goes to sleep behind the stove, and awakens with a throbbing brain to take an application of cracked ice, and to cool his fevered tongue with a cocktail, for all the world like a disreputable rounder.

EDITORIAL DEPARTMENT.

PERISCOPE.

Paroxysmal Tachycardia.

In a clinical lecture recently given at the General Hospital of Vienna, Professor Nothnagel directed the attention of the audience to a very rare and interesting case of "paroxysmal tachycardia, combined with failure in the heart." On the forenoon of October 6th, the patient, aged 36, was admitted into the hospital, the number of pulse-beats being at that time 120 in the minute. In the afternoon it was 144; on the next morning 90; during the following day 84 and 82; on October 9, morning, 82; in the afternoon, 138: on the morning of October 10, 178; at eleven o'clock the same day 170, and soon afterwards 182; on the morning of October 11, 84, at half-past ten o'clock 176, at four o'clock 132, at five o'clock, 144; the next morning at eight o'clock it was 176, at nine o'clock 144, at ten o'clock 146, at eleven o'clock 134, at mid-day 144, at four o'clock 168, in the evening 164; on October 13 it was 92 in the morning, at nine o'clock 88, and soon afterwards from 170 to 180. This acceleration of the pulsations lasted from half-past one till half-past three; at five o'clock the patient's pulse was 96. On October 14 it was 72; on the 15th 76, and so on, the number of pulsations being again normal. The temperature was normal throughout. The patient was seized with these paroxysmal attacks without any apparent cause, and they were very variable in duration. On one occasion the paroxysm lasted for two hours, another time about two days: the longest duration was from three to four days; the average duration was from one to one and a half days. The attacks occurred without any artificial stimulant whatever, such as coffee or tea, nor were they caused by any psychical irritation; they showed no gradual transition, but came on and ceased quite abruptly. The patient happened once to be seized with a paroxysm of 176 beats immediately after laying down a book, the contents of which had not interested him in the least. The attack was accompanied with a feeling of anxiety, but Professor Nothnagel emphasized the fact that this anxiety was not such as was mte with in angina pectoris. All the other characteristic symptoms of that affection were absent in the case in question. The attack disappeared quite suddenly, and the patient stated that he had then the feeling "as if something would fall away." The patient further stated that he "sometimes succeeded in suppressing the attack by a deep and prolonged inspiration, especially if he at the same time drank a glass of cold water." Professor Nothnagel told the patient to do this during an attack, and after the patient had swallowed half a glass, Professor Nothnagel was able to state that the number of the pulse-beats had decreased quite suddenly; he felt three slow and large beats, and soon afterwards the number of the beats was again about 180. Professor Nothnagel also made other experiments; he told the patient to swallow a spoonful of common salt; he compressed the crural nerve very strongly, and wound a thread around the upper extremity, but these manipulations produced no effect. The patient himself stated that the draught of cold water had not much to do with the cessation of the attack, but that it was chiefly due to the deep inspiration. Professor Nothnagel remarked that some cases of paroxysmal tachycardia were to be found recorded, but that paroxysmal tachycardia in cases of organic heart disease was very rare, and that he did not remember any similar case in medical literature. As to the explanation of this phenomenon, the lecturer said that of course there was no doubt that one had to do in such a case with a disturbance of innervation, but that the question as to what nerve-tracts were affected was very difficult to answer. As to the existence of an accelerator-nerve of the heart in the human species, this was still a matter of dispute. Only two nerve-systems could be taken into consideration in the case in question—the pneumogastric and the musculo-motor apparatus in the heart. It was conceivable that there might be some irritation of the cardiac musculo-motor apparatus in the substance of the heart itself; or again, there might be sudden paresis of the vagus. It was very difficult to decide which explanation was correct in this case, but according to the impression the lecturer had received from the observation of one of the attacks, he was rather inclined to the latter view. One might suggest that, in the same way that intermittent paralysis occurred in other motor nerves, such intermittent functional paralysis might also occur in the vagus. Professor Nothnagel thought it very probable that this hypothesis was correct. As to the fact that the patient could stop the attack by taking a deep breath, Professor Nothnagel pointed out that this feature of the case was very remarkable, inasmuch as the pulse was usually quickened by deep inspiration. He offered the following explanation of the anomaly. When a deep inspiration is made, the ends of the vagus in the parenchyma of the lungs are pulled and twisted. This produces an irritation of the sensitive ends of the vagus in the lungs, and, at the same time, a reflex retarding action on the vagus of the heart. The fact that artificial irritations, like swallowing common salt, compression of the upper extremity, faradization of the epigastrium, and so on, did not produce any effect, could not be looked upon as negativing this theory, as they might not have been sufficiently strong to act suddenly on the vagus. On the other hand, it was known that there were connections between the different fibres of the vagus. There were persons who complained of dyspnœa without suffering from any affection of the lungs or the heart. It was not rare that such individuals suffered from dyspeptic symptoms, and the lecturer had observed in a series of such cases that the dyspnœa disappeared when the digestion was rectified. Hence there existed connections between the vagus of the stomach and that of the lungs, and it was therefore very possible that retarding impulses were transmitted from the pulmonary to the cardiac vagus.

Hydatid Cyst of the Liver.

At a recent meeting of the Société Médicale des Hôpitaux, M. Guyot related the case of a military officer, aged twenty-four, who had a hydatid cyst of the liver. In September, 1885, the patient complained of excessive fatigue, and of severe pain in the lower part of the chest on the right side. He had complete loss of appetite, pain after taking food, profuse perspiration, with fever at intervals. Percussion revealed dullness in front of the nipple, extending to the edge of the false ribs. On auscultation, pleural friction was heard. There was no cough, nor expectoration: the tongue was very foul. M. Guyot diagnosed pleurisy, without effusion and gastro-intestinal disturbance. The symptoms persisted, and the pain (which was very severe in the fore part of the chest) extended to the right shoulder. M. Guyot believed that the case was one of hepatic congestion, and rejected the possibility of tuberculosis. M. Potain examined the patient, and diagnosed pulmonary tuberculosis. He recommended the baths and waters of Amélie les Bains. M. Garnier, of that place, entirely coincided with M. Potain's diagnosis, although he thought there was coëxisting congestion of the liver. After the patient had been on milk diet for three months, he appeared completely cured. He resumed his profession, but soon fell ill again. There was evidently hepatic congestion, and submucous *râles* could be heard in the chest. On returning to Paris, in May, 1886, M. Guyot found the same symptoms as in the previous year. The patient was examined by M. Hanot, who diagnosed diaphragmatic pleurisy, unaccompanied by any liver complaint; he advised a blister, and a course of treatment at Mont Dore. The patient's condition, however, became more and more alarming, and hypodermic injections of morphine were required to relieve the severe pain. Diarrhœa and nervous excitement came on, and the visit to Mont Dore was given up. On fresh examination, M. Millard suspected suppurating cyst of the liver, and advised puncture. In July, the patient was seized with attacks of vomiting, fœtid diarrhœa, and aversion to food. M. Guyot made two punctures, which gave issue to pus. Two days later, M. Duplay punctured with a large trocar, and drew off 800 grammes of pus mixed with blood. A few days afterwards two thick membranes, accompanied with blood, were passed in the stools of the patient, which M. Guyot considered to be the remains of the cyst. Microscopic examination revealed the presence of hooklets in the membranes. The condition of the patient became more and more alarming, and notwithstanding two transfusions of blood, injections of ether, and a large blister on the epigastric region to arrest the vomiting, which was incessant, the patient died in a few days. M. Guyot thought that if hydatid cyst of the liver had been diagnosed in May, laparotomy might then have saved the patient's life, though, as the cyst reached as far as the convex surface of the liver, the fatal issue was, perhaps, inevitable.

At the same meeting M. Ollivier referred to the case of an officer from Tonquin affected with hæmoptysis, night-sweating, and diarrhœa. On examination, there were no signs of pulmonary disease, but the liver was enlarged to a third more than its natural size. On examining the sputa, M. Ollivier detected the presence of hooklets. It was clear that there was hydatid cyst of the liver opening into the lung. The patient would not allow the cyst to be punctured, and died.

Gelle on the Sensibility of the Tympanum on Receiving the Direction of Sound.

When a sound strikes the ear, it is referred to that part of the horizon towards which the organ is directed at the moment of the most intense sensation. The knowledge of the fact that the sound-producing body is outside us, and the notion of the direction in which it lies, are thus acquired at one and the same time. How is the result obtained? The knowledge as to the side from which the sound comes is furnished by the fact of our hearing it on the right or on the left, and also by the consciousness of the muscular effort required to perceive it. It is necessary, however, that this effort should itself be guided; and this is brought about by the sensibility to sound of the skin of the concha, the side of the neck, and the face. This, at least, is the opinion of distinguished physiologists like Weber, Schneider, and Voltolini. Hartmann and others attribute the perception of exteriority to the sensibility of the tympanum alone. The cutaneous surface of this organ being struck by the sound wave gives rise to the sensation indicating its source and direction. This theory has never been contested; but the effort to perceive the direction of sound is probably better explained by the consciousness of the movements of the head and of the body in seeking for its maximum intensity. Dr. Gellé purposely omits examining the part which the concha plays as a screen in this effort, as this has already been well demonstrated by Küss and Duval; but he has been able to solve the remaining problems on this subject through observations on two patients in M. Charcot's wards. The first was a man, affected with general anæsthesia of the skin, with trembling and want of equilibrium, but whose intellect, as well as his sight and hearing, remained intact. Anæsthesia was so complete on both sides that a piece of ice placed in the hollow of the ear produced no sensation whatever; the organ remained likewise insensible to ether spray, and to the infliction of deep wounds with the point of a needle. Both tympana were touched with a needle, the effect being observed through a mirror and speculum. It was found that the membrane might be touched and pricked without the patient's having the least sensation either of pain or of contact. The patient's hearing was good, and he replied perfectly well to questions, whether he was spoken to from before or from behind. Placing himself behind the patient, M. Gélle directed him to close his eyes, and then held a watch within a few inches of his right, and then of his left ear. The tick was distinctly heard by the patient, but when asked on which side, he was unable to say with his eyes closed. The experiment was repeated, always with the same result. Hence, M. Gellé concludes that the sensibility of the tympanum plays an important part in the effort to perceive the direction of sound. He pursued his inquiries upon several other patients affected with general anæsthesia, and found that in all those who could distinguish the side on which the watch was placed, the tympanum retained its sensibility. It is evident, therefore, that the tympanum is sensitive to the vibrating sound-waves, and this sensibility gives us the notion of exteriority and of the direction of the sound.

The Treatment of Compound Depressed Fracture of the Skull,

Dr. Philip E. Muskett has published, in the *Australian Medical Gazette*, October 15, 1886, a paper on the "Claims of the Immediate Operation in Compound Depressed Fracture of the Skull." The author advocates early operative interference in such cases, and, to support his views, refers to a previous report of seven recoveries in thirteen cases under the care of the Honorary Surgical Staff at the Sydney Hospital during a period of fourteen months, and gives in this paper an analysis of twelve more successful cases of compound depressed fracture of the skull treated by operation. With regard to the indications and objects of such treatment, Dr. Muskett seems to hold views similar to those that have lately been expressed by Dr. Wagner, of Königshutte, who is of opinion that the trephine should be used not so much for relieving or preventing compression as for guarding the patient against septic inflammation. Dr. Muskett gives the following as the after-results to be feared in cases of compound fracture of the skull, if the depressed fragments are not elevated or removed, and perfect drainage insured:

1. Septic meningitis setting in on the second or third day after the injury.
2. A spreading encephalitis, perhaps running on to suppuration, with extensive destruction of the cerebral tissue.
3. If the dangers of acute inflammation have passed off, death may result from softening around the injured part.
4. Subacute encephalitis, which may follow even at a remote period.
5. The irritation of the splinters from the inner table may eventually cause chronic meningitis, terminating in suppuration.

6. The same condition may induce traumatic epilepsy.

In supporting the practice of early surgical interference without waiting till symptoms of compression declare themselves, Dr. Muskett suggests that, if such were not the rule, the time for operation would pass by in too many cases; for it cannot be too strongly insisted upon that the removal of depressed fragments is essentially a procedure for preventing the development of inflammation in the membranes of the brain. In answer to the objection of trephining being a grave operation, Dr. Muskett holds that the application of the trephine, or, what is more preferable, of Hey's saw, is not dangerous in comparison with the risk incurred of leaving osseous splinters imbedded in the dura mater; and, in proof of the encouraging results of such operative intervention, refers to the records of cases that have been treated by himself and his colleagues at the Sydney Hospital.

Reproduction of the Syphilitic Virus.

Professor Neumann made at the last meeting of the Imperial Society of Physicians of Vienna an interesting communication, which is a very important contribution to the doctrine of syphilis. In a paper which he read on the Different Centres of Reproduction of the Syphilitic Virus, he first discussed the opinions of Virchow and Baerensprung as to the anatomical changes which were to be found in parts of the skin and mucous membrane of individuals who had been affected with syphilis. The speaker then communicated the results of his own researches, and said that, after all clinical symptoms of the syphilitic affection had disappeared, he nevertheless met with numerous exudation-cells of a round and spindle-shaped form in the skin and mucous membrane. These cells, which were very infectious in the recent stage of syphilis, augmented and proliferated very quickly. In the recent stage they could infect healthy individuals if these were deprived of the epidermis. As to the tertiary stage of syphilis, the exudation-cells grew and augmented much more slowly, were less infectious, irritated the neighboring tissue to inflammation in a less degree, and did not spread on other localities when proliferating and augmenting. In a later stage they inclined towards the formation of connective tissue and hypertrophy, and at last underwent a caseous and destructive process. Hence these exudation-cells were always present in the skin and mucous membrane during the latent state of syphilis, and continually formed a source of danger for the health of the individual. The patients in whom the clinical symptoms of syphilis had already disappeared were, therefore, by no means to be looked upon as cured. Antisyphilitic treatment should be continued; but as the ordinary remedies like mercury, iodide, and their preparations, when continued for a long time, seriously affect nutrition, the therapeutical task became very difficult. The speaker illustrated his opinion by some cases which had come under his notice. Among other specimens, Professor Neumann examined the tissue of the cutis of that part of the perineum on which swellings and moist papules were so often observed, taken from individuals who had suffered from syphilis a year before. Though this part did not show any abnormal change externally, he found considerable changes in the microscopical examination. The tissue of the cutis was infiltrated with round cells, the vessels dilated, their endothelial cells as well as their nuclei enlarged; in the adventitia and the perivascular tissues there was a great number of granulation-cells; moreover, there were numerous transverse sections of lymphatic vessels. Another interesting case reported by Professor Neumann was that of a person who had been affected two years ago with a maculous syphilide, psoriasis, and papules on the lips, and who had been treated at the speaker's *clinique*. Microscopic examination of the mucous membrane of the lower lip of the individual in question, though outwardly normal, showed, in the subpapillary layer, crowded vegetations of round cells and enlarged papillæ.

Loss of the Knee-Phenomenon in Diabetes.

Professor Bouchard recently drew attention to the loss of the knee-phenomena, as an important element in the diagnosis of diabetes. In a recent article in the *Revue de Médecine*, MM. Marie and Guinon gave the results of fresh observations, which confirm the importance of this symptom. They also point out how it may, in certain cases, lead to error. Among the diseases in which the loss of reflex movement is most frequently met with is tabes. If a patient presents the following symptoms—abolition of reflex movement, lightning pains, slight staggering when the eyes are closed, gradual loss of sight, difficulty in micturition, diminution of sexual power—the evidence points to the existence of tabes. If, however, there be sugar in the urine, all these symptoms may safely be attributed to diabetes. It is to such cases that the term pseudo-tabes in diabetes has been given. MM. Marie and Guinon having for a long time sought in vain to find sugar in the urine of patients suffering from locomotor ataxy in M. Charcot's ward, conclude that the phenomenon is sufficiently rare in tabes to warrant the diagnosis of diabetes in all cases where sugar in the urine is found in connection with the above symptoms. It may be remarked that the degree to which the movement is abolished fluctuates with the severity of the disease itself. Aggravation of the malady is followed by loss of the movement, whereas improvement, whether from treatment or otherwise, causes it to reappear. The disappearance of the phenomenon does not indicate a special form of diabetes, and cannot be made the basis for a nervous theory of this disease. It simply shows that the affection has entered on a new phase, being no longer a balance between the incomings and outgoings of the system; the patient is subject to all the terrible complications of diabetes, which are the most frequent causes of death in diseases of this kind. As regards the prognostic value of the symptom which M. Bouchard has indicated, nothing can be more convincing than the following carefully collected statistics: Out of a first series of 66 patients, 47 retained the power of reflex movement, while 19 had lost it. Of these 47 cases, 2, or 4.25 per cent., were fatal. Of the 19 who had lost the power, 6, or 30.3 per cent., were fatal. In another series of 111 patients, 70 possessed the power of reflex movement, and 41 have lost it; of the 70 cases, 5, or 7.14 per cent., proved fatal, while of the 41 cases in which the power had disappeared, 7, or 14.63 per cent., were fatal. That is to say, the mortality in the cases in which the power of reflex movement had disappeared was more than double that in the others.

A Successful Treatment of Acne.

Dr. John T. Metcalf thus writes in the *Boston M. and S. Jour.*:

Judging from my own experience, I do not think the ease with which acne, whether of the sebaceous, pustular, or papulous form, is curable by external means, is generally very gratifying to patient and practitioner. For the last seven years I have not failed in a single instance to cure the ten or twelve cases which have come under my observation.

Some have been of long standing and of great severity. The last very bad one was facial, and so disfigured the doctor to whom the face belonged, that he only went into society with the greatest reluctance. When I told him that I felt sure he could be greatly benefited, and that I thought he could be cured, he said he had given up all hope of amendment, and had made up his mind to practice philosophy in accepting the inevitable.

I met my confrère a week ago, and actually failed to recognize him at first, so entirely was his face free from the disfiguring acne.

I was led to employ chrysophanic acid in these cases, by reason of learning what it had effected when used as an ointment in treating chronic psoriasis. My habit is to begin with an ointment made of three grains of the acid to an ounce of vaseline. The face is well washed with soap and dried, at night. Before going to bed, the parts in which acne exists are well rubbed with the ointment, and this is repeated every night, until a sharp dermatitis with scarlet skin is produced. Innunction then ceases, until disappearance of the artificial inflammation of the skin, when a repetition of the ointment is made, under conditions above stated.

Is Tetanus Contagious?

At the Société de Chirurgie, an interesting paper, as we learn from the *Lancet*, followed by discussion, was read by M. Larger, which seemed to show clearly that there were good grounds for believing in the contagiousness of tetanus. Four patients who had been treated in the Colmar Hospital, were seized with tetanus at different intervals, and all died. The nature and severity of the wounds varied in each case from an amputation to a simple incised wound. The only thing common to them all was that the cases had all occupied contiguous beds. Tetanus is rare at Colmar. None of the patients had had anything to do with horses. A veterinary surgeon, M. Cagnat, had practiced castration on horses for twenty-five years without a single case of tetanus. At the end of 1884, he removed with an écraseur a tumor of the testicle in a horse; the animal died of tetanus. Operations for castration practiced with the same écraseur on five horses afterwards, were followed by tetanus and death in all the animals. The écraseur was then submitted to disinfection by being heated to a high temperature. The instrument was afterwards used for fresh castrations, and without tetanus resulting in any of the animals operated on.

Soft Chancre in the Middle Ear.

Dr. Guranowski, a Polish physician, relates (*Vratch*, No. 28, 1886,) the case of a woman with phagedenic chancre of the genitals, who, when snuffing tobacco, transmitted the virus to the nasal mucous membrane. Several small ulcers, with profuse offensive discharge, appeared on the nasal septum and inferior turbinated bones. In the course of time the chancrous matter penetrated from the nasal cavity through the Eustachian tube into the middle ear, and gave rise to acute purulent inflammation of the part, with pain, deafness, and subsequent perforation of the tympanic membrane. Profuse otorrhœa followed, and the external auditory meatus became also ulcerated. The patient was treated by introducing iodoform powder into the meatus and nasal cavity, and by irrigation with warm water through a catheter introduced into the Eustachian tube. In four weeks hearing was restored, and the patient improved generally. Dr. Guranowski especially draws attention to the irrigation of the middle ear, which procedure gave in his hands excellent results, even in such cases where trepanation of the mastoid process seemed to be the only means for saving the patient's life.

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REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——The *Southwestern Medical Gazette*, Vol. I, No. 1 (January, 1887), is on our table. It is a monthly, $1.00 a year, and has for editors Drs. M. F. Coomes and J. B. Marvin. It is published at Louisville, Ky.

——In a recent reprint, Dr. Orpheus Everts sets forth several common errors in relation to insanity.

——In a report on rhinology, especially the treatment of naso-pharyngeal catarrh, Dr. J. A. Stucky states as follows the three indications, or objects, of the local treatment of diseases of the nasal and pharyngeal cavities:

First, non-irritation.

Second, thorough cleansing of the diseased surface, with sufficient force to remove the morbid secretion.

Third, medication and protection of diseased tissue, without irritation of healthy tissue.

——Two short essays by Dr. Ephraim Cutter appear in one volume, issued by W. A. Kellogg, 9 West 29th St., New York city. The first essay is entitled "The Therapeutical Drinking of Hot Water, its Origin and Use." The second is called "Origin of the Salisbury Plans of Diet in Chronic Diseases, with directions for preparing Beef Pulp." They are instructive to those who would look up these therapeutic devices.

BOOK NOTICES.

Diseases of Women; a Hand-Book for Physicians and Students. By Dr. F. Winckel, etc. Authorized Translation by J. H. Williamson, M. D., with an Introduction by Theophilus Parvin, M. D. Cloth, 8vo., pp. 674. Price, $3.00. Philadelphia. P. Blakiston, Son & Co., 1887.

The name of Winckel is one long familiar to the students of current gynecological literature, and the works of this celebrated teacher have always been popular in Germany. His teaching is practical and his style is direct. Dr. Parvin's suggestion, therefore, that his volume on the diseases of women be presented in an English rendering to the American public, was a good one.

The author's arrangement of his topic is the anatomical one. He begins with the anomalies and diseases of the vulva, proceeding next to those of the vagina, and following with those of the uterus, the fallopian tubes, the ovaries, the pelvic ligaments, and the breasts. In the discussion of them all, he manifests a wide clinical observation, with a markedly conservative tendency. This latter seems to please Dr. Parvin especially, and he takes occasion to emphasize it in his introduction—quite too decidedly, a great many gynecologists will think.

The translation is easy and flowing, and the text is very clearly printed and embellished with a large number of illustrations.

Transactions of the Academy of Medicine in Ireland. Vol. IV. Edited by William Thomson, F. R. C. S. 1 Vol., cloth, 8vo., pp. 463. Dublin, Fannin & Co., 1886.

The volumes issued by the Irish Academy present a valuable series of original papers, carefully prepared and handsomely printed. The contributions are arranged under sections representing medicine, surgery, obstetrics, pathology, state medicine, anatomy, and physiology. Each contains papers well worthy the study of those interested in the progress of these branches.

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THE PROGRESS OF THE CHOLERA.

We cannot but look with anxiety as spring approaches on the advances of the cholera. It has already secured a foothold on this continent in its southern member, and according to recent advices has crossed the chain of the Andes to appear in the fertile western watershed of Chili, from whose chief seaport, Valparaiso, it may easily be conveyed all along the shore of South America. The active commerce which is in operation conveying the products of the fields and mines of Chili to other shores is a favorable means of spreading the epidemic.

On the east coast Uruguay and the Argentine Republic are affected, the disease having commenced at the important ports of Montevideo and Buenos Ayres. Inland there has been a somewhat wide diffusion into the centre of the Argentine Republic and also as far north as Paraguay. At Montevideo the increase which is taking place is considerable. On the western coast of the continent the disease appears so far to be limited to Santiago. The first spread of cholera to South America is believed to have taken place in connection with a very considerable emigration of Italians to the district of the River Platte; but it is not easy to determine which locality became first affected. The attitude of the several governments concerned is thoroughly characteristic of nations wedded to the quarantine system. Each one begins by denying or minimizing the news as to cholera, and then when all are alike infected they set up a rigid system of quarantine between themselves.

In Europe we do not hear of any cases in France or Italy. During February, however, there was a limited outbreak in northern Bosnia in various villages along the river Save. In fact, there are sufficient threatenings to incite the health officers of our cities to a careful supervision of the sanitary condition of our centers of population.

TRADE JOURNALS, DISGUISED AND UNDISGUISED.

A new, cheap, and effective plan of advertising has lately been discovered, and liberally applied to and upon the medical profession. It is a most admirable plan for the advertiser, because the public to which he addresses himself is quietly hoodwinked into paying for the advertisement!

The simple method to which we refer is for a firm which manufactures some medicinal or dietetic preparation, suddenly to discover a "long-felt want" of the profession for a new journal, and forthwith to supply the want by establishing a periodical.

The peculiarities of such periodicals is that in the most innocent and casual manner they are always introducing some complimentary allusion to the articles manufactured by the firm which puts up the cash; and never by any chance is anything admitted criticising those articles, or in praise of a competitor.

These journals are usually put at a low price, fifty cents or a dollar a year, and always contain a certain amount of really excellent matter borrowed from other journals or bought by the proprietors. This portion is the make-weight for the concealed advertising, which is liberally and artfully scattered through the pages.

There are dozens of such journals in the United States, for which physicians pay the cost, and which in truth are nothing more than advertising sheets, and their claims to an independent scientific position are preposterous and absurd. One is before us now, which on the title-page professes to be "devoted to investigations into the pathology and physiology of digestion, and the relations of regimen to practical medicine." In reality it is devoted to the advertising of somebody's malt extract, and anybody who sends in a contribution reflecting on that extract would soon learn how much or how little such investigations are accepted in the spirit of science.

All such publications sail under the banner of false pretense; they are dishonest in spirit, and if rightly understood reflect discredit on the house which supports them. Open advocacy is one thing: disguised advertising under the simulation of scientific investigation is another and much less creditable thing. We warn readers against this commercial trick.

PRACTICAL ITEMS.

Dr. Wol-ing, who is looked upon in Germany as an eminently practical physician, and whose advice has always been found to be based on truthful and correct observations, communicates at times to the medical journals the result of his experience. In the *Allg. Med. Crl. Zeit.*, December 25, 1886, he reports the following:

He found the hæmostatic action of hydrastis canadensis very prompt in cases of uterine fibro-myoma. In three cases of his, retro-formation and cessation of all bleeding followed the administration of this remedy. On account of its disagreeable taste he prefers to give the drug in the form of pills.

℞. Ext. hydrast. canadens. sicci, ʒiss.
Ext. secal. cornuti,
Ferri reducti, āā gr. xlv.
M. Ft. pil. No. cxx.

Sig.—Every three or four hours from two to five pills, according to the urgency and severity of the hemorrhage. The dry extract (ʒiss) is prepared from five drachms fluid extract.

In the hemorrhagic form of endometritis this remedy also proved of great service, while in gastric and pulmonary bleedings—in hæmatemesis and in hæmoptysis—a tablespoonful of ol. terebinthinæ had a more rapid and prompt effect.

W. administers butylchloral in neuralgia of the fifth nerve. One drachm of the remedy is made into forty pills, and two of these are given every hour until the pain has ceased. In cases where this treatment had no effect, the following usually brought about the desired result:

℞. Sod. salicyl., ʒiiss.
Pastæ guaran., gr. lxxv.

M. S.—Half a teaspoonful in coffee every three hours.

This combination can be specially recommended when the neuralgia occurs in persons with a rheumatic tendency.

In most cases from one-sixth to a half grain of morphia—the latter dose only when previous observations in the same individual have demonstrated its safety—hypodermically administered somewhere over the chest, must still be considered the most efficacious remedy in cases of nervous asthma, not as a cure, but for the purpose of giving prompt relief of the dyspnœa. Of late, W. has found that the subcutaneous injection of a little less than one grain (0.05) of cocaine in some cases of nervous asthma is as reliable and effective as the morphia.

THE KNEE PHENOMENON IN LOCOMOTOR ATAXIA.

During the last few years physicians have been in the habit of considering the absence of the patella-reflex as an important diagnostic sign in sclerosis of the posterior columns of the spinal cord, so that when the group of symptoms present admitted a doubt regarding the correctness of the diagnosis of tabes, the absence of the knee-phenomenon generally decided the question in favor of the latter disease.

L. Hirt (*Berl. Klin. Woch.*, 1886, No. 10,) reports three cases of locomotor ataxia, where the patella-reflex was present in undiminished vigor, and one other case where the same symptom was preserved on one side, while on the other it had disappeared for a year and a half. In the first case, where an autopsy was made, the posterior columns showed the characteristic appearance of sclerosis, macroscopically as well as microscopically. H. believes, in explanation of the peculiarities reported, that the anatomical seat of the patella-reflex, *i. e.*, that part of the cord where this symptom originates, may easily escape the otherwise general sclerotic process of the posterior columns of the cord, just as in some persons there is an absence of all shooting pains, because the posterior roots of spinal nerves are not involved in the morbid lesion, and as also demonstrated by the fact that we have paresis of the sphincter vesicæ in some, and a normal condition of the same muscle in other cases of tabes.

ANGINA PECTORIS.

Angina pectoris happily is a rare disease. There are various neuralgias, often closely resembling this terrible complaint, but they are not accompanied by the decided disturbances of circulation which characterize attacks of true angina pectoris. It is probably due to the rarity of the malady that there still remains some doubt concerning its etiology.

Text-books nowadays teach that whenever the symptoms of angina pectoris accompany any organic lesion, the disease is not angina pectoris. But observations accumulate more and more which prove that true angina pectoris is caused by ossification of the coronary arteries. In the *Aertzl. Int. Bl.*, 1887, No. 1, Dr. J. Wille again reports two cases of this disease, both in favor of the view that ossification of the coronary arteries is responsible for the peculiar attacks of angina pectoris. The autopsy of the first case demonstrated sclerosis of the right arteria coronaria; the second patient possessed only one coronary artery—on the left side—and this was ossified in a high degree. When in consequence of some other accidental circumstances the blood-current in the ossified artery becomes still more impeded, perhaps completely interrupted for the time being, the patient suffering from this condition has the sensation of impending death; a feeling, though, also occurring in some other maladies, which seems to be specially severe in angina. The action of nitrite of amyl would thus find its explanation; and if ossification of the coronary arteries always gives rise to the angina, we cannot be surprised at the uniform fatality of the disease.

NOTES AND COMMENTS.

Black Tongue.

Dr. R. Balfour Graham thus writes in the *Brit. Med. Jour.*, January 8:

In the *Journal* of October 2 there is an account of a case of the above, and I am desirous to call attention to one that came under my notice about two years ago, while I was assistant to Dr. Lyall, with whose kind permission I publish it. The patient was a rather neurotic woman, about 37 years of age, whose nervousness was, no doubt, added to by a complication of diseases, comprising caries of the dorsal vertebræ, chronic rheumatic arthritis, and chronic Bright's disease; she also had recurrent attacks of an erysipelatous nature on her face, legs, and hands. Her tongue presented over fully half the dorsum a blackness for which I can find no better simile than the appearance of the surface of a dog's nose. The tip and edges were almost free from blackness, as also most of the circumvallate papillæ at the base. To the touch the tongue was hard, but fairly moist. The patient told me that the blackness began with her other ailments, about twelve years ago, and was caused by the administration of large quantities of mercury by the doctor who attended her; that drug was also, she believed, the cause of her losing all her teeth. The latter statement was probably correct. The only remedy that seemed to give the patient any satisfaction (for she claimed to be as good a judge of her condition as any doctor) was a simple stomachic powder containing pulv. rhei five grains, sodæ bicarb. ten grains, and calomel two grains. She said that it was the only powder that ever produced a "moisture" on her skin, which was generally dry and furfuraceous, but its effect on the tongue was not observable. Lotions seemed to have no effect, and scraping simply irritated the mucous membrane. In this case, unlike that recorded by Dr. Stocker, the discoloration never altered in character, and remains unchanged to this day.

Poisoning by Aconite and Belladonna: Treatment by Apomorphine.

On October 8, about 3 a.m., a message came to Dr. W. E. Bradley (*Brit. Med. Jour.*) that J. N., a married man, residing within forty yards of his office, had taken by mistake a dose of liniment, which consisted of equal parts of lin. aconite and lin. belladonnæ. His assistant and himself hastened as quickly as possible to his assistance, when they found him lying across the bed in a state of semi-consciousness. He had not vomited, and was just able with difficulty to drink a small cup of strong coffee before their arrival, but he lapsed almost immediately into a state of unconsciousness. They injected into the arm one-tenth of a grain of apomorphine, and vomiting commenced at once, and continued until his stomach seemed entirely emptied. The pulse soon commenced to beat feebly and irregularly, the extremities became cold, breathing difficult, a cold clammy sweat covered the body, the face became blanched, and the pupils greatly dilated. He had no power of swallowing, so they injected thirty minims of ether, but this had no perceptible influence on the pulse; and, in consequence, a further sixty minims were injected, which caused the heart to beat a little more powerfully. In about half an hour the pulse weakened to such an extent that it could not be felt at the wrist, and the breathing became almost imperceptible. They injected ether to the extent of 120 minims, and this, together with the ininterrupted current over the vagus and vigorous rubbing of the extremities, set the heart beating a little more vigorously. The beat of the heart gradually increased in strength; the extremities, in about three hours, became warm; in five to six hours the surface of the body became slightly sensitive, and he was able to swallow a small quantity of brandy and water. The patient suffered afterwards from a slight attack of inflammation of the left lung, but has now entirely recovered.

The amount of liniment taken in this case (according to the patient's own statement) was about an ounce. His recovery was owing to the fact that they were able to be with him under ten minutes after the poison had been taken, and the quick action of the apomorphine injected.

Glycosuria in Nervous Diseases.

In multiple sclerosis, locomotor ataxia, and in some other affections of the central nervous system, the progress of the disease may be recognized by the presence of sugar in the urine; for the moment glycosuria makes its appearance it would be the most direct evidence of the lesion having reached that part of the floor of the fourth ventricle whose irritation gives rise to the excretion of sugar by the kidneys.

Dr. Edwards (*Revue de Méd.*, 1887, No. 2,) reports an interesting case of that kind: I. M., aged thirty-one, was admitted into the Salpetrière, June, 1886, with the characteristic symptoms of multiple sclerosis. Nine years previously he had suffered from right hemiplegia and aphasia. These latter symptoms soon left him, only to give way two years later to paresis of both extremities. Since that time the paresis gradually increased in severity.

During the further course of the malady some other paralyses appeared; one time the palsy attacked one arm, then again one-half of the body; then aphasia returned. The knee-phenomenon was increased. Intention-tremor and nystagmus were present. In August he was seized with acute hallucinations, which, however, passed off again.

Finally, in November, polyuria, with sugar (180 grms. sugar within twenty-four hours—about 4½ oz.), showed itself, and a short time after, the patient died. The appearance of sugar in these cases always is a bad omen, and invariably denotes a fatal case. It is a symptom present only in the last stages, especially if sugar is abundant.

The Rush Monument.

It would be a worthy testimonial to an eminent member of our profession to erect a monument in Washington to the distinguished Dr. Benjamin Rush, of Pennsylvania, whose active honorable life was crowned by his heroic death on the 19th of April, 1813, in the sixty-eighth year of his age, when, while trying to save other lives, he fell like a soldier on the battle field, a victim of the prevailing epidemic of typhus.

Seventy years ago it was written of him: "Considered in relation to the entire composition of his character—as a practitioner, a teacher, a philosopher, and a writer—Dr. Rush must be acknowledged to have been the most distinguished physician America has produced;" and a later author has said: "The loss of no individual of this country, excepting Washington and Franklin, has been lamented with more universal and pathetic demonstrations of sorrow. As a physician, he has left upon the age in which he lived the impress of his character and genius; in the minds of his countrymen he holds an undisputed preëminence; and amongst foreign nations it is acknowledged that the fame of Sydenham has been rivaled by that of Rush."

The committee to whom has been intrusted the execution of this great work are happy to state that it has met with unqualified approbation from every part of the country, and they accordingly announce that they are now ready to receive subscriptions and donations. Dr. Joseph M. Toner, Washington, D. C., is general treasurer, and for Pennsylvania Dr. J. H. Musser, 3705 Powelton avenue, Philadelphia.

The Pineal Gland.

The dispute concerning the anatomical character, at least as regards the histological elements, of the pineal gland, is not yet concluded. Of late, the view had gained ground more and more that this body was a real gland, with no connection whatever with the brain-tissue proper. Dr. L. Darkschewitsch (*Centrbl. f. d. Med. Wissensch.*, January 1, 1887,) has recently investigated the subject and come to the conclusion that the view above expressed is an erroneous one. By the use of Weigert's hæmatoxylon tincture he has succeeded in demonstrating in the gland numerous nerve-fibres, which originate from the internal capsule, the striæ medullares and Meynert's fasciculus, the tractus opticus and the posterior commissure. Especially those fibres which come from the posterior commissure, seem to be of special importance on account of their intimate connection with the deep origin of the oculomotor nerves. Thus far, however, destruction of the pineal gland has not yet produced any evidence of the important nervous relations of it. Whether D. made the mistake to look upon nerve-fibres proper of the gland—for certainly it must have these—as such establishing connection with deeper parts, we have no means of determining at present; but the subject should be further investigated. The symptoms should be mainly studied which might arise from an excision or other destruction of the gland, for if the latter contain fibres, as D. contends, the removal of the gland should be followed by more remote disturbances.

Prevention of Irritation of the Auditory Meatus.

In the treatment of discharge from the middle ear by insufflation of boracic acid, a good deal of trouble is sometimes caused, especially in frosty weather, by the mixture of discharge and boracic acid causing irritation of the meatus. A good deal can be done to prevent this by drying the meatus well with the cottoned probe before using the acid, so as to prevent deposit of the powder on moist spots, to which it adheres, and to allow its free passage towards the membrane. Dr. Duncan J. Mackenzie (*Brit. Med. Jour.*) has found the following expedient very serviceable. After the powder has been blown in, a small piece of absorbent wool is rolled tightly round the end of the probe, which is then introduced into the meatus, and carried round its circumference, so as to remove all adherent particles. The probe having been withdrawn, the wool is removed, and a fresh piece applied as before; this time, however, it is dipped in eucalyptus and vaseline ointment (one of the oil to seven of vaseline is a good proportion), and the probe is again carried round the meatus. The ear is now closed in the usual way with cotton, medicated or otherwise. When the discharge is not excessive, he thinks the above treatment will be found not only to prevent irritation, but to cure it when it has occurred.

Scopoline.

"This new mydriatic, introduced by Pierd'houy, is," says Dr. Dunn (*Brit. Med. Jour.*), "as far as my experience of it goes, a useful drug. Since the beginning of the current year, I have employed it almost continuously among my out-patients at the West London Hospital, not for the purpose of testing its qualities as a mydriatic, but as a drug to supersede atropine in the treatment of keratitis, corneal ulcers, and iritis. I have found that in the case of troublesome corneal ulcers which had been treated respectively with both atropine and eserine without success, rapid improvement followed the instillation of scopoline. And especially was this good effect shown in cases of severe interstitial keratitis, in which atropine had been previously employed. Again, in rheumatic iritis the use of scopoline was obviously effective in reducing the pain and injection of the globe. Upon no occasion have I seen any conjunctival or other irritation set up by its use, and I have found one grain to the ounce a sufficiently strong solution for my purposes.

"I am disposed to believe that, in addition to its mydriatic power, scopoline is able to effect some control upon the vascular supply of the eye; the drug may be indeed the physiological antithesis of eserine; at present I am engaged upon an inquiry, with Dr. P. S. Abraham, into the physiology and chemistry of the drug, and we hope before long to publish the results."

Croup and Tracheotomy.

It has generally been taught that when

membranous croup attacks a child under two years old no operation should be performed, the reason being that it is considered fatal under these circumstances. But according to the report of Dr. Greffier (*Revue des Mal. del Auf.*, 1886, p. 371,) the tender age of the infant is no longer a contraindication to tracheotomy. There are now on record a number of instances where this operation was performed in the second, and even in the first year of life, and where it resulted in a cure. G. reports the case of an eleven months' old boy, who suffered with membranous croup. Symptoms of suffocation had already commenced when the operation of crico-tracheotomy was performed. Its effect, as usual, was immediate, but also lasting; the infant made an excellent recovery, and was discharged, completely restored, the eighteenth day of its illness. The voice showed but little alteration; it had become slightly hoarse, and assumed the mild metallic sound which seems to be characteristic of all cases that have passed through a successful tracheotomy for membranous croup. If anything can prove the decided difference between the latter disease and laryngeal diphtheria, it is the result of tracheotomy, for this is always fatal when undertaken for the relief of the diphtheritic malady.

On Terpinol.

At a recent meeting of the Paris Academy of Pharmacy, M. Bouchardat made a very interesting communication on *terpinol.* He meant by this name the true chemical already investigated by Armstrong, Tilden, Tanret, and others. He had occasion to prepare at one time several kilogrammes of it. All the writers call it a liquid hydrate, because it has not, so far, been possible to crystallize it. But M. Bouchardat has just succeeded in doing so this winter, not by strong refrigeration, however, but by simply adding to the liquid a few crystals of caoutchine hydrate. The crystals grow with despairing slowness; but still they keep on forming, and after some time the whole becomes a mass of crystals that can be separated from the mother liquors. For the chemical in question he would propose the new name of *terpylenol,* as better adapted chemically, and also to distinguish it from the uncertain substances known by the common appellation of terpinol. He inclines to think terpylenol is very nearly related to caoutchine hydrate, if it be not identical with it. A bottle holding a pound or so of the new crystals was circulated; they are snow-white, one or two inches long, and well shaped. The smell is pleasantly aromatic, in no way recalling turpentine.

New Application of Ether.

The English papers print a report concerning the alleged purchase, on a scale of unprecedented magnitude, of picric acid and sulphuric ether by the French Government. The substances in question are said to be employed in the manufacture of that mysterious explosive known as mélénite, the secret of which is supposed to be in possession of the French War Office. The German daily press has recently confirmed the truth of the reported purchases so far as Germany is concerned, and one paper even named the well-known Berlin "Chemische Fabrik, vormals E. Schering," as being the principal contractor for sulphuric ether. It was added that the managers of the Berlin works, as soon as they became aware of the purpose for which the chemical was required, communicated with the German Government, in order to ascertain whether the continued sale of sulphuric ether to the French War Office was consistent with German interests.

To this communication, it is said, the reply was received that no objection whatever would be raised to the sale of the ether.

Large Doses of Turpentine in Croup.

In a case of membranous croup, Dr. Lewentaner, of Constantinople, administered with his own hands a teaspoonful of the pure oleum terebinthæ, giving after it some warm milk. In a quarter of an hour the labored laryngeal breathing had given way to normal respiration sounds. That night the child slept well and was quite free from the brassy cough which had previously been present. The next morning he was quite lively, and he was found playing with his toys. All trace of false membrane had disappeared from the pharynx, which merely presented a reddened surface. Convalescence was rapid and uninterrupted. The turpentine, however, caused an eruption on the face, trunk, and extremities, having much the same appearance as the rash of measles, but of a brighter red. The spots completely faded in two days, and were followed by no sign of desquamation.

Rotation of Knee-joint.

"On the evening of November 23 I was summoned," says Dr. W. H. Bulteel in the *Brit. Med. Jour.*, "to see J. H., a boy aged

12. He had been 'sky-larking' with some other boys, and was thrown down heavily, apparently when in the act of turning round. The right knee was semi-flexed when seen, and the leg rotated upon it, so that the anterior edge of the tibia looked forwards and outwards, and the outer surface of the fibula backwards and outwards; but the tibia was not dislocated in any other direction, forwards, backwards, or laterally. Reduction was easily effected on acute flexion of the knee, and the leg slipped into position with a creaking sound in the joint. There has been no inflammation or swelling of the joint since. The interest of this case seems to be not so much in the rotation as in its being unaccompanied by dislocation in any of the four possible directions, the previously described cases having, I believe, been almost invariably accompanied by dislocation outwards."

The Biniodide of Mercury as an Emmenagogue.

Dr. C. R. Illingworth writes to the *Lancet* that he has found the red iodide of mercury is a certain and safe emmenagogue. His attention was directed to its virtues quite accidentally some three or four years ago, since which time he has used it successfully in a large number of cases. He prescribes it in the form of a mixture as follows; but he thinks it would act quite as effectually in pills of a quarter of a grain twice a day, or an eighth four times a day:

R.	Sol. hydrarg. bichlor.,	℥j.
	Potass. iodid.,	ʒss.
	Ferri ammon. citrat.,	ʒj.
	Ether. chlorici,	ʒij.
	Aquam,	ad ℥viij.

Sig.—One tablespoonful three times a day after meals.

Salicylic Eruption.

Burning sensations in the skin, œdema of eyelids, and patches of bluish-red erythema, were noticed by S. Rosenberg to follow the administration of four grammes of salicylate to a sempstress. A bullous eruption appeared on the site of the erythema as the result of continued use of the drug. Three days after the discontinuance of the drug the vesicles dried up. A fresh experimental observation was made, with a similar result. The urine gave a distinct ferric chloride reaction. The inunction of salicyl ointment was followed by burning and red patches on the skin, with blueness of face, and the urine showed the salicyl reaction.

Cocaine as a Poison.

Dr. J. S. Mattison, of Brooklyn, read a paper on "Cocaine Dosage and Cocaine Addiction," before the Kings County Medical Society, February 15, and at its close, a motion made by Dr. Alex. J. C. Skene was unanimously adopted, appointing a committee consisting of the President and Secretary, Drs. Wallace and De Lavergne, and Dr. Mattison, to draft a bill for presentation to the legislature, placing cocaine on the list of poisonous drugs, and to be sold only on physician's prescription.

Treatment of Tuberculosis.

Professor Potain prescribes the following mixture for tuberculous patients:

R.	Chloride of sodium,	10 grammes.
	Bromide of sodium,	5 grammes.
	Iodide of potassium,	1 gramme.
	Distilled water,	100 grammes.

Sig.—Ingredients to be dissolved, and administered in doses of one teaspoonful in a cup of milk every morning.

NEWS AND MISCELLANY.

Singular Example of Arrest of Development.

A correspondent sends the following notes of a case which came under his notice to the *Brit. Med. Jour.*:

When a student in connection with a maternity hospital in Scotland recently, he was called to attend an out-door midwifery case. The patient was a multipara, and after a short first stage, extending about fifty minutes or an hour, a very powerful uterine contraction brought the child into the world, and this was followed, almost without a pause, by the expulsion of the placenta. The mother believed herself to have reached full time, and the size and weight of the infant were only to a very slight extent less than those of an average child born at full time. The limbs were perfectly developed, and the head and face were normal, except that the right side was possibly a little larger than the left. The thorax and abdomen, however, presented a rather singular appearance. The sternum was totally absent, and the ribs, whilst quite normal behind, only came forward to what should have been the vertical line of the nipple. The integuments of the thorax also stopped short at that line, so that the thoracic cavity was quite open in front. The lungs were collapsed, and occupied the back part of the chest. The heart was in the usual fœtal position, and beating vigorously, and its action could be thoroughly observed. The diaphragm was incomplete in front in the neighborhood of the middle line. The abdomen was still more patent than the thorax, its integuments coming forward only to the anterior-superior spinous process of the ilium below, and the end of the false ribs above. The chief abdominal viscera were well developed, with the exception of the bladder and the pelvic portions of the sexual apparatus, which were either entirely absent, or so small as to escape detection. The liver was of large size, and its "ligaments" so much lengthened, that it rested between the thighs of the child. The anus was absent, and no traces of external genito-urinary organs were to be seen. The body, with the placenta attached, was laid close to the fire, and for the long period of sixty-five minutes, without any other visible sign of life, the heart continued to pulsate, growing slower and more feeble until at length it stopped. It is much to be regretted that it was found impossible to obtain the body for examination.

Great Men's Dishes.

The *Pall Mall Gazette* says:

"The meals of Charlemagne consisted never of more than four courses, and his favorite dishes were eggs and roast meat, particularly venison, which was served on long spits by his foresters. Luther preferred Torgau beer and hock to all other beverages. As a young man, Melanchthon was very fond of barley soup, and he would often exchange a diet of meat for a bowl of barley soup. Small fish, vegetables, and all kinds of farinaceous food he liked, but large fish and meat he disliked, and he hated all public meals and drinking bouts.

"Torquato Tosso was very fond of preserved fruits and all kinds of fancy sweets. Henry IV. was often ill from eating too many oysters or melons. His favorite drink was Vin d'Arbois. Peter the Great liked nothing better than Limburger cheese. Charles XII., King of Sweden, preferred a piece of bread and butter to anything else. Voltaire, like Frederick the Great and Napoleon I., was very fond of coffee. His favorite food was oat cakes, but he preferred oranges to any other kind of fruit.

"The Dutch lady scholar, A. M. Schurmann, ate spiders as a delicacy. Lessing preferred lentils, and Klopstock, who was a real gourmand, fed on salmon, mushrooms, pastry, and smoked meat. Of vegetables he liked peas best and grapes as dessert, together with a bottle of good claret or hock. Kant retained till old age a preference for pork, all kinds of pulse, and stewed fruit. He devoted three hours a day to his dinner. Schiller was in his youthful days very fond of ham. An old note-book belonging to a Stuttgart restaurant, contains some items about 'Meals for Dr. Schiller in 1782,' from which it appears that, besides a bottle of wine, ham was every day among the dishes on Schiller's table.

"Matthison confessed a preference for peas, beans, and pork; Lord Byron for Chester cheese, with ale or porter; Pope was 'greatly interested' in venison; Jonathan Swift in turbot, and Sir Walter Scott in roast goose."

Suicide by Dynamite.

Some people are dissatisfied with the methods of suicide consecrated by immemorial usage (says the *Medical Press*), and prefer to make use of agents which modern science has placed at their disposal. Dr. Zalaski has recently published two somewhat curious cases of this description. In one, a man, on being arrested for poaching on fish preserves by means of dynamite cartridges, attempted to commit suicide with one of them. He placed it under his chin, but the effect of dynamite explosions being more marked downwards than upwards, the only result was to blow off his right hand, damage the left hand, and mutilate his face. Number two was more successful. He lay down on the ground, placing the cartridge on his chest. After five unsuccessful attempts to light a match, the sixth took fire and exploded the cartridge. The thorax and abdomen were completely emptied of their contents, and the corresponding parts of the vertebral column and ribs were also missing. The other parts of the body were not injured.

A Prescription Number.

The *Shamokin Times* says:

"I was sitting in a drug store one day," said another of the party, "when a gentleman with a very red face and white hair came in, and, taking a little slip of paper from his pocket, said to the prescription clerk: 'George, I wish you would take your files and look back about twenty years and tell what physician signed these numbers.' The files were produced, bound in volumes of 500 prescriptions each, and a list of some dozen or more numbers read off by the anxious inquirer revealed that they were signed by Dr. D. D. C., who had committed suicide some ten years previous. In a day or two I left the city and was gone for upwards of a year. On my return, happening in at the same drug store, who should come in but the man with the red face and white hair. He took a tremendous drink of Jamaica ginger and departed. Then remembering the queer errand of a year ago, I asked the clerk: 'George, what did General Kellogg want with those old prescription numbers when I was here a year ago?' 'Well, you see, the old fool had been drinking very heavy, and he got it into his head that old Dr. C——n was making nightly pilgrimages from the cemetery and sitting down at his bedside and talking with him. He claims the doctor gave him those prescription numbers to prove that he really was there. It's a little singular how he got hold of those old numbers, but I guess he was on the verge of the tremens. It had one good and one bad effect. He stopped drinking, and turned spiritualist.'"

Bells Strangely Ring Before a Death.

A remarkable coincidence happened recently in Washington at the death of Miss A. R. Duffy, a daughter of Captain O. E. Duffy, the patent attorney. Miss Duffy had lain in a dying condition for several hours, being surrounded by the members of her immediate family. She was conscious to the last and talked calmly with those about her until a moment or two before the end. The nearest watcher had scarcely made the announcement that she was dead when a servant from below entered the room in answer to the summons of the call-bell. No one had rung, and the peculiarity of the circumstance was in the fact that all of the six bells placed in the dining-room and communicating with the different rooms of the house had rung violently at the instant when the death took place. The bells, with one exception, had not rung since Mr. Duffy moved to his present home, the wires connecting them being broken. The affair created a feeling of awe over the household, as no explanation of the mystery has been made.

Congressmen Who Take Electric Shocks.

It is quite "the fad" nowadays for the members to take electricity. An electric apparatus has been fixed up in the engine-room in the basement and daily the members avail themselves of the opportunity to get freshened up. A board, with a tooth-piece of copper, is placed beneath the great belt of the large engine-wheel, and the electricity thus generated is carried off by a wire attached to the board, which is long enough to be grasped by one who sits in a chair near by. The circuit is completed by the person holding the wire grasping a small brass chain attached to the railing around the engine's wheel. The system is thus filled quietly with electricity. The members say it is splendid after they have been out to receptions and suppers all night, or after they have exhausted their brain power by speechmaking or listening. A great many members take electricity, and some go to the basement of the Capitol for it every day during the session.

Poisoned by Pills.

A 11-year-old bright little lad, residing in this city, died recently from the effects of strychnine pellets he had eaten the preceding evening, thinking all the time he was swallowing candy. It was at first thought thst the little fellow had purposely taken his own life, but an investigation proved that it was all a mistake. He was sent by his mother to purchase some drugs. A new invoice of drugs had been received, and a package containing about one hundred strychnine pellets, one-thirtieth of a grain each, lay upon a rear counter, They were sugar-coated, and while the druggist's back was turned the boy appropriated a couple of the pills to his own use, and found them to be good. He accordingly confiscated the entire package. The lad was found dead at an early hour in the morning, and all that remained to tell the story was the empty package, labeled "Poison." Whether he swallowed all of the five-score of pills is a mystery.

Liebig's Extract.

Some time since, an action was brought in Brussels against English dealers in extract of meat, to prevent them from using the title of "Baron Liebig's Extract," or from placing a photograph of the late Baron Justus von Liebig on their jars, or in any way using the name or title of Baron Liebig. The action was brought by the Liebig's Extract of Meat Company, and was successful. The English dealers thereupon took the case into the Court of Appeal. Judgment was given recently, confirming the decision of the Tribunal of Commerce, and condemning the English dealers, who were defendants in the action, to pay damages, and also restraining them from making any further use of Liebig or Baron Liebig, or of the photograph, this right being declared to be the exclusive property of the Liebig's Extract of Meat Company.

A Switchman's Agonizing Plight.

William Burns, a switchman, at the Eighty-first street yards, Chicago, met with a most terrible and in all probability fatal accident. Recently, while engaged in making up a freight train, his foot was caught in a frog. A freight train was approaching, and Burns, shouting for help, made terrible exertions to extricate himself from his perilous position. At every movement, however, his foot became more firmly wedged, and just before the train reached him, in despair he flung himself backward, breaking his leg at the ankle. As the train rolled by, both his legs were cut off below the knee. He was taken on board the caboose by the trainmen, and, in an unconscious condition, was removed to St. Luke's Hospital, where it was decided to amputate what remained of his limbs below the knees.

Hurt on a Toboggan Slide.

A young girl met with a serious accident at the toboggan slide in Chicago recently. She started to ride down and insisted on guiding the toboggan, claiming to fully understand the art of steering. The sled became unmanageable and went over the side of the chute, carrying its passenger in its fall of thirty feet to the ground. In her descent the girl struck an electric light wire, which tore a frightful gash across her face. A physician took thirty-one stitches in sewing up the wound. Besides this, the unfortunate girl's right arm was fractured in three places, and the flesh was torn from her left arm, exposing the bone. The girl was removed to the County Hospital, where she is at present in a critical condition.

A Valuable Emetic.

A newspaper seller in London fell into a pond, and it was found that he was drunk. An emetic was administered, which had the effect of causing him to vomit four shillings, a sixpence, and a half-penny. He said that he had sold out his stock of newspapers, and had got drunk. He missed his money, and could not understand what had become of it. He therefore threw himself into the water, and now appeared greatly surprised at the singular recovery of his money. He was ordered to find two sureties to be of good behavior for one month.

Therapeutic Notes.

——At the American Institute Fair, New York, last month, the Jerome Kidder Manufacturing Company was awarded a medal of superiority for their electro-medical apparatus.

——Horsford's Acid Phosphate has been tried with gratifying success in London in the treatment of various skin diseases arising from disorders of the digestive tract. It is a valuable preparation, as we can report from personal observation of its effects.

——The "Crystal Pepsin," manufactured by Dr. Carl L. Jensen, continues to find great favor with the profession. We have seen several letters recently, speaking of its effects in the highest terms.

Deaths of Eminent Medical Men Abroad.

The deaths of the following eminent continental medical men have recently been announced:

Dr. Fedele Margary, chief surgeon of the Hospital of San Giovanni Battista in Turin, and editor of the *Archivo di Ortopœdia.* Professor Dr. Halla, the well-known clinical teacher of Prague, in his seventy-fourth year; he had been editor of the *Prager Vierteljahrschrift* since the year 1843. Dr. J. Kalt, one of the most esteemed members of the profession in Bonn; he was a "Sanitätsrath." M. le Dr. Charles Sarazin, formerly agrégé of the old French Faculty of Medicine of Strasburg.

Rabies in Cairo.

We hear from Cairo that there is an epidemic of rabies and hydrophobia there; a good many people have been bitten by rabid dogs, and have died of hydrophobia. Others have been sent to M. Pasteur for treatment. M. Piot, veterinary surgeon in Cairo, is preparing to treat patients by Pasteur's method. It is stated that the introduction of the malady is traced to a terrier hound belonging to a European officer at the Abassieh barracks, which has bitten several native dogs. Some five or six thousand native dogs have been destroyed, but it is believed that many rabid dogs still remain.

Small-Pox in Jamaica.

The small-pox epidemic in Jamaica shows no signs of abatement. Between November 4th and 21st, 1886, 336 cases, of which 37 were fatal, occurred on the island; and of these, 197 cases (35 fatal) were in the town of Kingston. Between November 21st and

December 4th, 541 further cases occurred, of which 49 were fatal. Of these, 152 cases and 17 deaths were in Kingston. Altogether, since the commencement of the epidemic on March 12th last, there have been 2,758 cases and 342 deaths on the island; and out of these, 1,439 cases and 242 deaths have been in Kingston.

Adulteration of Food in Spain.

The Spanish Ministry of the Interior has issued a circular to the governors of the different provinces, calling their attention to the importance of food being sold in a pure and wholesome condition, and directing them to see that the various municipal authorities enforce the laws against all persons of whatever position they may be, who adulterate food, and that their names and the nature of their offences are published in the *Boletin Oficial*.

A Fact in French Country Practice.

A French doctor being asked by a man one day to go a distance to see his sick child, replied that it was too far to walk, and that he had no carriage. "Oh," said the man, "that doesn't matter; I am a livery stable keeper, and will drive you." Some time afterwards the doctor's bill was asked for. It was five francs. The livery stable keeper then presented his bill for the hire of the carriage. It was six francs.

Where Tallow is Appreciated.

The *Savannah News* says:

When a young man in the Aleutian Islands goes to see his sweetheart in the evening, the parents of the girl thoughtfully retire to another compartment of the ice-house, leaving a burning candle with the lovers. Do they let the candle burn? Not much; they promptly blow it out and eat it between them.

A Grateful Patient.

M. Ramon Fernandez, the Mexican Minister in Paris, has informed the Prefect of the Seine that a native of Zacatecas, a State of Mexico, has bequeathed £1060 to a Paris hospital where he was nursed in 1841.

Deaths of Centenarians.

The deaths are reported of a widow in Wetzlau, aged 108, and of the well-known sheikh of the howling dervishes in Constantinople, Alif Baba, aged 110.

Stabbed to Death by his Valet.

Dr. Pebal, professor of chemistry at the Gratz University, was stabbed to death recently by a valet whom he dismissed from his service. The murderer committed suicide by taking poison.

Personals.

—The will of Dr. Edmund C. Rogers, brother of Randolph Rogers, the sculptor, who died at Quincy, Mich., February 19, after leaving a number of bequests to his family and relatives, decrees that the residue of the estate shall be sold and distributed among any six women having families, whose husbands are drunkards.

—Dr. Charles B. Penrose has been appointed a member of the staff of the Orthopædic Hospital.

—Dr. E. Shakespeare has gone to Washington to finish his report on the cholera in Europe.

Items.

—Permanganate of cocaine is announced by M. E. Gesel.

—A journal of hygiene and climatology, called the *Midi Médical*, has been founded at Nice, under the direction of Dr. Onimus.

—Over 5,000 gallons of wine, containing 4½ grains of salicylic acid to the pint, were recently seized by the New York Board of Health.

—The remains of a Baltimore editor were sold for $10 to a medical college. A live dog is worth more than a dead "lion" in the Monumental City, as well as elsewhere.

—A member of the Nineteenth Century Club, of New York city, believes that the consumption of candy is very injurious to children. The speaker advocates the formation of a candy temperance society.

—A company has been formed in Boston to manufacture "sugarin" from starch. They claim that this substance is sweeter than sugar, and that starch yields ninety-nine per cent. of it when treated according to their secret process.

—The Red Cross Society of Vienna has issued an appeal to all well-to-do persons, requesting them to let the Society know whether, in the event of war, they would be willing to take charge of wounded soldiers. Replies are in each case to specify how many soldiers could be received and cared for gratuitously.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE DUTY OF THE STATE TO THE INSANE.*

BY EDWARD M. BRUSH, M. D.,

Senior Assistant Physician, Pennsylvania Hospital for the Insane, Male Department.

The embarrassment of my situation this evening will, I hope, be appreciated, and the crudity of my remarks be excused, when I say that only five days ago was I made aware that a paper was expected from me.

The subject which I have chosen is one to which I have given some thought and investigation, but the time has been too brief to place my ideas in orderly relation to each other, or to gather the scattered host of authorities and references which I might otherwise marshal to my support.

What I have to present, therefore, is thrown out more with the hope of provoking discussion and interest in the subject than with the idea of enlightening any of the members of these two societies, so many of whom have had larger experience, and achieved riper judgment than I have.

There can be no question of the duty of the state to care for its wards in accordance with the best judgment of the time, and to keep pace with the progress which a better knowledge is making for their protection, relief, or, if possible, cure.

Following, as we so closely do in many other things, the English law and practice, it has come to be an accepted fact that those who, from birth or by reason of the accidents and ills of life, are *non compos mentis*, are peculiarly deserving of the watchful guardianship of the state. The earliest English laws had only to do with the estates of these unfortunates, which were the king's prerogative, and out of which their owners were, by legal provision, provided for in accordance with the customs of the time. It came to be observed in time that enactments which had regard only to the estates of the insane did not meet all the requirements of the case, and that the person as well as the estates needed care and custody. Having in view always the "liberty of the subject," which could not be violated without due process of law and for good and sufficient reason, statutes were framed which permitted the restraint of the insane, confining the application at first to those only who were manifestly dangerous to themselves or to others. Gradually the question of confinement for curative purposes came to be considered, and its necessity admitted, until at the present time all civilized countries recognize in some way the legality of commitments to asylums and hospitals of those of the insane who are not of necessity dangerous, but whose detention is justified by the exigencies of treatment.

It is the natural outgrowth of all theories of government which pretend to be paternal in form that the State should afford to its citizen protection, and particularly so "when he is without the use and enjoyment of his mental powers." The means to this end will always be a fair measure of the degree of advancement in civilization attained by the State.

In caring for her insane wards, the State should seek those means which shall best accomplish—

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* Read before the Philadelphia Medico-Legal Society.

1. The protection of the insane from themselves and from the cruelty and neglect of others.

2. The protection of its sane citizens from the violence of the insane.

3. The restoration of the insane to a condition of sanity.

I have placed these objects in the order in which they are usually enumerated, and in which the law usually regards them. In the order of their importance they should be reversed, for the restoration of the insane to a condition of sanity implies the accomplishment in the course of its attempt of all the others.

It is, I think, a fact which cannot be controverted that the insane are best cared for and their recovery most surely accomplished in organized hospitals devoted to their special treatment. This is certainly true of those of the indigent and pauper class, who cannot afford to make the arrangements which would otherwise be necessitated; and I feel confident that the hospitals of the future will afford to all classes such accommodations that private care will be as unnecessary as it is often unwise.

To insure the proper treatment of its insane wards, it becomes the duty of the State to make such provisions that all its insane can find ready and proper treatment in its hospitals.

In England and Wales the census of 1880 returns, on the 1st of January, 71,191 lunatics, idiots, and persons of unsound mind. Of these there were in county and borough asylums, hospitals, and district asylums, 44,035 paupers, 3,513 private patients, and 655 criminals; in licensed houses, 1,084 paupers, 3,404 private patients, and 61 criminals; in workhouses (corresponding to our almshouses), 11,991 paupers; residing with relatives and others, 5,980 paupers and 468 private patients.

It will be seen that of the 63,090 pauper insane, 45,219 (or nearly seventy-two per cent.) were in hospitals or licensed houses, and but 11,991 (or about seventeen per cent.) in the insane wards of workhouses, and these are, as required by the Commissions of Lunacy, only of the most quiet and harmless kind. Of the private insane, 7,385 in all, all but 468 were in hospitals or licensed houses.

Let us compare this with the condition of the insane in the State of Pennsylvania, as shown by the United States census of the same year. Of the 8,304 insane in this State, as enumerated in the census of 1880, but thirty-six per cent. were in organized hospitals, eighteen per cent. in almshouses, and forty-six per cent. at home. Massachusetts has sixty per cent. in hospitals, nine per cent. in almshouses, thirty-one per cent. at home. New York, fifty-seven per cent in hospitals, eleven per cent. in almshouses, and thirty-two per cent. at home. Of all the large states, Pennsylvania had the smallest proportion of her insane in hospitals, and the largest in almshouses and at home.

Of all the insane in the United States in 1880, nine per cent. were resident in this state. Of all the insane in hospital but seven per cent. were in Pennsylvania, while sixteen per cent. of all those in almshouses were in Pennsylvania.

Here is a condition of affairs that may well attract attention. I am happy to say that since 1880 a larger number of insane have found accommodation in the hospitals and asylums of this State, but the number is still far below what it should be. According to the second annual report of the Committee on Lunacy of this State, its hospitals afforded accommodation for but 44.5 per cent. of the insane. As the hospital accommodations have not been increased, the percentage at this time is much smaller, owing to the natural increase and accumulation of chronic cases.

Having made suitable provision for the insane, the question of the legal admission and detention of this class is of next importance.

The majority of the enactments in force in the United States and, indeed, in England to-day, appear to have been framed under a most remarkable suspicion that the citizens of the State were in constant menace of being spirited behind the bars of an asylum, and forever disappearing from the view of mankind.

So strong appears to have been the conviction that medical men were ready to conspire to commit their fellow-citizens to asylums for the insane, and that the medical officers of asylums were waiting to aid and abet them, that the law of this State to-day directs that each examiner shall see the patient separately from the other, thus debarring each and the suspected lunatic from the benefits of conjoined examination and consultation.

Hear what an eminent English author, for many years Lord Chancellor's Visitor in Lunacy, says upon this point, which also finds a lodgment in English lunacy law:

"It seems, if one thinks of it, a strange embodiment of jealousy and distrust; for in other instances where the opinions of two or more medical men are required, the opposite course is taken in order to secure the great advantage of combined observation. When in any other form of disease it is desired to confirm the opinion of one medical man by that of another, what would be thought of the wisdom of a proposal that each man should examine the patient separately? When medical men examine a patient together, they usefully check each other, and are of the greatest mutual assistance in observing correctly and estimating rightly the symptoms of disease, a consideration of the greatest importance in cases of mental disease, whereof the main symptoms are words spoken by the patient, which often convey a different meaning to the minds of different people. If the lunacy laws had not been imbued with distrust of the medical profession, they would never have contained an enactment abrogating all the advantages of medical consultation. Rather would they have enacted that the examination should be a joint one, the opinion concurrent, and the report thereof, or certificate, mutual."

In view of the assertion and implication that the insane are improperly committed, it may be of interest to examine the testimony of the late Lord Shaftesbury, for over forty years the head of the English Lunacy Commission, a man who was eminently entitled to be called the friend of the insane, and whose whole life was spent in improving their condition.

In his testimony before the Parliamentary Committee of 1877 he says, of the one hundred and eighty-five thousand certificates of lunacy that had passed through the hands of the Committee from 1859 to 1877, that he is "quite certain"—I quote his own language —"that, out of the one hundred and eighty-five thousand, there was not one who was not shut up upon good, fair, *prima facie* evidence that he ought to be under care and treatment." Speaking further upon this subject of commitment, he said that, in his opinion, insufficient safeguards were thrown about the liberty of the subject.

If the insane are to be cared for with their recovery in view, every obstacle, as far as practicable, should be removed from their early commitment to asylums and hospitals. Experience has taught that recovery is to be expected only when the case is placed early under treatment.

Sir James Coxe, long the head of the Scotch Committee on Lunacy, a body which has done all in its power to encourage early treatment, testified that every impediment which is thrown in the way of early treatment acts most prejudicially upon the patient by tending to render permanent the aberration. Referring to the experience of the Scotch asylums, whose large percentage of recoveries is due to the fact that early commitment is encouraged and facilitated by the law, he says, citing the example of the Renfrewshire asylums, where the highest percentage of recoveries and the shortest duration of treatment has been attained, that in these particular cases this is brought about by the fact that the directors of the poor can put a patient in the asylum without any difficulty, and that discharge is equally easy.

Dr. Harrington Tuke, before the same Committee of 1877, testified that, in conjunction with the late Dr. Conolly, a man who certainly would not unadvisedly suggest asylum restraint, he had examined the statistics of three asylums with which they had been connected, and found that seventy-seven per cent. of cases treated while the insanity was of less than three months' duration recovered. Those treated at later periods diminished in absolutely geometrical ratio until, after twelve months' duration, it was something like twelve per cent. of recoveries.

These statistics bear out some calculations of my own, made at the State Lunatic Asylum at Utica five years ago, and published in the Asylum reports. Of the admissions to that institution for ten years, aggregating four thousand one hundred and twenty-nine insane persons, thirty-two and a half per cent. recovered. Of those insane a year and over, but twelve and one-third per cent. recovered; while of the entire number insane under twelve months, forty-four per cent. recovered.

At this point reference may be proper to the unfortunate result of agitation concerning lunacy matters and the suspicion cast upon asylums and their management by newspapers, legislative committees, etc.

In New York State, the year 1878 marks the commencement of a series of most malignant attacks upon the asylum-system of the State, resulting in no less than five legislative inquiries, which have, I am happy to say, resulted in a vindication of the asylum officials and the lunacy laws of the State from the charge of improper commitment to asylums, or unjust confinement or treatment therein.

The results, as concerns the unfortunate insane, were not so happy. For seven years, (1872 to 1878, both inclusive) the average percentage of cases admitted to the Asylum at Utica who were insane a year or more on reception was thirty-three and a third. In

1879 it rose to thirty-five and one-half, and in 1884 it reached fifty-one and six-tenths, the average for the second period of seven years (1879–1885) being forty-five per cent. of practically chronic cases.

The second, third, and fourth reports of the Committee of Lunacy of this State will show that from forty-two per cent., or a little over two-fifths of the admissions, for the past three years, to all the organized hospitals and asylums of the State, seventy-three and two-thirds, or nearly three-fourths of all the recoveries were drawn.

These reports will also show that fifty-eight per cent. of the cases admitted to the hospitals and asylums were chronic cases.

What is the remedy? Primarily, it seems to me, the creation of a public sentiment in favor of hospitals and asylums. The removal as far as possible of the feeling of distrust and suspicion which now surrounds the subject is necessary to induce the friends of the insane to take advantage of the facilities offered them for treatment.

It is, of course, implied that the State shall furnish sufficient accommodations for its insane before asking its citizens to take advantage of them.

One great obstacle which lies in the path of early asylum treatment is the objection which physicians have against signing certificates of insanity.

The law places upon them the onus of saying not only that the person examined is insane, but that he is a proper case for confinement. They are not protected in any way against the annoyance of suit for damages brought by unrecovered lunatics before ignorant and prejudiced juries. Many physicians in general practice, moreover, feel themselves without sufficient training and experience in the diagnosis of insanity to be able or willing, in the very earliest stages of the disease, to take the responsibility of diagnosis and certification. To obviate this, all medical schools should make instruction upon insanity a by no means unimportant part of their medical course, and attendance necessary to graduation. I speak with all due respect for the knowledge and diagnostic acumen of my medical brethren in general practice when I say that of one single form of insanity, one that is singularly regular and characteristic in its manifestations, I have not known a single case out of over two hundred and fifty to be recognized before commitment. I refer to paresis. The mental disturbance was appreciated, as evinced by the certificate, but the peculiar form wholly unrecognized.

The fault was not with the physicians. They had never had occasion or opportunity to receive instruction in these cases.

Another element which is active in preventing early asylum-treatment is the indisposition of poor-relief officers, overseers, and others, to grant orders of admission until some overt act or threatened violence makes detention necessary; and too often in such cases even the wish to stand well with an unthinking constituency by a show of economy results in the incarceration of acute cases in almshouses. The law should make such action a misdemeanor.

In the State of New York, except in the counties of Kings, New York, and Monroe, there is no place except a State asylum where a case of acute insanity requiring public relief can be legally detained.

As far as proper care is concerned, the pauper seems in the State of Pennsylvania to have the advantage. Persons who are able to pay the low rates of three and four dollars weekly are compelled to depend upon the charity of the incorporated hospital, as in their present crowded condition the State asylums cannot receive them.

The provision of the New York lunacy law in regard to the indigent insane not paupers might, it seems to me, be well imitated.

I am informed that the necessary exclusion of these cases has resulted in part in the at present low percentage of recoveries in the hospitals of this State.

It seems a crying wrong that a small taxpayer who has assisted for years in supporting the hospitals of the State must, when becoming insane, be refused the benefit of treatment because his place is occupied by a pauper, of whose recovery, in four cases out of five, there is no expectation.

In the thirty-eighth annual report of the Commissioners in Lunacy for Scotland reference is made to exactly this condition of things, which was found to exist in one of the royal asylums (institutions corresponding somewhat with our State asylums). The Commissioners say of this asylum; at present the public are suffering by the presence in the asylum of pauper patients, who might, as they point out, be as well provided for elsewhere, being quiet chronic cases. As a consequence, twenty-seven private patients at low rates were refused. At the time of the visit (of the Commissioners) two letters applying for admission were seen, one of which from a mechanic points out that, so far as he can see, but two classes were provided for, the very rich and the very poor. The Commissioners very emphatically animadvert upon this condition of affairs.

The State owes a duty to all classes of her citizens to so provide that they may feel assured that in the event of becoming insane they shall be properly cared for.

Not by any means the least of the duties of the State is to provide, by Commissioners or otherwise, such a system of inspection and visitation of all places where the insane are confined that their friends shall be afforded a means of satisfying themselves of the proper conduct of such places.

Such a Commission is or should be an educator of the people—a bulwark on the one hand against unjust charges concerning asylum and hospital management, and on the other against the improper care and custody of the insane.

Imbued with a right spirit, they are strong factors in the establishment and maintenance of a proper system of hospital care, as witness the course of the English and Scotch Commissioners, who have been a real help to asylum physicians instead of captious critics, and who have by their course aided very materially in promoting the prompt and proper care of the insane. So strong has become the opinion of the English Commissioners in favor of early treatment that when it was recently proposed to throw, by an amendment of the law, increased difficulties in the way of early commitments, the chairman of the Commission resigned rather than by retaining office seem to sanction such a change.

The Lunacy Committee of this State is, I believe, endeavoring to emulate the example of its English prototype. Under our more recent laws, which in some respects are not harmonious in all their relations, and with few American precedents to guide it, and an incomplete asylum system to work with, the Committee may not in all things accomplish at once what might be desired. Its hands should be sustained, however, and time and wider experience may be trusted to work much good.

THE RHUS GLABRUM—A REMEDY FOR STOMATITIS.

BY HIRAM CORSON, M. D.,

Of Conshohocken, Pa.

Your readers may not consider a paper on this subject of sufficient importance to occupy their attention, inasmuch as it is often a very trifling affection—"thrush," "baby's sore mouth," etc.—but as the term is used by authors to embrace not only these trifling affections, but others much more serious and ofttimes fatal, and as the remedy which I have often used is a very safe one—by that I mean not poisonous—even in the mouths of little children, they will probably be willing to read what can be said in its favor. I am, too, impelled to offer it because only a few years ago a medical friend lost a loved child of tender age from stomatitis, which was cause of great sorrow to the parents; and also because Professor Thomas Spencer, of New York State, was, when in active practice, thirty years or more ago, prosecuted for malpractice, charged with having salivated a child and causing its death while treating it for cholera infantum, though he had not used a grain of mercury in the case.

The first notice I ever saw of the use of sumach was in the May number of the *American Journal of the Medical Sciences* in 1829, in a paper by Dr. Wm. Fahnestock entitled "On the Rhus Glabrum as a Remedy for Ptyalism." I fancy your readers are about to say, What has a remedy for ptyalism to do with the treatment of stomatitis? or, rather, is there such similarity in cause or morbid condition that the remedy for one would be likely to benefit the other?

What an opening there is here now to talk about germs; about every grade of stomatitis being caused by a different kind of germ, and that the remedy for the affection must be a germicide, and to descant learnedly on ptyalism as the result of a weakening of the system by the use of mercury, so that the germs, which were lying in the mouth in countless numbers, unable to prey on its structures while in full health, were loosed from their thraldom, enabled to multiply, and began their ravages on the tissues! But I am not fitted for this opportunity, so will return and speak of my subject as though germs had never been heard of. Dr. Fahnestock's "first case was a patient who had been treated with mercury internally and externally for typhoid pneumonia, and which affected the system to a most distressing degree." So it seems there was typhoid pneumonia fifty years—nearly sixty years—ago, when, in the opinion of our present medical teachers, the human system was strong, and patients could bear depletion not allowable now. Professor F. continues: "The face and eyes were very much swollen, the tongue enlarged and protruded, the internal surface of the mouth denuded, and the fauces in ulcers. A luke-warm gargle of the inner bark of the root of the Pennsylvania sumach was ordered to be used every fifteen minutes, and mucilaginous drinks enjoined; relief was soon experienced, and in a few days the irritation was entirely removed."

Case 2. "A girl 9 years old, profusely salivated when ill with remittent fever, and which resisted all the irritating compounds of borax, myrrh, etc., and continued until it had effected anchylosis of the jaw, extensive caries of the upper maxillary bone and sloughing of the cheek; then put under the care of another physician, who, after a time, abandoned the case in despair.

"She was then directed to a notorious panacea shop of this city, and dosed with half a dozen bottles of the celebrated nostrum, with no other effect than increasing the irritation and extending the sufferings.

"We were then asked to visit the child, and found her with jaw perfectly fixed, the angle of the mouth sloughed away, the superior maxillary bone of one side carious, and discharging from four to six ounces of the most fetid sanies every 24 hours, which excoriated the cheeks and rendered her extremely offensive to all attendants.

"We recommended to her as the only prospect of relief to submit to an operation, provided healthy action could first be produced in the parts, which we anticipated from the *correcting qualities* of the sumach. She was immediately put under treatment, laxative and mucilaginous drinks ordered, and the gargle of the sumach used every half hour. In the course of a week or ten days the morbid action was changed, and the parts put on a healthy appearance.

"The operation was then performed, in which we removed the whole alveolar process of the affected side; the gums united most gently, the ulcer of the cheek healed up, and the patient recovered rapidly and has remained perfectly well." (The operation was performed December, 1825.)

I may add to this that I have known the patient intimately for more than fifty years, and though her face is somewhat deformed, she is a healthy woman, the mother of healthy children, and now about 75 years of age.

Having thus shown its value as a remedy in ptyalism, which seems to have kinship with stomatitis, it is necessary to show how nearly alike are the symptoms, and that the sumach is as efficient in the one disease as in the other.

Dr. Joseph Parrish, half a century ago, in lecturing to his private pupils, used to speak to them when treating of diseases of the mouth, of a severe form of stomatitis, as "A disease resembling the effect of mercury," and Dr. Jesse Young, an eminent practitioner, in an article "On the Gangrenous Sore Mouth of Children," published in the *American Journal* for May, 1831, thus refers to the name of the disease given by Dr. Parrish: "I frequently see descriptions of a disease under the names cancrum oris, gangrenous sore mouth, humid gangrene of the lips, gangrenous erosion of the cheek, etc., etc., but there cannot be a more practical name, or one that conveys a more accurate idea of its appearance, than that applied to it by Dr. Parrish."

Dr. Young did not regard this disease as a trifling one; he speaks of it as "being frequently fatal under all the different modes of practice resorted to by different practitioners, and that no means have been heretofore generally successful, with the single exception of sulphas cupri."

His desire was to add another remedy to the list, and for that purpose he wrote his essay. Allow me to quote a portion of it, to show how greatly his case resembled Dr. Fahnestock's, and yet the one was stomatitis, a disease resembling the effects of mercury, the other the mercurial disease itself. In June, 1824, was called to a child four years and two months old, sick a week, despite efforts to cure it, and steadily getting worse. "On visiting him it was with difficulty I could be convinced that the child was not laboring under a severe mercurial salivation, there being several sores in the roof of his mouth and in the cheeks, which had exactly the appearance of mercurial sores; the saliva flowed constantly from his mouth, and his breath exhaled an uncommonly fetid odor. On being assured that he had taken no mercury, and that it was impossible for him to have obtained it, I gave up the idea of mercury, and concluded that it must depend on an unfavorable state of the stomach and intestines." At that time Dr. Young had not heard of the value of sulph. cupri. He began treatment of the child June 13; June 14 and 15 it grew steadily worse; on the 16th he wrote: "The sores look darker than yesterday, and I began seriously to apprehend a fatal result, particularly so, as I heard this morning of the death of a child in the neighborhood from what was said to be the same disease. Almost in despair of curing, I ordered a gargle or wash of eight grains of deuto-chloride of mercury in an ounce of water; the sores to be cautiously but accurately touched three times a day by means of a swab; and a tablespoonful of the decoction of Peruvian bark every four hours to be taken.

"By the 20th the sores had all sloughed, some of the small ones had healed entirely, and the larger ones had a healthy florid appearance. Two of the other children were attacked, but not the least difficulty was found in curing them by the same means. Since then I have seen about thirteen cases, all readily cured by the same treatment." He adds: "Here, I would be understood as distinguishing between the disease in question and the aphthous sore mouth of children, so common, and which mothers generally manage themselves."

My object in quoting so largely from the physicians named was to show that these three careful observers could not distinguish between what is considered a dangerous stomatitis and a bad case of mercurial salivation, which in those days they not infrequently encountered. I have had both kinds of cases, from the mildest to the severest, and in the management of them have used the gargle or wash of the inner bark of the sumach, with excellent results. I had seen some cases of severe salivation before I saw Dr. Fahnestock's recommendation of the sumach in 1829; even while a student in the summer of 1826–27, when intermittent and bilious fevers were in nearly every home along the rivers Delaware and Schuylkill, and calomel was the common purgative and used in all affections, mercurial salivation was of course frequently met with, and at that time, a dose of one drachm of calomel prescribed for me after five calomel and jalap pills had failed to do their work, salivated me severely, and showed me that the remedies for the relief of salivation were not very efficient. Before going further allow me to say here, in defence of the physicians of that time, that this free use of mercury was not an unmitigated evil. It was indeed life and health to many, many people; for as soon as ptyalism was effected, attacks of fever of the most violent kind were at once shorn of their virulence, and convalescence commenced. So it was in my own case; so it proved to be in many cases of pneumonia, pleurisy, and some other inflammatory affections. It is well known to aged practitioners now living that, in dropsies and some other diseases where mercurials are of themselves not able to cure, the effect of ptyalism is to render the action of other remedies more efficient. Excuse the digression. During my first year of practice a woman sent to a drug store and got ten grains of calomel, and though it purged her well, without unusual delay, she was fearfully salivated. For weeks she was compelled to lie in bed on her side, so that the copious secretion of saliva could run from her mouth into a basin instead of going down her throat. The various means then in vogue to check the flow and heal the ulcers were persistently and almost unavailingly tried, and she continued to suffer on for weeks. This caused me to be very timid about the use of calomel; but after the sumach proved to be so efficient in the hands of Dr. F., the fear of ptyalism greatly subsided.

In December, 1836, I was called to attend a sea captain who had been badly ptyalized in Cuba when under treatment for "liver complaint." When I saw him at the house of his friend here, he requested me not to use any form of mercury when treating him, because he had suffered so greatly on the former occasion, and so long that he was compelled to go to England for change of climate in order to get well. I spoke to him of the curative power of the sumach, but he would not yield; so I did the best I knew for a few days without the mercury, and without any benefit to him, and then cautiously gave him some; fearing that I might have trouble with him, knowing full well that when a person has once been ptyalized by mercury, a very little will produce it again. On going into his room a few days later, I at once discovered the mercurial odor, and at the same moment he began to upbraid me in choice seafaring terms for what I had done. He was at once given the sumach infusion, or decoction rather, with which he washed his mouth thoroughly and often, and was soon well and delighted with the remedy. He also took at the same time the infusion of Peruvian bark, as directed by Parrish and used by Dr. Young.

So year after year, as cases occurred, I treated them—the mild and the severe, the baby's sore mouth, and all the grades up to the gangrenous sore mouth—with the sumach as the local application, in many of them using nothing internally beyond the mouth, except in one case.

On one occasion in a violent, rapid cancrum oris, which had so far advanced when I was called that it seemed as though the disease would soon pass through the cheek, I feared to delay, feared the sumach would of itself be too slow, so swabbed out the gangrenous ulcer with nitric acid, and followed that with the sumach mucilage, with the most saving result.

It would be quite useless to call up the numerous cases which have presented themselves in a half century's daily practice, in all of which I used the sumach mucilage with comfort to the patient and satisfaction to myself, but I may mention a single case which occurred. In August, 1881, was called to see a granddaughter of John Downs, a healthy Scotchman, living at Spring Mill, who was suffering greatly with ulcers on the cheeks, roof of the mouth, and on the gums and side of the tongue, with a copious secretion and most offensive breath issuing from the mouth. The little thing was complaining heavily, and what they had put into her mouth for relief had so hurt her that she had a fear of everything offered to her. As the sumach was abundant, not fifty yards from the house, among the hornblende boulders on the hill, it was soon dug and prepared for use. It was so mild as to be, instead of painful, most comfortable, and was used without other remedies save a mild cathartic or two. I began on the 12th; in recording my last visit on the 20th I find this record: "The sumach was a success." She was not only well, but from the hour she began it she was comfortable, a matter of some moment to a child only a few years old.

What else shall I say? That I had a dread of sulph. of copper and the bichloride of mercury. It is difficult to use them with children and have the parents to use them in our absence without danger of their swallowing the secretion, carrying with it some of the poison, especially when used as the corrosive sublimate was—eight grains to the ounce of water. With the sumach I felt safe. The root of the sumach has a thin outer mahogany-colored bark, thin as blotting-paper, which, when the root is freshly dug, is readily scraped off with the back of a table-knife, but if left until it dries can hardly be removed without cutting it off; under that is a thick, succulent, white bark, easily shaved from the wood. This, when dried, keeps well; this put into a clean white bowl and covered with boiling water, and even boiled, soon becomes a mucilage without taste or smell, and is ready for use. I generally procure it in the fall, and have it carefully dried.

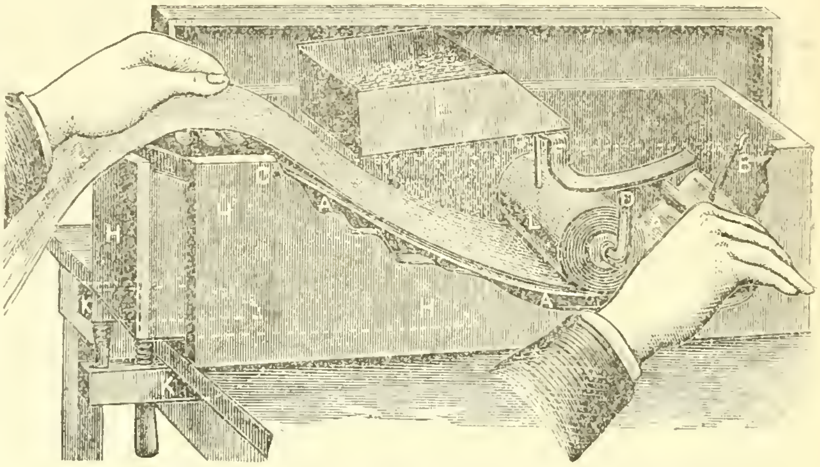
Here I ought to stop, though feeling how pleasant it would be to me to tell your readers how valuable many of our indigenous plants were to us who practiced long, long ago. This theme may serve me in times yet to come. Vain hope! they will never come to me.

A NEW APPARATUS FOR PREPARING DRY GYPSUM BANDAGES.*

BY H. AUGUSTUS WILSON, M. D.,

Of Philadelphia.

Rolling the dry plaster-of-Paris bandages by hand, the method usually in use, is unsatisfactory, and under the most favorable circumstances a dirty process. It was to avoid the inconveniences and irregularities of that method that I devised this apparatus, which I have had made by A. G. Gefvert, the orthopædic apparatus manufacturer.



It consists of an ordinary box-bandage roller, with the addition of the following: A movable bottom, A, A, A, held in contact with the outermost layer of the bandage, as it is rolled, by a rubber band B, and at the other end by a hinge-joint C. Upon this movable bottom, and just in front of the crank, is a flood-gate or distributor, not shown in the illustration, which equalizes the distribution of the plaster and presses it into the bandage from above, while the movable bottom prevents the gypsum from passing through the meshes. The proper tension is applied by two rubber bands.

A hopper, E, is provided with an arm, F, bent in such a manner as to be raised by the crank at each half turn, and upon being released it falls, throwing down a quantity of the powder upon the bandage in front of the distributor. A compartment, H, H, H, occupying the otherwise waste space under the movable botton, is utilized as a receptacle in which may be kept the gypsum when the apparatus is not in use.

A scoop accompanies the apparatus with which to take gypsum from the compartment and fill the hopper. The entire affair can be securely held to a table by clamp, K. Elastic bands are used for springs, because they are inexpensive and can be very readily replaced when worn out.

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* Read before the Philadelphia County Medical Society.

The method of using is, first to pass the end of the bandage to be rolled over the movable bottom, under the distributor, and attach to the crank. The hopper is now to be placed in position and, by means of the scoop, filled with a sufficient quantity of gypsum. While the crank is turned with the right hand the left guides the bandage, which may be watched, over the hopper, as it is being rolled.

The bent arm of the hopper is so arranged that the fall of the hopper may be sudden or gradual, and upon this depends the quantity of powder discharged. When the crank is turned very slowly the hopper is raised slowly and descends with the motion of the crank, and scarcely any gypsum is precipitated, and, of course, .the converse follows. This being clearly understood, a very slight experience will enable any one to control the action of the hopper with the crank.

When a bandage is finished, the crank is withdrawn sufficiently to disengage it from the bent arm of the hopper, and while the left hand holds the bandage a quick reverse turn of the crank enables it to be easily withdrawn. The gypsum remaining on the movable bottom is now discharged into the compartment by placing the hopper to one side, detaching the spring, B, and raising that end.

The apparatus is applicable to the rolling of the ordinary surgical bandage by detaching the rubber spring, B, thus allowing the movable bottom to drop out of the way. It prepares the dry gypsum bandages evenly and quickly. It is very simple in its construction and action. It cannot get out of order, except by breaking of the rubber bands. It is inexpensive.

Possessing these advantages, I hope it will be of service and facilitate the preparation of the dry gypsum bandages in the hands of other physicians, as it undoubtedly has in mine.

MEDICAL SOCIETIES.

CHICAGO MEDICAL SOCIETY.

Stated meeting, January 17, 1887. The President, Edmund J. Doering, M. D., in the chair.

OFFICIAL REPORT.

Dr. Lyman Ware read a paper entitled

A Clinical Study of Glaucoma.

The author briefly referred to the history, pathology, and etiology of glaucoma, and expressed his belief in the curative power of Von Graefe's operation of iridectomy. Unmistakable symptoms of glaucoma are supra-orbital and ciliary neuralgia, increased ocular tension, periodic diminution of vision, the appearance of a halo around artificial lights, a sluggish and widely dilated pupil, and a shallow anterior chamber. Although increased tension may be associated with other diseases of the eye, its presence should always lead to a critical examination. Several cases were detailed: Mrs. M., aged fifty, while riding in an open street-car, contracted a severe cold, which was followed by neuralgia over both eyes. The pain was so intense that at times she was delirious. Her weight was reduced from 110 to 80 pounds. She became entirely blind. On account of the eye being small and deeply set and the anterior chamber very shallow, sclerotomy was advised and performed. This gave immediate relief, but the pain returned again in a few days. When Dr. Ware saw the case the anterior chamber was almost obliterated, the glaucomatous lens pressed the iris forward until it came in contact with the cornea. With a Von Graefe cataract knife a free sclero-corneal incision was made and a portion of the iris excised, and the lens removed from both eyes. The pain greatly subsided, but the sight was irrecoverably lost. Another case was a man, aged fifty-two years, who complained of having had pain in and over the the left eye for five or six months, and had seen the halo about street lights. On examination, tension was found increased, vision diminished one-half. Some months later iridectomy was performed, and a solution of eserine (4 grs. to the oz.) instilled every four hours into the other eye. Pain was at once relieved, and all symptoms of glaucoma rapidly disappeared. Mrs. M., aged forty-five, had frequent attacks of neuralgia and noticed defective vision in the left eye six months before coming under observation. Tension was found much increased; she had seen halo about artificial lights for eight or ten months. Distant objects could be clearly perceived by right eye. Iridectomy was performed on the left eye with a view of abating the pain and preserving the vision of the right eye. The relief from pain was great, vision of right eye fully restored, and left eye much improved.

Dr. E. E. Holmes reported

A Case of Foreign Body in the Anterior Chamber.

This case was of special interest to me on account of the difficult diagnosis and the difficulty attending the removal of the foreign body. The doubt regarding the diagnosis arose from the fact that there was a small central perforation of the cornea. Below this, and not connected with it, was a fine greyish line extending downward and inward (right eye), apparently in the substance of the cornea, fairly into the angle of the iris and cornea. This resembled the channels left after the removal of fine slivers of grain stalk, which are sometimes thrown into the cornea obliquely from threshing-machines. The patient explained the accident as follows: He was setting a machine punch so the punch would accurately fit the die. The power was applied, when the punch did not accurately correspond to the die. At the same instant something entered the patient's eye. He came to my house twenty-four hours after the accident, with the eye slightly red, but not painful. I prescribed atropine and sent him to the hospital. The next morning the pupil was round and fully dilated. The media were all clear. I felt great anxiety in regard to the case, but inasmuch as during five days there were no symptoms of inflammation along the supposed track in the cornea, I finally became convinced that there was a fine splinter in the anterior chamber, in close contact with the cornea.

I made quite a long incision through the lower border of the cornea, the knife touching and moving the piece of steel. I endeavored by means of a fine forceps to seize the lower part of the steel and disengage the point from the tissues at the angle of the iris and cornea by carrying the steel farther towards the pupil. This was found to be impracticable, since the lower end of the piece was firmly held by the tissues. I used all the violence I considered warrantable. As the anterior chamber was without aqueous humor, there was some difficulty in further procedure without violence to the lens or iris. I consequently extended the wound in the cornea upward, so the upper end would correspond with the upper end of the steel. This end was easily seized, and with considerable force withdrawn. The splinter was three sixteenths of an inch in length. Eserine at first, then atropine with antiseptic dressings were applied with great care. There was no reaction, the patient recovering perfect sight, except as far as there was dimness from the central cicatrix in the cornea. Vision was good five weeks after the patient had returned home. I must confess the almost V-shaped incision in the lower border of the cornea did not please me.

Dr. Holmes also reported

A Case of Intra-ocular Tumor.

This tumor, filling the sclerotic, is a sarcoma of the choroid. The patient, a man 62 years of age, had been under the observation of several specialists during the past year, but could not give me a definite expression of their opinion. When he came to me, a few days ago, the cornea was perforated and presented a staphylomatous projection of the growth. For a year there has been pain and, for the last six months very great pain. The tissues of the orbit around the globe were greatly swollen, but not indurated. In enucleating the eye I expected to find the sclerotic destroyed posteriorly and the orbital tissues invaded. The enucleation, however, was performed as easily as in ordinary cases. The optic nerve is seen to be enlarged several millimetres beyond the sclerotic. The swelling in the orbit was caused by nodules of fat filled with numerous blood-vessels. Dr. Ochsner pronounces the tumor to be a small round-celled sarcoma, with very little pigment. The nodules of fat are free from sarcoma cells. This class of tumors, if removed early, are not very liable to return in the orbit. They may, however, re-appear, especially in the liver or other internal organs. They must, consequently, be regarded as quite malignant.

Dr. Boerne Bettman read a paper on the

Connection between Ocular and Nasal Diseases.

The author thought that numerous pathological conditions of the eyes and lids are attributable to normal changes in the nose, and that in these cases treatment of the ocular organs alone will fail to alleviate the trouble. After referring to Hack's monograph on the subject, Dr. Bettman detailed several cases in substantiation of his theory: A boy of 10 applied for treatment of epiphora of both eyes. The eyes were constantly weeping. An examination of the nose revealed an extensive swelling of the anterior portion of both turbinated bones. When these parts were touched with the probe profuse lachrymation was induced, and a light thrown into the eye by means of the ophthalmoscope produced violent sneezing. A deep incision was made in the swelling with a knife electrode, and a flat burner was also employed. The slough was completely thrown off in fourteen days and the boy cured in one month, the eyes receiving no treatment. Polypi of the nose have been found to produce secondary affections of the eye. Hermann S. was prevented from following his trade of a cabinet-maker on account of the excessive flow of tears; he also complained of pain in the eyes. Polypi were removed from the middle turbinated bone with the Jarvis snare and a cure effected. E. B., aged 16, was extremely sensitive to light, and the eyes were both bathed in tears. Each time the eyes were exposed to a glare of light she sneezed violently. There was Hack's swelling in both nostrils. Two pledgets of cotton were soaked in a 5 per cent. solution of cocaine, and allowed to remain five minutes at a time. There was an immediate effect, and in three-quarters of an hour she was able to bear the light. The patient refused cauterization, and employs cocaine to avert photophobia. The majority of cases coming under Dr. Bettman's observation have been treated by applications of the galvano-cautery to the nasal membrane. The applications restricted to the anterior end of the turbinated bone frequently fail to give relief. It has been found that a sensitive area exists at the posterior end of the inferior turbinated bone, and also at the anterior part of the nasal cavity, in the angle forming the boundary of the vestibule. In conclusion, the author thought oculists should always subject the nose to a thorough examination when seeking the source of ocular complaints.

Dr. H. M. Starky read a paper entitled

Some Modifications in the Treatment of Stricture of the Nasal Duct.

The author said that about 1883 the Western Repository Company made a lachrymal bougie of medicated gelatine of such elasticity that it could easily be passed into the nasal duct. It was less painful than a metal probe, and its slow solubility kept the mucous membrane at the point of stricture distended so that it could be acted upon by the medicine from thirty to sixty minutes. He thought results showed the use of electrolysis in these cases to be often unsatisfactory. The object to be attained is to restore the diseased parts to as nearly a normal condition as possible, and the most satisfactory treatment is by using injections more and probing less frequently. The author determined to try the effect of probing the punctum without slitting the canaliculus, followed by astringent injections over the inflamed surface. This treatment proved entirely satisfactory, and in about five weeks a patient went to his home in another State with apparently perfect recovery, and no destruction of tissue.

The following case was given as illustrating the author's method of treatment: Mrs. L. suffered from lachrymation of each eye for two years. There was severe lachrymal conjunctivitis of the right eye, the punctum being contracted one-half. On dilating the right punctum a No. 2 probe could be passed without difficulty, but the whole interior of the nasal duct had the peculiar velvety feeling that is caused by thick villous mucous membrane. The same condition, in less degree, was found on the left side. Treatment was commenced by applying a weak astringent and washing out the lachrymal canals thoroughly each day with boric acid lotion, followed by a weak astringent. Once a week a probe was passed through the dilated punctum down to the nares, using a larger probe each time until No. 7 was reached. The result was satisfactory, and in six weeks the patient returned home apparently well.

Dr. W. Franklin Coleman read a paper on

Sympathetic Ophthalmia.

Disease in the sympathetic eye generally occurs when there has been a wound or operation in the dangerous zone of the diseased eye. Becker, in 1875, collected twenty-two cases of sympathetic ophthalmia from cataract operations, foreign bodies lodging in the eye, and degeneration of a lost eye, or other causes. Dr. Coleman read in detail the clinical history of the disease, and enumerated the causes, histories, and results of the treatment of a large number of cases. In regard to treatment, he advised as per the following:

CONDITION DISEASED EYE.	CONDITION SYMPATHETIC EYE.	TREATMENT.
Blindness.	Normal.	Enucleation in unintelligent and children.
Blindness.	Sympathetic irritation.	Enucleate.
Blindness.	Sympathetic inflammation.	Enucleation not often advisable.
More or less vision.	Normal.	Do not enucleate generally.
More or less vision.	Sympathetic irritation.	Better enucleate.
More or less vision.	Sympathetic inflammation.	Do not enucleate.
Acute ophthalmitis.	Normal.	Never enucleate.
Acute ophthalmitis.	Sympathetic irritation.	Puncture and foment diseased eye, then enucleate.
Acute ophthalmitis.	Sympathetic ophthalmitis.	Treat ophthalmitis, then enucleate.

Dr. F. C. Hotz said: "I think the theory of the author in regard to the closing of Schlemm's canal and the approximation of the iris to the cornea interfering with filtration cannot account for glaucoma. Pathological anatomy has so far failed to find the cause, and we have to rely on clinical studies to build up a theory which will account not for the late stage, the fully developed glaucoma, where the sight of the eye has been permanently destroyed by the disease, and which the pathologist gets from the oculist after enucleation, but for the first stage, the premonitory symptoms before it becomes an acute attack; a stage which the pathologist has not yet investigated with his microscope. At that stage who can say certainly what glaucoma is? It is probable that various causes lead to the same result. I believe that the agglutination of the iris to the cornea, the compression of Schlemm's canal or any other part of the eye, are consequences, and not primary causes of glaucoma. I was somewhat surprised that, in a paper addressed to general practitioners, the author attached so little importance to the clinical symptoms in glaucoma, of a general character, such as gastric and febrile disturbances in connection with hemicranic headache. These symptoms often cause the practitioner to fail to discover glaucoma. I can recall a number of such instances. Last October a lady came under my care who had been under the treatment of a physician for four or five weeks for malarial fever and dyspepsia, which was the beginning of an undoubtedly characteristic and typical attack of glaucoma. But the attending physician's attention was attracted by the coated tongue, the nausea, vomiting, severe headache, and excited pulse, and he treated the patient for these daily attacks of headache which he diagnosticated malaria, and used antiperiodic remedies, utterly disregarding the condition of the eye, although the sight was at first nearly extinguished, and only returned to a certain extent after the attack lost somewhat its severity. Another case: A poor woman lost one eye from glaucoma ten years before; the eye was blind and hard, showing the characteristic state of an eye in which glaucoma had run its course. She was attacked by a severe pain in the head extending over the left side, could not sleep for several weeks, was nauseated, vomited, and showed symptoms of some general disturbance. The physician treated her for the stomach trouble and headache, and although she told him time and again that her sight was getting poor, and suggested that an oculist had better examine her eye, he paid no attention to this, and the result was that two months after this attack the sight was entirely gone and could not be restored. In still another case both eyes were neglected until the patient could perceive only a little flicker of light, before it was considered necessary by the attending physicians to pay any attention to the eyes. Dyspepsia, gastric fever, malaria, and sick headache were the diagnoses, and the treatment was in accordance. I think it is well to bring out these points, and to call the attention of every physician to the fact that such attacks sometimes mean something more serious than a disturbance of the stomach, and that when the patient during such attacks speaks of the eyes as being troublesome, or the sight as becoming dim, it is worth while to pay attention to it, and to remember that acute glaucoma is often ushered in with these general constitutional symptoms."

Dr. Lyman Ware said: "I have only a word to say about the disturbance of the equilibrium of secretion and excretion. It has been fully demonstrated that it is only by restoring the equilibrium that sight is saved. I quite agree with Dr. Hotz regarding febrile symptoms, but it is my experience that they are *secondary* rather than *primary*."

Dr. Henry Gradle said: "The cases which Dr. Bettman presented are of great interest from the fact that they have only lately been recognized. Dr. Gruening, of New York, was the first to point out that there existed affections apparently of the eye, but which in reality originated from the nose. I have watched for these cases ever since Gruening's paper first appeared, and would say that the cases in which the nasal trouble is *entirely* the cause of eye disease are not very frequent. But I have seen instances where affections of the eye were certainly complicated by nasal trouble, and the nasal trouble prolonged the eye disease. I recollect a number of cases of eye disease either kept up or originated by nasal trouble. The first of these is a pseudo-erysipelas of the lids, which is not an infectious disease, but merely a secondary affection of the blood-vessels, only resembling erysipelas clinically. It is entirely due to irritation and engorgement of the blood-vessels in the front part of the inferior turbinated bone. A second type of nasal affection giving rise to eye trouble is true periodical hay-fever and a non-periodical irritability of the nose resembling hay fever. I have published four cases, and have since seen another, of periodic conjunctivitis characterized by the formation of granules and follicles, which trouble always receded in winter, to re-appear again in the spring or summer. In two of these cases a diagnosis of hay fever has since been made. I have seen a case which had been treated for trachoma by a number of specialists, where the history of the nose showed that the affection was of nasal origin. The same trouble may exist in a non-periodic form, and present all the symptoms of hay fever, the trouble not being limited to any season, but occurring in any part of the year, lasting a few days or weeks. But these cases are not common. In one of these cases I was able to effect a complete cure by cauterization of the nose. A third type of nasal affection giving rise to ocular symptoms is true catarrh of the upper and front part of the mucous membrane of the nose, where the membrane is distinctly reddened, and where there are generally slight and by no means prominent symptoms of catarrh. In these cases I have very frequently found troublesome epiphora without any stricture of the duct; in some cases the test was made by using delicate probes. Such cases, I can testify from my own experience, are entirely curable by simple treatment of the nose. I have found a not sharply defined case of asthenopia, due not entirely to the nose, but complicated with refractive trouble, where nasal treatment was necessary to complete a cure. Once or twice I have seen polypi play the same role, and a number of times I have found the starting-point of the irritation not in the front of the nose, but in the posterior part, in the form of the common adenoid vegetations.

This is a subject which has not been fully dealt with in literature, but I have several cases where the extirpation of the large postnasal tonsil has given decided relief to the eye. Then I have found that in a few cases ulcers or chronic inflammation of the cornea were kept up by nasal trouble, which was probably started in the first place by a copious flow of tears from the eye. I have observed that local treatment by means of calomel, atropia, and the customary applications to the eye, proved inefficient, while the addition of nasal treatment hastened the cure of some of these tedious cases. The nose was probably normal to start with, but the continued flow of tears produced either small erosions or some little catarrhal troubles of the mucous membrane at the front of the nose, subsequently increased to chronic catarrh, leading to congestive obstruction of the tear passages, or exerting an unfavorable nervous influence upon the eye trouble. Finally, as a rare instance, I will mention one case which is now cured. The patient was sent to me for polypi, which, however, proved to be the minor trouble in the nose, the real trouble being an immense vascular tumor occupying the entire floor of the right side of the nose, covering the inferior turbinated bone and reaching about to the middle turbinated bone. The patient had been reduced in strength, and the slightest exertion on his part produced hemorrhage, therefore the most careful operative procedure was necessary. I finally succeeded in removing the entire tumor by the galvano-cautery in twenty sittings. As the tumor began to shrink the hemorrhage was less, but he lost thirty or forty ounces of blood in six weeks. During the latter part of the treatment his right eye began to bulge, and he complained of double sight. It has remained healthy, but there was an unmistakable development of vascular tissue in the orbit and behind the eye, which receded by the time the tumor had been extirpated from the nose."

Dr. Boerne Bettman said: "I was very glad to hear Dr. Gradle corroborate my statements. I am well aware that these cases are comparatively rare; although I have recorded in my case-book about twenty seen during the last two years. I am acquainted with the article published by Gruening. My attention was first called to the subject by the work of Hack, and since reading that I have made it a point never to allow an eye patient to leave my office until his nose has received a very thorough examination. I have seen a number of cases such as mentioned by Dr. Gradle, but I thought it better to describe to-night only the typical ones. The connection between ocular and nasal troubles is a point all oculists should bear in mind, and when they find no local cause for epiphora they should examine the nose."

Dr. A. P. Gilmore said: "I would like to add one word in regard to glaucoma, and that is, the importance of tension does not seem to me to have been sufficiently dwelt upon. Any careful general practitioner can ascertain whether the tension is increased or not, simply by comparison with the tension of his own eye. All pain referred to the eyeball, with or without the accompanying neurotic symptoms mentioned in the paper, does not mean glaucoma. Unless there is increased tension you cannot diagnosticate glaucoma. The author does not mention Badal's operation in the treatment of glaucoma. It is certainly entitled to a place among the operative measures. I will only speak of one point in Dr. Starkey's paper, viz., epiphora. I do not believe, with many, that epiphora is due primarily to a stricture which prevents the escape through the nose of the natural amount of fluid secreted, but is due rather to reflex irritation causing an hyper-secretion of tears. In health the eye is moistened with a moderate secretion. When the lachrymal gland is removed the eye continues to be moist and the cornea retains its lustre. Tears are not essential to the lubrication of the eyeball; their function is to protect the eye against foreign bodies. A bit of dust under the lids will cause profuse lachrymation and the tears will flow over the face, not because of an obstruction to the natural amount of fluid secreted through the natural passage, but because of a hyper-secretion due to reflex irritation. For treatment I never use a probe larger than Bowman's No. 6, usually No. 4. I seldom find it necessary to make Bowman's operation in epiphora. I think its use is unnecessarily frequent. I use astringent and antiseptic solutions with a syringe small enough to be easily introduced into the puncture when slightly dilated. I am very careful to treat any nasal complications; it is impossible to treat diseases of the eye successfully without recognizing and treating reflex irritations of the nose."

Dr. Starkey said: "My paper was necessarily cut down very much. As first written I had given some space and attention to cases similar to those mentioned by Dr. Bettman. I had also spoken of the probability that in many cases of epiphora, where there had been inflammation of the tissues lining the lachrymal canals with partial closure, a continual irritation of the canal in some way, perhaps reflexly, so stimulates the lachrymal gland that the tears are poured forth more abundantly. There are well-known cases where the lachrymal canals have been completely closed by injury or operation, and yet lachrymation is not annoying, although the gland has not been extirpated; tending to show, as mentioned by Dr. Gilmore, that the normal secretion of tears is ordinarily very limited. It seems to me that in many instances lachrymation is due to irritation propagated reflexly, and therefore in treating such cases I thought of trying to restore the mucous membrane of the lachrymal canals to the normal condition, as well as to look for and treat points of irritation elsewhere."

Dr. J. E. Colburn said: "In cases of injury where there is danger of sympathetic irritation, a foreign body being lodged in the anterior chamber, iris, ciliary body, or the choroid, where the chances are that in order to give all the advantages of treatment the patient must necessarily be idle for a considerable length of time, and where the sight in the injured eye has been irretrievably lost, I think it advisable to make the operation of evisceration or abscission as early as possible.

The patient, if a laboring man, is then relieved from a long enforced idleness and anxiety, and the danger that lack of care frequently causes in this class of cases. Where the appearance is first to be considered, and the patient can be constantly under observation, the operation can be postponed, but with the strict injunction the patient is to be under constant surveillance. In a large majority of cases where there is great damage done and the foreign body is out of sight, it is safe and advisable to make the operation, trusting to that to save the other eye. In a case that came under my observation recently a piece of steel entered the anterior chamber near the centre of the cornea, passed through the iris and lodged in the sclera. No operation was performed, and the fellow eye became sympathetically affected, and on account of its sympathetic disturbance had to be removed. The steel produced some local irritation, and the eye was caught and rolled strongly toward the nasal canthus, and the piece of steel was found projecting into the orbit from the sclera and was removed. The track of the steel through the sclera was surrounded by a large mass of fatty degeneration, which was also removed. Vision remained about one-half."

Dr. W. Franklin Coleman said: "I agree with Dr. Colburn as to the desirability of timely enucleation in the case of a laboring man, to save his time, but should ophthalmitis set in I should not, under any circumstances, enucleate the eye. I believe it is rare for German operators to risk removing an eye in a case of ophthalmitis, but in England they scarcely hesitate to remove an eye under any circumstances. I have never regretted recommending a patient to have an eye enucleated, but I have sometimes regretted that I did not urge the patient to have the eye out in order to avoid the fearful risk of sympathetic inflammation. I am astounded at the position of so eminent an authority as Noyes, who says, 'I hesitate to enucleate the eye on account of appearances, and do not do so unless symptoms of irritation or inflammation appear which I cannot relieve with medical treatment.' In nineteen out of twenty cases the lost eye is not worth saving, but is a blemish, and an artificial eye would be more ornamental. And if a man wishes to get work he will deceive the very elect as to which is the real and which the artificial eye. I cannot see any advantage in not advising enucleation where the eye has been injured to such an extent as to menace the fellow eye."

Dr. Gilmore asked Dr. Holmes why he did not try a magnet?

Dr. Holmes replied that he had been in so much doubt what to do that he thought best to first try incision and forceps. He did not believe the best magnet could have liberated the end of the steel, buried in the tissues of Fontana's space. It is remarkable that so long a piece of metal could have been thrown through the cornea, making so minute an opening, and lodged in the anterior chamber, as described, without injury to the iris or lens.

Dr. Coleman said: "To my mind the magnet in the eye is a delusion and a snare. For instance, if you introduce a magnet within the eye, not knowing where the foreign body is before placing the point of your magnet, you have to search the whole cavity of the eyeball and reduce it to a jelly before you can extract the body. Granted no great harm is done if you do not extract it with the magnet, for you can afterwards enucleate the eye. But so far as I have tried it, and have seen others experiment with the magnet, it does not give satisfaction."

Dr. Holmes replied: "That is very true in many cases where the steel cannot be seen with the ophthalmoscope; but I think where a view of the foreign body can be obtained early, the magnet may be employed with brilliant results. There are now so many cases reported with excellent results after extraction with the magnet, that I cannot think it a delusion and a snare by any means."

Dr. Colburn said: "I recently saw an interesting case in which the foreign body was lodged about half way between the ciliary body and the entrance to the optic nerve. The operator cut through the sclera about where he thought it was lodged, passed the magnet in and brought out the foreign body apparently without wounding the retina at the point of attachment. The patient made a good recovery."

NEW YORK ACADEMY OF MEDICINE.

Regular meeting, February 3, 1887.

A. Jacobi, M. D., President, in the chair.

The President read an address in which he acknowledged the obligations imposed upon him in accepting the honor of the presidency. He pointed out the good work being done, and referred to the steps necessary in order to make the Academy even more successful and useful than it had hitherto been.

Action was taken preparatory to purchasing a site for the proposed new building.

On Detecting and Locating Metallic Masses in the Human Body by the Indication-Balance and the Telephonic Probe.

Dr. John H. Girdner described these two instruments, the induction balance and the telephonic probe, which had been invented by Professor Bell for the purpose of detecting and locating metallic masses in the human body, such as bullets. An apparatus was prepared by Prof. Bell for the purpose of detecting the bullet in President Garfield's case, but it failed, owing to haste of construction and the fact that the patient, as was learned afterward, was lying on a steel mattress. The instrument had been so far perfected, that at present one was able with it to locate a bullet distant six inches from the surface. In the circuit of the induced current is a telephone receiver, which conveys a musical sound whenever the coil of wire called the explorer is passed over the body in the locality of the metal. The sound grows louder and louder until the explorer rests directly over the metal. Having detected the piece of metal in this manner, the telephonic probe comes into use in placing its exact locality. In a circuit is a telephonic receiver; one pole is connected with a metallic plate laid upon the body, and the other, terminating in a long slender probe, is passed through the anaesthetized skin down upon the bullet, which, when touched, causes a clicking sound in the receiver. The practical working of the apparatus was demonstrated upon a wounded soldier, and also upon a piece of beef into which a piece of lead had been placed.

The Use of Traction in the Treatment of Club-foot, with a Consideration of Some of the Mechanical Principles Involved, and a Description of an Antero-posterior and Lateral Traction Apparatus.

Dr. Newton M. Shaffer read a paper with this title, exhibiting numerous diagrams and apparatus, and explaining the principles involved in the motion of the foot upon the ankle, and the violation of these principles in the use of apparatus usually employed. His own apparatus was intended to re-establish the natural form of the foot by making traction in the directions observed in the motion of the healthy foot, namely, by drawing the heel downward and forward and the toes upward and forward when talipes equinus existed, and in varo-equinus employing at the same time lateral traction. The shoe should be made to fit properly, and in that case it was simple and effective in use, and usually did away with the necessity for tenotomy.

EDITORIAL DEPARTMENT.

PERISCOPE.

A Case of Free Drainage of a Phthisical Cavity.

The following remarkable case is reported by Mr. Arthur Neve, F. R. C. S., in the *Lancet*, and is highly suggestive:

A young man, haggard and wasted to a degree, was admitted into the C. M. S. Mission Hospital on April 10, 1886. For a year he had been suffering from violent cough and profuse expectoration. His appearance was that of a man in the last stage of phthisis. His fingers were much clubbed. The expectoration amounted to a pint and a half or two pints in the twenty-four hours. It was tough, and in large flocculent, purulent masses. Microscopic examination showed a very considerable proportion of pus-cells, with elastic fibres, etc., and swarming with bacilli. Examination of the chest revealed the presence of cavities in the upper and anterior part of the right lung, while the right base and most part of the left lung was fairly healthy. The left apex appeared condensed, with possibly commencing softening. For nearly three weeks the patient was treated with cod-liver oil, tonics, eucalyptus, and creasote spray, and counter-irritation. During this time there was no improvement, and the patient (a troublesome one) was clamorous for something to be done. Accordingly on April 29th, having administered chloroform, I made an incision two inches long close to the right nipple, through which a corresponding portion of the fourth rib was resected, with the periosteum attached. The pleural surface was, as I expected, firmly adherent. I then forced my finger inwards and upwards in the direction of the cavities. There was no such large cavity close to the wound as I had hoped to find; but upwards it entered two small cavities. The tissues were hard, but friable. I did not attempt to open the cavities on the axillary side, deeming that they would drain by the bronchi into the wound. A large-sized drainage-tube, six inches long, was passed into the lung, and the wound closed by a pad of gauze and a saw-dust bag. Hemorrhage was quite inconsiderable, and the air whistling through the wound gave promise of good drainage. Within two days the expectoration by the mouth was diminished to three or four ounces, and was no longer accompanied by the distressing cough which the man had complained of. There was, however, much pain about the wound. It was daily washed out with corrosive sublimate solution, and pure oil of eucalyptus was poured into the tube. At first this gave rise to cough, but toleration was established. Inhalations of creasote and eucalyptus were continuously maintained by keeping the pad on the wound moist with them. The discharge from the tube was chiefly muco-purulent; at first bloody, later thick and tenacious, but progressively less so. About the fourth week the patient began again to complain of the drainage-tube (which he had himself removed several times during the first two days); a little blood also appeared on the dressings; so, fearing ulceration into the vessels of the lung, I removed it altogether. In the early part of June the sputum continued healthier, and he went home. On the 24th he returned. The improvement was then striking, especially in the local signs. The chest round and above the wound was considerably contracted, and sucked in. The sinus was freely open, and upon coughing some mucus was expelled from it. The healthy area of the lung seemed increased. The apex of the left lung, however, showed more signs of breaking down. He remained under observation in hospital for two days, and was photographed. The expectoration was about ten ounces in twenty-four hours, but was chiefly clear and watery, with a few nummular masses similar to those of which it formerly entirely consisted. His cough troubled him only in the morning; he slept and ate well, almost ravenously, and gained strength, though but little flesh. He was then sent to a mountain sanatorium 8500 feet above the sea. Up to this point the improvement effected was entirely by means of the operation. Since that time I have not seen the patient, but occasionally receive reports from his friends. After September he became weaker. He is said to wander over the country, is seldom at home, and does not work. There still remained a small opening in the chest.

Salol as an Antiseptic.

M. Quinquaud recently presented the following communication from M. Pinet to the Société de Biologie. The salicylate of phenol, or salol, was discovered by M. V. Nercki. It appears as a white powder, insoluble in water, but soluble in alçohol. It has an aromatic odor, and, according to the author, has no taste. Experiments have been made with salol by M. Nercki, who attributes to it the same antiseptic properties as those of salicylic acid, whether it be employed in the form of powder or in an oily solution. Ten cubic centimètres of septic fluid produced by the putrefactive fermentation of the muscles of a frog steeped in water, were put into a test-tube, and set aside for comparison. This liquid, which was very turbid, exhaled the special odor of putrefaction, and contained a considerable quantity of all the bacteria ordinarily met with in putrefactive fermentation. Ten cubic centimètres of the same fluid were put into tubes containing respectively five, ten, fifteen, and twenty centigrammes of salol in powder. A second series of tubes was prepared, each containing a like amount of the same septic liquid, but with corresponding weights of salicylic acid in powder instead of salol. The tubes were allowed to stand for a few hours, when it was found that the liquid in tube No. 2, which contained fifty centigrammes of salicylic acid to one hundred grammes of the mixture, although still a little turbid, was notably clearer than the liquid in the first tube, which was set aside for comparison. The microscope revealed but very few bacteria, with little movement. The others were inert at the bottom of the preparation, the micrococci having lost their Brownian movement and their refraction. The putrid odor had almost entirely disappeared. The liquid in tubes Nos. 2, 3, 4, and 5 presented the same characteristics. At the end of twenty-four hours the liquid in tube No. 2, which contained salicylic acid in the proportion of one-half per cent., was found to be absolutely clear, and entirely free from putrid smell. The same was found to be the case as regards Nos. 3, 4, and 5. The liquid in the tubes containing the salol was found at the end of six days to be quite as turbid as the primitive liquid. The odor of putrefaction, although somewhat masked by the odor of the salol, was nevertheless distinct. On the third day, there appeared on the surface of the liquid a grey pellicle, which, when examined with the microscope, was found to contain a large quantity of micrococci, and an infinity of bacteria and monads. Following up these experiments, it was found that salol in powder, in doses of 10 per cent., in no way hindered the development of putrid fermentation. From this it will be seen that salol and salicylic acid are far from being equally antiseptic, since five centigrammes of salicylic acid in ten cubic centimètres of putrid liquid arrested fermentation, while one gramme of salol in ten cubic centimètres of the same putrid liquid, had no such effect. The oily solution of salol employed under the same conditions produced like results. Finally, if in those tubes in which the salol had remained without effect, and in which the liquid was turbid and had a putrid odor, five centigrammes of salicylic acid were placed, the liquid was found, after twenty-four hours, to be clear, and to have lost all smell. As regards the anti-microbic action of salicylic acid, the following observation is mentioned: In a case of dental caries causing excessive pain, the author, by the advice of Professor Vulpian, applied to the affected part a paste, formed of salicylic acid and water. A first application of this paste brought about a notable diminution of pain; a second, two hours later, caused entire cessation of the pain within a few minutes. This observation is interesting, as it appears to indicate that the pain was in some way connected with the presence of microbes in the dental cavity.

Acute Disease in Opium Habitues.

In treating acute disease in persons accustomed to the consumption of opium, it is highly important to continue the customary narcotic. This is illustrated by a case quoted by Dr. Richardière, of Paris. The patient, a physician in one of the suburbs of Paris, had contracted the habit whilst suffering from a painful affection of the stomach, and it had now become inveterate. In consequence of fatigue and exposure in attending his patients during several nights in succession, he caught a slight cold, with sore throat. A few days later, after further exposure, he had fever and headache, together with pain in the right side. During the day he grew worse, and had several fits of coughing. The following night he had rigors, and complained of oppression. Tubular breathing was heard in the lower half of the chest on the right side, and there was marked dullness on percussion in the same region. The fever was intense; the respiration was labored, superficial, and very frequent. The expectoration was yellow, and much thinner than in typical pneumonia. The weakness and irregularity of the heart's action, and the excessive rapidity of the pulse, made the prognosis very grave. The oppression became intense; the respirations numbered from 60 to 70 in the minute. The patient had frequent attacks of suffocation of a degree of severity exceeding anything M. Richardière had ever seen in pneumonia, and bearing a striking resemblance to those of asthma. In his efforts to breathe, the veins in the patient's neck became swollen, and his face violet in color. At last, after a series of fruitless attempts, he succeeded in expanding his chest, and respiration began again, but was extremely frequent and hesitating. There appeared to be only one explanation of these attacks. M. Richardière knew that the patient was in the habit of taking morphine, having already treated him for large abscesses in the legs which were caused by the injections, and he thought, therefore, that the sudden privation of the habitual stimulant might count for something in the production of these attacks of coughing, which were very different from those which occur in the broncho-pneumonia of adults. The patient was young, vigorous, and of sanguine temperament. The heart contracted badly, probably on account of the inability of the left ventricle to force the blood into the lungs, which had become in part impermeable. Bleeding seemed to be clearly indicated, and accordingly from 500 to 600 grammes of blood were withdrawn. An expectorant draught was given, together with an injection of morphine. The next day the symptoms were unchanged; but after another injection of morphine, the dyspnœa was somewhat diminished. Blood was again drawn to the amount of 400 or 500 grammes. During the evening the patient's state seemed to be worse; the respirations were 70 in the minute; the pulse was thready, and more rapid than on the previous evening. The face was of a violet color, and the extremities were cold. The patient seemed to be past hope, but as a last resource subcutaneous injections of ether were made every two hours, together with three fresh injections of morphine. On the following morning there was a notable improvement, and in spite of subsequent recrudescence the patient finally recovered. Although the attacks of dyspnœa in this case presented only an asthmatic form, M. Richardière thinks they should be attributed to chronic morphine poisoning; and he believes that a fatal attack was only prevented by recourse to the stimulant for which the system was craving.

Aspergillus Nigricans.

Before the Academy of Medicine in Ireland, Mr. Story exhibited and described microscopic specimens of aspergillus nigricans, which he had removed from the auditory meatus of three individuals suffering from deafness and inflammation of the external ear. He also showed a fourth fungus of an undetermined character, but most probably also one of the aspergillus tribe. Mr. Story stated his conviction that the fungi were the cause and not the consequence of the ear disease—a view which had been advocated by some writers on the subject.

The President said he had seen a few cases of aural fungi. In one of these there was intense pain in the left ear, and the meatus was partly blocked up with a white cottony material. A brother of the patient was at the same time being attended by Mr. Swanzy for otomycosis, contracted by lying on hay or damp vegetable matter in the summer time, and he (the President) asked Mr. Swanzy to see his case. It was impossible to resist the evidence that the fungus was the direct cause of the disease. The invasion by it of the deeper tissues had been conclusively proved. He would ask Mr. Story whether in any of his cases he had noticed any special cause which led to the production of the fungus, such as dealing with yeast or any contact with decomposing vegetable matter. The aspergillus, he believed, was not confined to the ear, but was also occasionally found in the bronchial membranes.

Dr. Mapother mentioned that in the year 1880 he himself had an acute attack of otomycosis. He had never suffered, either before or since, from any aural disease. One night he went to bed in a house in the suburbs of Dublin with his hearing perfect; and the following morning he arose almost completely deaf. He bore the affection for one day, and on the next consulted Mr. Swanzy, who, partly with forceps and partly with the syringe, removed a quantity of white cottony material from his ears. The only sensations he had besides the deafness were stuffing and a sort of ramming, as if something like cotton-wool was being pushed into both ears. The material removed from his ear was examined by himself and his friend, the late Dr. Richardson, and they both came to the conclusion that it contained aspergillus. Which of the seven or eight different forms it was he could not say; but, as well as he remembered, it was like the first form described by Mr. Story. The shape of the growth resembled the aspergillus, or holy-water sprinkler, used in the Roman Catholic Church. After the extraction of the fungi from his ears, and a week's washing with sulphuric acid, they disappeared and never grew again. He had observed that the wall-paper of the room, next to which he had slept, was almost completely separated from the wall by damp; and believed that it was that which produced the fungi. Since the wall had become dry, no similar attack of mycosis had occurred to any one else occupying the room.

Mr. Story, in reply, said he remembered being consulted by a farmer who, after sitting up all night with a sick cow, had stuffing and pain in his ears next morning, which were found to be caused by aspergillus.

A Case Illustrating the Need of Caution in the Use of Salicylic Acid.

Dr. W. T. Freeman thus writes in the *Lancet:*

A short time ago I was attending an old lady of fifty-nine years of age. My attendance to the time of her death extended over a period of three weeks, but she had been attended for a few weeks previously elsewhere by another medical man. Her symptoms ran as follows: A great feeling of malaise, of depression of spirits, with always more or less of a slight headache; tongue coated with brownish fur, especially at the back; sallow skin; stools clay-colored; bowels opened freely every day; pulse during the whole of the three weeks full, and beating at the rate of from 105 to 110 per minute; never any rise of temperature; specific gravity of urine about 1020, acid, with distinct trace of phosphates, but no albumen or sugar. She was restless at times at night, even to the extent of getting out of bed aimlessly. I diagnosed the case as an obscure one, but expressed my opinion that she was suffering from congestion of the liver, and probably also from some congestion of the brain. The patient was generally of a feeble habit. On the twentieth day of my attendance, although she showed no alarming symptoms whatever, and she became but slowly better, I suggested a consultation. She had improved, however, in these respects—the motions had become of an almost natural color, and the headache was better: the rest of the symptoms were unchanged. The treatment to that day had been attending to the bowels, regulating diet, and keeping the patient quiet, whilst medicinally she had been taking a simple effervescing mixture of tartaric acid and bicarbonate of potash, with ten grains of bromide of potash in each dose, three or four times in the twenty-four hours. After most carefully considering the case, the gentleman I had called in came to the conclusion that a rheumatic taint was at the bottom of the remaining mischief, and prescribed for her fifteen grains of salicylic acid, together with small doses of carbonate of soda, carbonate of ammonia, and tincture of nux vomica three times daily. In this treatment I coincided. She was quite in a natural mood on the afternoon that we saw her together, and we were agreed that there was no cause for alarm, and that there was reasonable hope of her being restored to her usual state of health in the course of a few weeks. I saw her no more till next morning; she had then taken three doses of the salicylic acid mixture. I found her comatose and rapidly sinking. The urine contained albumen. We had another consultation as soon as possible, but she died in the course of a few hours. Although probably the brain symptoms were more severe all along than I expected, and most likely the head mischief would have ended her days, yet I cannot help feeling that our last attempts to cure our patient only resulted in the abrupt snapping of the thin cord of life she had left to her.

The Pathology of Colles' Fracture.

At a recent discussion at the Pathological Society of London, Dr. D'Arcy Power read a paper on the Pathology of Colles's Fracture, and drew attention to the large proportion of fractures of the lower end of the radius in which the lower fragment was comminuted into the joint. He believed that, from a pathological standpoint, this variety of fracture is more common than the simple form ordinarily described; and he held that, without dissection of the injured part, it was often impossible to distinguish the simple from the comminuted fractures, since the deformity might be identical. He related the case of a man, aged thirty-nine, who fractured his wrist, and sustained such other injuries that he died. During life, and even after death, when a more careful examination could be made, the wrist presented the symptoms of an ordinary Colles' fracture, and it was only upon dissection that the true nature of the injury was apparent. The lower end of the radius was seen to have undergone a very complete crushing, the wrist-joint being implicated in more than one place. Since the occurrence of this fracture, Mr. Power had examined several other cases which appeared to be of the ordinary type, but which, upon dissection, proved to be in reality comminuted. He exhibited the six specimens before the Society. He had also collected details of cases in which, after almost identical injuries, a fairly useful joint had resulted. He concluded his paper by observing that, although the pathological interest attaching to these cases was great, he believed that the clinical importance was but small, since it was difficult to distinguish between the two classes in the first place, and when that was done the final result appeared to be almost equally good. In examining the specimens preserved in the various pathological museums in London, Mr. Power had only found twenty-five cases of simple fracture, as against thirty-two in which the lower fragment of the radius being comminuted, the fracture had extended into the joint, thus bearing out the observation of Mr. Clement Lucas, that pathological specimens showed a very large proportion of comminuted fractures.

Sir James Paget asked if the history of the manner in which the patients fell was known.

Mr. Gilbert Barling had seen cases of simple, impacted, and comminuted fracture into the joint, but this anatomical knowledge would not be of therapeutical value.

In reply, Mr. Power agreed with the last speaker, and said that indirect violence was the cause of all the fractures, but the exact method of its application was very difficult to discover.

Reciprocal Influence of Diabetes on Syphilis.

In a recent article published in the *Journal des Connaissances Médicales,* the question of the reciprocal influence of diabetes upon syphilis, and of syphilis upon diabetes, was discussed. The question of the connection between diabetes and syphilis is of recent date. Different authors have only kept in view the fact of syphilis being regarded as the cause of diabetes, and have paid but little attention to diabetes co-existing with syphilis. It is the latter point which gives great interest to the recent thesis of M. Arnaud. Two circumstances may arise where diabetes and syphilis are co existent:

1. The patient may have been suffering from diabetes for a longer or shorter period when he contracts syphilis, and the latter complaint is modified in its evolution and progress from the fact of diabetes having preceded it.

2. Diabetes developing after syphilis seems to be the direct or indirect consequence of that disease.

The results of M. Arnaud's observations on this subject have led him to the following conclusions: When diabetes has pre-existed, it modifies the clinical aspect of syphilis, either because it induces cachexia, and thus renders the patient less able to resist the invasion of the disease, or because it exercises an injurious influence upon the anatomical elements by bringing them into direct contact with the sugar contained in the pathological secretions of the human economy. It cannot be denied that syphilis may give rise to diabetes, which may be more or less persistent, owing to the changes in the blood and tissues which it constantly produces. Syphilis may bring on another form of diabetes through tertiary products (gummata) becoming developed in the surrounding parts of the fourth ventricle, and compressing the centre of glycosuria described by Claude Bernard. When syphilis develops in a diabetic patient, infective chancre and secondary lesions have a tendency to ulcerate. As these deviate from their ordinary aspect, they may give rise to an error in diagnosis. Under these circumstances, the evolution of syphilis appears more rapid than in a normal case of the complaint. According to some writers, sugar disappears when specific symptoms show themselves. M. Arnaud's observations prove that sugar seems to leave the urine more rapidly in these cases than in ordinary diabetes. Syphilis will prove more serious in diabetic patients than in others. Anti-diabetic should be combined with anti-syphilitic treatment in such cases.

Antipyrin in Phthisis.

Antipyrin has been shown to have various uses, but if the success which has been reported by Dr. Zakrzhevski in a paper contributed to the *Russian Military Medical Journal* attends the practice of other medical men, this drug will hereafter be looked upon as almost a specific. While under ordinary methods of treatment the mortality of phthisical patients in the Helsingfors Hospital was 50 per cent. during the eight months in which the antipyrin treatment has been carried out, not a single case has proved fatal, many of the patients having, on the contrary, improved so decidedly as to be able to return to their homes. The author much prefers the hypodermic method of administering antipyrin, as the effect is produced in less than an hour, whereas when the drug is given by the mouth no effect is produced for from one to three hours. The action of antipyrin is to increase the force of the cardiac contractions, and so to raise the blood-pressure. In phthisical patients it slows the pulse, but never quite to the normal rate. It also slows and deepens the respirations, and the digestive functions are improved. No albuminuria or other sign of renal disturbance was observed. With regard to the dose Dr. Zakrzhevski finds that it should be regulated by the strength of the patients. In a man with phthisis, who was still fairly robust, a full dose of ninety grains was required in order to produce the best effect; whereas in greatly debilitated typhus patients ten or fifteen grains were quite sufficient, and in cases where there was decided exhaustion it was found that a dose of sixteen or seventeen grains was the largest that it was advisable to give.

On Primary Nerve Suture.

At a meeting of the Medico-Chirurgical Society of Leeds, England, Mr. Rowe described a case where the ulnar nerve and artery were both divided. After securing the artery, he joined the cut end of the nerve (the proximal being much retracted) with a carbolized catgut suture passed through the nerve. Two days after the operation the numbness was less. In five days and a half the sensation was the same, but there was some slight movement in the muscle. In thirty days sensation was slightly impaired, and motion was definite, but not perfect. Shortly afterwards the man pursued his occupation. Mr. Rowe referred to cases by Favel, Nélaton, and others; in some sensation partly returned at the end of the second day, recovery taking place at the end of a week. In a case of primary nerve suture reported by Laugier, recovery began the day of operation. In Page's cases it occurred in nine days; in Pye's cases, in eight days; but there were some errors of localization in the former. Mr. Rowe compared the rapid restitution of function in primary suture with the later development noticed in cases of secondary suture, referring specially to a case where the sciatic nerve was sutured by Mr. Wheelhouse, perfect function being only restored after several months.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Augustus V. Park has published two addresses read before the Chicago Medical Society, the one describing a case of antepartum hemorrhage at term, the other a case of pyelitis of nineteen years' duration, caused by a renal calculus. Both recovered.

BOOK NOTICES.

The Year Book of Treatment for 1886. Cloth, 8vo., pp. 304. Philadelphia. Lea Bros. & Co., 1887.

This Year-Book is an English work compiled by a number of London physicians, giving with great brevity the therapeutic advances in their respective specialties during the year ending with September, 1886. It is carefully collated, and well indexed, both with regard to authors and subjects. As a handy means of "keeping posted" it is to be recommended; and the fullness of references with which it is provided will enable a reader to look up a subject further in which he becomes particularly interested.

Picrate of Ammonia in Malaria.

An East Indian surgeon, Dr. H. M. Clark, in a recent issue of the *Lancet*, extols this drug. His experience has led him to the conclusion that in all varieties of intermittent fever, and in malarial neuralgias, picrate of ammonia is a valuable antiperiodic, and it is an efficient and perfect substitute for quinia. It has the following advantages over quinine: 1. It is much less expensive. This is an important consideration where hundreds of cases of malarial diseases have to be treated annually. 2. The dose given is very much smaller. 3. It does not produce the unpleasant effects that quinine does—headache, deafness, tinnitus, etc.; nor does it disorder the digestion or cause nausea, as quinine is apt to do, in the doses in which it has sometimes to be given.

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QUARTERLY COMPENDIUM
OF
MEDICAL SCIENCE.

The attention of our readers is especially called at this season to the *QUARTERLY COMPENDIUM,* which we publish.

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PASTEUR AND HIS EXPERIMENTS ON HYDROPHOBIA.

What a pity that the brilliant promises of M. Pasteur to protect the human race from the terrors of hydrophobia have aborted so completely! The sad results of case after case have been traced out, and we are driven to the conclusion that his method of inoculation has simply shown that no such means, so employed, is able to counteract the canine virus.

Pasteur proceeded on the "germ theory," on the conviction that the hydrophobic poison was some form of living, self-propagating organism, whose power of self-multiplication could be destroyed by exhausting the soil, as it were, by an allied organism of innocuous character. Such is broadly the theory of all theories of inoculation, and it derives a certain plausibility from the well known phenomena of many so-called zymotic diseases. Just now this theory is fashionable, although there are signs that it is approaching its period of wane.

Certain it is that Pasteur has disappointed the expectations of the public and the profession—expectations indiscreetly raised and stimulated by the public press, and by the premature confidence of Pasteur himself. How much better had it been if he had quietly pursued his experiments in his private laboratory and the hospitals, without this untimely announcement of them.

But Pasteur has always been an *idéologue.* His earliest chemico-physical discourse relating to the symmetry and asymmetry of crystalline bodies was an idea and not an observation, and the extreme vogue which it enjoyed at one time has now disappeared. It has not been productive of such wide results as he anticipated and announced. It remains as a scientific curiosity, not as a pregnant truth of nature.

The undue haste of this gifted man to proclaim theories which cannot be verified should be a lesson to all workers in the field of science.

THE VALUE OF THE DIGESTIVE FERMENTS.

A subversive article appears in the *Transactions* of the Irish Royal Academy of Medicine from the pen of Dr. J. M. Purser. It is upon the therapeutic uses of the digestive ferments—pepsin obtained from the stomach, and trypsin from the pancreas.

He attacks without gloves the value of both of them as administered by the mouth in the usual way. Of the pancreatic ferment, he says: "It is evident that it is useless to administer trypsin as a drug, for its activity will be destroyed if it is administered while the stomach is digesting and contains acid, while if it be given fasting when the stomach is empty and does not contain acid, it is incredible that it could pass through the stomach and lie in wait in the duodenum until the next meal be taken, and, having undergone stomach digestion, has passed through the pylorus."

As to pepsin, in any of its varied preparations, he is almost equally positive. He points out that pepsin is almost always found in notable quantities in the contents of the stomach, and believes this shows that it is not its absence which leads to dyspepsia, and winds up his discussion of it with the words: "I think that pepsin, like the other ferments, should be banished from the list of drugs employed for administration as internal medicine."

To these theoretical objections may be opposed clinical experience, which has repeatedly shown these drugs to be beneficial. But to this Dr. Purser replies that in a similar manner thousands of patients have been cured by homœopathic granules, by breathing through a solenoid, or by being put to bed with a horse-shoe magnet. He believes all the digestive ferments to have no higher and no other value as internal medicines.

He considers their only proper use to be to digest food in clean vessels outside the body and to administer the digested material. His position, though a bold and subversive one, must arrest the attention of scientific therapeutists.

THE ENGLISH CONTAGIOUS DISEASES ACTS.

These acts have now been in operation over twenty years, with excellent and steadily improving results. Regiments stationed in cities where the Acts are not in operation have about forty per cent. more or less disabled every year with some form of contagious venereal disease, while where the Acts are enforced this number is reduced to 15 or 18 per cent.

The practical working of the Acts may be briefly described, as they continue to be grossly misrepresented by their opponents. The territory is divided into stations, in each of which is a venereal hospital, with medical officers and female nurses in attendance. Each district has a superintendent to whom is reported by the police any woman who appears in public offering herself as a prostitute. The police are instructed to be very careful and guarded in their reports, and to act only on as clear evidence as is possible in cases of this kind.

The woman, when reported, is brought before the superintendent, who urges her to leave this mode of life, and warns her that if she continues she must pledge herself to appear for a medical examination every two weeks. Usually the women consent at once, and are often glad of the chance to be thus protected against the unfortunate results of their occupation. If diseased, they are sent to the hospital and properly treated. If incurable, she may remain for nine months, and is then discharged, but not permitted to reappear in her former vocation.

In spite of the most active opposition of ladies, clergymen, sentimentalists, and other wholly ignorant and prejudiced parties, and in spite of the howl that these Acts gave a quasi-legal recognition to prostitution, they have been continued with great advantage to the English army and navy, and with yet greater to the wretched women whom they most nearly concern.

REPORT YOUR RARE CASES.

Physicians sometimes ask, Why publish the records of cases which are so rare that the practitioner meets them no oftener than once a year or so?

The answer is, precisely because they are rare. A commonplace case of a common disease gives no anxiety to the attending medical man, and therefore incites him to no study of its features. He is not at a loss to deal with it, and asks no assistance.

But when he meets symptoms and complications which are unusual, he will, if an honest and intellectually active man, seek to find some parallel instance in the volumes of his library or in recent periodicals. It is precisely in such cases that he desires guidance and asks for the experience of others. These are the spurs to his intelligence, and the tests of his devotion to the science he cultivates.

What he asks of others he should give in return. When he comes across a rare case, a malady presenting unusual features and remarkable complications, he should set about unraveling them to his own satisfaction, and not stop there, but he should write out a history of the case and send it in to be recorded in the medical press. Thus he will not only benefit himself but others, and will have the satisfaction of feeling that he has in some measure paid that debt which Lord Bacon says every man owes to his profession.

We take this opportunity to say that our columns are always open to the reports of such cases, and we urge our readers to send them in for publication. They belong to that best and highest grade of scientific literature, the records of the original observations of intelligent observers. We hope that this invitation will be accepted by many, and that a series of such cases will be sent us.

NOTES AND COMMENTS.

When to Operate in Uterine Cancer.

In a discussion of this subject lately, Dr. J. Williams, of London, states that all cases of cancer should be operated upon, provided they are met with at a period sufficiently early to justify the hope of effecting a radical cure. But what are the physical signs which justify this hope? The pathological condition which justifies it—be the cancer in the portio vaginalis, the cervix, or the body—is that the disease has not passed beyond the uterine tissues. This, however, is not easily discovered either before or during the operation. Frequently, indeed, the after results prove that it was too late, even in cases which appeared to be favorable. The physical signs generally relied upon are mobility of the uterus, absence of induration around it, and absence of affection of the glands. In endeavoring to establish these points, the examination should be made under an anæsthetic, and the whole pelvis should be explored by the vagina and by the rectum. In spite of every care, however, clinical investigation may mislead, because the disease may have passed beyond the limits of the uterus and yet give rise to none of the physical signs mentioned. The pathological condition present is most easily established by clinical examination in cancer of the portio, for when the disease has reached the vaginal vault it gives rise to superficial induration at the place invaded, and this is more easily discovered than when induration of a slight degree is present in deeper tissues. In such cases, and indeed in all cases, the rule should be to make the incision in the vaginal wall wide of the indurated part. In this means alone lies any hope of preventing recurrence.

Therapeutic Value of Ergotine.

A European physician, Dr. Savitski, observes that ergotine has been used with success in the treatment of many affections—e. g., by Vidal in prolapsus recti, by Hunt and Pepper in diabetes, by Saunders, Murrell, and Noakes in diabetes insipidus, by Allan for the cough in some lung affections, by Granzio in obstinate constipation, by Gauldmel in the night-sweats of phthisis, by De Martini in spermatorrhœa, by Demange in some forms of typhoid fever, and by Girma in general paralysis. It has also been employed in chorea and dysentery. The theory of its action in these diseases he does not pretend to expound, but he calls attention to the similarity of the action of quinine and ergotine. Both, he says, undoubtedly cause contraction of the uterus and the spleen, the effect of quinine on the uterus having been scientifically worked out in a dissertation published by T. T. Smolski in 1876, and that of ergotine on the spleen having been shown by Dobodchiki (*Vrach*, 1880), and by Semchenko (*Vrach*, 1883). This similarity led him to think that one of these drugs might serve as a substitute for the other, and he therefore made a large number of observations on the effect of ergotine upon the cases of intermittent fever occurring in the Lubinski regiment with excellent results, especially where an enlarged and tender spleen was present. He finds that a combination of ergotine with quinine acts very satisfactorily, and that in this way considerable quantities of quinine can be saved, as half the dose of quinine which would be required if given alone will suffice if combined with ergotine. The preparation of ergotine used was Bonjean's, the dose in chronic cases being about a grain three times a day.

The Causes of the Uterine Souffle.

This question has been discussed by a German writer, Dr. Wehmer. He had a case in which the seat of origin of the ordinary uterine souffle could be clearly and experimentally demonstrated. A. Z., multipara, pregnant nine months; abdomen very pendulous. The recti muscles were so widely separated as to leave below the umbilicus an interval of twenty centimetres (eight inches) between one another. In this interval the abdominal walls were extremely thin and translucent, so much so that through them a large pulsating blood-vessel could be seen on the left side running in the uterine wall, and followed for a distance of ten centimetres (four inches). On auscultating this vessel, a distinct whizzing bruit was audible, synchronous, with the maternal pulse, and the movement of the arterial wall could be readily felt with the finger. Pressure with the stethoscope or the finger completely silenced the bruit. Anæsthesia also brought it to a standstill, owing probably to the co-existing fall of intra-abdominal pressure; the bruit returned when the woman regained consciousness. During the labor-pains the note of the souffle reached a higher pitch, and became musical. After delivery it continued audible for two days, with diminishing distinctness. Wehmer believes this to be the first case in which the seat of origin and the various circumstances affecting the souffle have been so capable of demonstration, and here they were so owing to the existence of an unusually large branch of the uterine artery.

Medical Uses of Spartein Sulphate.

A Russian writer, Dr. Gluzinski, gives the results of some observations, both physiological and clinical, on the action of sulphate of spartein. Its main action is to slow the heart; besides this, it raises the blood-pressure. On cold-blooded animals it acts with a greater degree of intensity than on mammalia. The action on mammalia may be divided into three periods or stages, during the first and last of which the effects are more marked than during the second. Indeed, in some cases the heart is even quickened during the second period. This may be explained by the existence of some abnormality or pathological change in the irritability of the vagus or of the heart muscle. The reflexes are at first increased, afterwards diminished. Death occurs from asphyxia, and is due not only to the effect on the medulla, but to that experienced by the respiratory muscles. The therapeutic use of spartein is limited to the first stage of its action. Its value consists in the rapidity with which it acts. In some cases, within an hour after the first dose the pulse begins to improve, as well as the subjective sensations of the patient, and no irregularity is produced. Spartein has not so powerful an action as digitalis. It may, however, be useful in cases where the condition of the patient renders it unadvisable to wait for the more tardy effect of digitalis, and it may therefore be used as an adjunct to the latter drug, besides which it may be prescribed where circumstances exist which contraindicate the use of digitalis.

Indications for the Use of Nitro-glycerine.

Dr. Trussewitsch, in an instructive paper on the use of nitro-glycerine, published in the *St. Petersburger Medicinische Wochenschrift*, points out that the value of this drug in various affections—angina pectoris, migraine, and neuralgia (which he describes as angioneuroses), as also in sea-sickness, some forms of anæmia, faintness, palpitation, and other diseases—depends upon the existence of an irregular distribution of blood, which condition may be inferred from a certain degree of pallor of the skin, especially of the face, often co-existent nith a weak pulse and a small rigid radial artery, which frequently is situated at some depth. When, on the other hand, headache and neuralgia occur in patients with chronic congestion of the subcutaneous veins of the face, nitro-glycerine is to be avoided; and similarly it is of no use in asthma, when the face is reddened in consequence of emphysema. If, however. a pale face exists with angina pectoris, migraine, giddiness, shock, toothache, or sea-sickness, the best results may be looked for by giving nitro-glycerine. The regulating effect of the drug exercises an influence over the congestion of internal organs similar to that brought about by blood-letting; and in these congestions, whether of lung, brain, or kidney, when they are of a temporary character, the pulse is generally found to be slow and of low tension—a fact which, as the author remarks, is sufficiently well known in reference to the fever-free periods of acute hyperemia of the lungs.

The Method of Hunter.

The didactic plan adopted by the great surgeon Hunter, is well stated in a recent lecture by Mr. Wm. S. Savory. He said:

"But observe, I pray you, further. how Hunter proceeded in his work, for this is eminently characteristic of the man. He is not fond of starting propositions, which are then supported by arguments and made plain by illustrations; but his practice is to demonstrate in their order, without comment or dissertation, the facts which reveal knowledge. His habit appears to be not to say to us, 'I am convinced of this, and I will tell you why there can be no doubt about it,' but rather to place the premises before us—sometimes, it may be, with indifference, certainly without regard to effect, or any attempt at direction. His purpose appears to have been uniformly not to support a conclusion, but rather to make way for one. This, I think, is inscribed on the proudest monument of his genius—his Museum. May I ask you, only for a few moments, to look once more at it?"

This is really the best of all methods of instruction, because intellectually the most stimulating of all.

The Treatment of Phthisis by Eucalyptol.

Our foreign exchanges state that in Paris Dr. Bouveret has employed hypodermic injections of eucalyptol in the treatment of phthisis. The daily dose of the antiseptic has varied from one gramme and a half to two grammes and a half. The duration of the treatment has been from fourteen to sixteen days. Sixteen cases of phthisis were treated by this method; six of the number had fever, and the remaining ten were without fever. There was rarely any local disturbance at the site of injection. It was certain that the antiseptic was absorbed; it could be detected in the breath, but not in the urine. Albuminuria was not observed as the result of the treatment. It is very doubtful whether the number of bacilli was altered in any way by the method of treatment. Sweating, as a rule, was diminished. Its chief effect is as a balsamic preparation on the bronchial secretion, which it influences favorably.

Treatment of Hæmatoma of the Ear.

Dr. A. Lebrun, in a clinical lecture published in the new Brussels journal, *La Clinique*, says that after having tried various plans for the treatment of hæmatomas of the ear, including free opening as well as Follin's method of making a number of punctures, and having found them all very unsatisfactory, he has latterly injected iodoformed ether with complete success. For this two needles are inserted into the tumor at opposite points; through the larger one, No. 3 of Dieulafoy's aspirator, the contents are drawn off, the puncture being closed by means of iodoformed collodion. Then through the remaining needle, which is that of an ordinary hypodermic syringe, from fifteen to sixty minims of a solution of iodoform in ether, of a strength varying from 2 to 10 per cent., is introduced into the cavity of the tumor. This injection causes some pain, which, however, soon passes off. No dressing is required, and a complete cure results.

Resection of the Superior Maxillæ.

Not long since, at the Medical Society of London, Dr. Leopold Servais (of Antwerp) read a paper on Removal of both Superior Maxillæ for Large Tumors of the Face. The first case was that of a boy aged nine years, living at Wouroo, Holland. The operation was performed on October 10, 1883. The tumor had developed at the expense chiefly of the right superior maxilla. Fergusson's method of operation was adopted. The cautery was used to stanch the bleeding. The roof of the orbit, the orbital plate, the nasal process of the right superior maxillary bone, and the larger part of the malar bone, were preserved. Recovery was rapid. There has been no recurrence. The second case was that of a woman. The tumor had been slowly growing for eleven years; it was of enormous size and extremely painful. It had been treated by caustics. The tumor was successfully removed, and the patient was now completely well. The operation took five hours.

Herpes Associated with Locomotor Ataxy.

It is stated in a Lisbon journal that there is now in the wards of a hospital in that city a patient suffering from locomotor ataxy, who, in addition to joint affections as described by Charcot, and loosening of the teeth while quite sound, has developed herpes zoster, extending from the cervical to the lumbar region, the eruption spreading outwards in the directions of the intercostal spaces, and being accompanied by severe neuralgia and hyperæsthesia of the skin over all the region affected. A few previous cases of herpes associated with locomotor ataxy have been mentioned by Fournier, Charcot, Buzzard, and by Portalier in his thesis (Paris, 1884). In all these, however, the herpes seems to have been developed in the preataxic period. Similarly as to the falling out of the teeth, which is also rare, Fournier only mentions one instance, and in this it occurred before the manifestation of ataxic symptoms.

Hydrastis in Uterine Hemorrhage.

Dr. L. Góth has employed the tincture and fluid extract of hydrastis canadensis in various forms of uterine hemorrhage, especially in disordered menstruation, metrorrhagia, hemorrhage following abortion, and that occurring at the change of life. The best results were obtained where no organic disease existed, and in the climacteric hemorrhages. Less satisfactory effects were observed in the menorrhagia of chronic metritis, and no effect at all was produced on hemorrhage due to erosion of the os uteri, or on the secondary hemorrhage following abortions. The dose of the fluid extract used was twenty drops, and this amount was given several times a day.

The New Combination, Bismuth Sub-Iodide.

This is intended to replace iodoform. Iodine fused with bismuth forms bismuth iodide. Boiling the latter with water leads to the precipitation of the sub-iodide as a fine powder. It, like iodol, is said to be inodorous, and yet to be equally as effective as iodoform as an antiseptic.

CORRESPONDENCE.

The Substitution Question.

EDS. MED. AND SURG. REPORTER:

In your valuable paper of February 26, 1887, there is an article on "Substitution by Druggists" that I wish to reply to, both as a physician and pharmacist; not with any spirit of envy whatever for any one, but with *candor* and *charity.* I wish to be candid with my brother M. D.'s and charitable to all my fellow-druggists—both wholesale and pharmaceutical chemists. First, let me say that I am both a physician and pharmacist. My experience began behind the counter some twenty years ago, and my time has been devoted to my profession ever since. I say this not with any disposition to egotism, but to make plain the fact that I have a right to talk. There are very few weeks but what a pharmacist meets with many little errors on the part of his medical friends, which he (the pharmacist) must correct, and that very often without consulting any one or anything except it be his own good judgment; for the doctor in question may be miles away when the prescription is presented to be filled. I might give you many illustrations as to what I say, but knowing the M. D.'s in our land to be quick at perceiving, as a rule, I will only give two to make my point clear.

Case No. 1.—For Mr. W. No. 1.

℞. Syr. ferri iod., ʒ ij.
Syr. simpl., q. s. ℥ ij. M.
Sig.—Apply with a brush.

Dr. Z.

For Mr. W. No. 2.

℞. Tr. iodine,
Glycerine, āā ℥ j. M.
Sig.—Twenty drops after each meal in water.

Dr. Z.

Now, both of these prescriptions were for Mr. W., who presented them. Dr. Z., his physician, is a good, honest, intelligent physician—rather above the average. I put up the prescriptions just as ordered, with this exception, viz., I put No. 1 direction on No. 2, and No. 2 on No. 1. Two days after, the doctor was interviewed by myself, and his prescriptions shown him. He very frankly acknowledged his mistake, which I had corrected. Mr. W. in this case knew nothing of the little mistake; for above all, the doctor and druggist should learn to keep their own secrets.

Case No. 1.—Mrs. I.

℞. Blank & Co.'s gr. ¼ podophyl. pills No. xx.
Sig.—1 daily.

Dr. O.

The young physician in this case (Dr. O.) was not well acquainted with me then. He had graduated two years before, and as yet was without much experience as a practicing physician, and less with manufacturing chemists. However, his diploma had been granted him upon merit alone, and he was certainly competent to treat the lady and her trouble in question. After Mrs. I. had handed me the prescription, I frankly told her we did not have Blank & Co.'s ¼ gr. G. C. podophyllin pills, but we did have ¼ gr. G. C. podophyllin pills, made by a party who had an experience of twenty-five years, and that we had found them to be reliable in every way, and if she said so we would fill the prescription as she ordered. She so ordered, and we filled it. I met this young doctor a few days after, and told him what we did, also gave him some good wholesome advice, which I promised not to mention. The doctor and I are perfectly good friends to-day, and he enjoys a good, lucrative practice.

The pharmacist should keep U. S. P. preparations, chemicals, etc., that he has put to the test and knows to be good. Purity and virtue should be above the name of any firm, and bribes.

Speculators in "specific" preparations should be discountenanced by all reliable physicians and druggists. Laws in regard to the manufacturing of pharmaceutical preparations should be more exacting. There is hardly a year but what some new manufacturing concern floods the country with samples of worthless articles, and begs of physicians to prescribe them. The chemicals that I keep in my case are not those which are sent me in "sample" lots, but those which I have found to be reliable by actual test. No M. D., wholesale house, or pharmaceutical chemist, can shake my confidence in a preparation or chemical that I have used for twenty years, and from which the results have been satisfactory. This I say with respect for every one engaged in the handling of medicines. Within my reach now I see eleven different catalogues of manufacturing chemists, each of whom makes two hundred or three hundred different preparations. They may all be good; but that a retail druggist should be expected to keep some of each and all, is both unnecessary and unwise. So I for one will tell my customers the truth when I have not got what is called for, and will also give them the reason why. Very truly, H. Y. L.

St. Charles, Ills.

A Case of Spontaneous Cure of Hernia with Incidental Loss of a Testicle.

Eds. Med. and Surg. Reporter:

I was consulted by a worthy couple recently for an opinion as to the reason of their not being the parents of a family. The wife stated that they had been married five years, and, as she said, "it was about time for them to have a baby." She generously assumed the blame, and submitted to a physical examination, which exhibited a model uterus and appendages. Organically, she was not less a model than functionally. I suggested to her that her sterility was not her fault, and that an examination of her husband might throw more light on the dark subject. She sent him to me, and in his person he presented a large, muscular, well-fed, and apparently a perfect man. He denied ever having had gonorrhœa or any venereal disease; said that he "reckoned" he enjoyed connection as well as any body; in fact, took "right smart" comfort out of it. Questioning rather closely, I drew out of him the information that when eighteen years old (he is now thirty-three) he was ruptured; that for a while he wore a truss, but at last he was unable to get one which he could wear comfortably, and took to wearing a suspensory bandage. Then he took sick with cramps, which lasted for three days. All this time he had no doctor. When his cramps were gone, so also was his rupture, and with it his testicle. Since that time his belly has been "as hard as a rock." And, in fact, below the umbilicus his abdominal walls *are* hard—will not yield to the fingers or to any pressure brought to bear on them. As my object in reporting this case is to get information, I will not present any theory as to what this hardness is. I would be glad to see reported in your columns any cases similar to this. The points of interest to me are the following:

1. The spontaneous cure of the hernia. My library is entirely silent on such an occurrence. I knew one case in the earliest year of my practice, but never reported it.

2. The ascent of the testicle. If such a cure of hernia is not rare, the withdrawal of the testicle certainly is. In this connection, I will say that the same day in which this patient presented himself there came an old man with an enlarged prostate, who stated that when twenty years old he had the mumps, with the result of complete atrophy of one testicle, but he has since become the father of a numerous family.

3. The peculiar condition of the abdominal walls; what causes it? and of what prognostic value is it in regard to any possible future acute disease which the patient may contract?

4. The sterility; for it must be the result of this lost testicle. The testicle is not destroyed, but must lie imbedded in the abdominal cavity and fixed there by adhesions. The patient has now, and has had for thirteen years, perfect health almost.

A report of any cases bearing on any one of these points would, to me at least, be of extreme interest.

W. W. Claybaugh, M. D.

Gordon, Nebraska.

Long Retention of Placenta in a Case of Abortion.

Eds. Med. and Surg. Reporter:

Mrs. ———, æt. 30, mother of two children, her temperature sanguine, stature small, health usually very good, cheerful disposition, a farmer's wife, sent for me in haste, February 18, 1887. Two days prior her husband came asking a prescription for an excessive menstrual discharge, and gave the following history of her case, viz: About the middle of July, 1886, she menstruated, and did not do so again until November 7—about four months—when again the discharge appeared in what seemed to be a normal manner and quantity. During the course of these four months she had all the signs of pregnancy common with her, as absent menses, morning vomiting, enlargement of the mammary glands, increase of flesh, and enlarged abdomen. However, from the time the menses appeared in November these signs rapidly disappeared, and there were no further indications of pregnancy, except that the menstrual discharge did not return regularly. On the 16th of February, 1887, however, while lifting a crock of milk, she noticed a very free gush from the vagina, which, upon examination, she found to be blood. This soon saturated her clothing and a number of napkins, and then ceased, almost entirely without any pain worthy of note. She distinctly noted a slight chill and a sensation of coldness in the hypogastrium. I warned the husband that very probably his wife was having an abortion, and to let me know promptly if the discharge returned; in the meantime she should keep quiet, and avoid all physical effort. Ordered ergot to be used if the hemorrhage should return. At about 1 a. m. on the 18th, I saw her, to relieve a second attack of "flooding." The discharge was not and had not been very excessive at this time, but there were present regular uterine contractions. The taxis revealed a loose foreign body lodged in the os uteri, which on removal was found to be the head of a fœtus of apparently about three months' gestation, and so friable as to hardly hold together under very slight pressure. The placenta was still retained high up in the uterus, but was loose and detached. After some efforts to extract it, and failing, I ordered ergot freely for several doses, and lay down until 5 a. m., at which time I found it lodged against the inner portion of the os, and extracted it. I found it to be hard, smooth, white, tough, the cotyledons well marked, and having no sign of any recent attachment to the uterine surface except a small margin at its inferior section, where it it was red and vascular.

The history of this case led me to believe that the pregnancy had gone on normally until the time of menstruation in November, and that the fœtus lost its vitality at that time, and had been retained ever since, the placenta being but partially attached after that date up to the time of its delivery. The partial attachment was sufficient to maintain a low degree of vitality in the placental mass, but not in the fœtus. There were no present evidences of decomposition. The portion of fœtus removed seemed more as if it had gone through a process of desiccation rather than of decomposition. The placental mass was unusually tough and hard, and light in its color.

It is not uncommon for the placenta to be retained for one or two weeks, and then be cast off as a fetid mass, accompanied generally with considerable exhausting hemorrhage. If my explanation of the clinical history of this case is correct, it is at least—though by no means unique—a quite unusual case.

In another case coming under my notice, the lady had a free menstrual flow, as she supposed, for which she was treated at the time by her physician. Six weeks later, while doing her washing, she, with little pain or hemorrhage, cast a hard, tough, placental mass. She had, I believe, not suspected her pregnancy at all. T. C. Smith, M. D.

Aurora, Ind.

NEWS AND MISCELLANY.

Poison Accidentally Ends the Life of a Baltimore Society Man.

Addis Emmet Carr, the grandson of Mr. David Dudley Field and of the late Dr. J. Marion Sims, of New York, died at his home in Baltimore, March 1, under exceptionally tragic circumstances.

Mr. Carr, who was a young man, considerably under 30, was by profession a civil engineer, and took deep interest in electrical matters and chemistry, and a laboratory was fitted up near to his bed-room. Early in the evening he was engaged in his favorite study, when the ladies of his family were terribly frightened by his suddenly rushing into their midst and exclaiming that he had swallowed a large dose of poison. A physician was sent for immediately, and to the latter Mr. Carr related that, by some mishap, he had swallowed a mouthful of the acid used for his electrical batteries, a poison of the most deadly nature. His terrible danger, however, did not rob him of his presence of mind, and he swallowed liberal doses of hot water while waiting for the doctor. When the latter arrived, Carr was in great agony; another physician was immediately summoned in consultation, and everything was done that science could suggest for the sufferer, but he died. He did not relate how he came to make his fatal mistake.

Beats the Faith Cure.

The *Baltimore American* publishes the following under the heading: "*What the President's Patch Did.*" Parkersburg, West Virginia, December 18. Ten years ago Mrs. Ada Martin, living in a small town in Ritchie county, punctured one of her limbs so severely as to cause permanent paralysis of it and deprive her of the power of speech. During the period of her ffliction she has been making crazy quilts, and endeavoring to obtain patches from prominent men. Presidents Hayes, Garfield, and Arthur sent her patches, and a day or two ago she received a patch from President Cleveland, with his compliments autographically expressed. Her pleasure at the event was so great that she jumped up suddenly, and in doing so knocked a revolver to the floor, causing it to be discharged. The ball entered her paralyzed limb, and the shock removed the paralytic effects and restored her speech. Ever since the occurrence she has had the use of her tongue, which for ten years has been silenced. The physicians say she will have the use of her limb as soon as the bullet wound is healed." We may now expect to hear of all the deaf and dumb asylums and hospitals for the crippled and paralyzed laying in a stock of assorted revolvers for therapeutical purposes.

Wills of Medical Men.

The *Lancet* gives the following particulars regarding the estates of medical men recently deceased:

Charles Chadwick, M. D., late of Breadwater Down, Tunbridge Wells, Ken; proved on November 1. Value of the personal estate amounting to upwards of £92,000. Henry Jewell, M. D., formerly of Sidmouth, but lately of Salcombe Regis, Devon; proved at the Exeter district registry on October 18. Value of personal estate amounting to upwards of £8,000. Francis Falwasser, surgeon-major, Medical Staff Corps, late of the North Camp, Aldershot, Hants; proved on October 27. Value of the personal estate amounting to upwards of £4,000. Robert Fowler, M. D., late of 145 Bishopsgate street Without, and 12 Old Burlington street; proved on November 6. Value of the personal estate exceeding £4,000. Harvey Buchanan Holl, M. D.; proved on October 11. Value of the personal estate exceeding £3,700. Walter Somerville, M. D., formerly of Greenfield, county Lanark, N. B., but late of Harrogate; proved on October 26. Value of the personal estate in the United Kingdom amounting to over £2,000.

Inebriate Jurors.

The *Journal of Inebriety* says:

A valued correspondent vouches for the following: In a Western city an inebriate was on trial for manslaughter. The defense was insanity from alcohol. After a long trial, and deliberation of two days, the jury brought in a verdict of guilty. A new trial was granted, on the grounds that two of the jury were so much intoxicated as not to be able to decide on the verdict. It was alleged that all the jury drank, and had several free fights in the jury-room. At the close of the second trial, one of the jury had an attack of delirium tremens, and rushed for the judge to whip him. In the third trial, the jury brought in a verdict of guilty, but not responsible. This was not accepted: then they disagreed. The case was then taken into another court, where the plea of guilty was made, and the judge sentenced him for life, with a heavy fine. The defense now asks for a new trial, on the ground of the incompetency of the judge, who, it is claimed, was partially intoxicated when sentencing the prisoner.

Pasteurism in Russia.

The operations of the Russian Pasteur Institute at Odessa have proved a signal failure, says the *Buffalo M. and S. Jour.* One-third of all the patients treated have died, and it seems highly probable that some of the deaths are due solely to the treatment. The following case, from *Novoe Vremia*, will serve as an illustration: In the month of July, 1886, Dr. Arthur Stoboi was bitten by a dog supposed to be affected with rabies. The boy was immediately sent to the institute of Dr. Boniville, in Odessa, and was there treated according to the system of Pasteur. On the 9th of November he experienced a severe pain in the place where the virus had been inoculated by the physician, and, two days afterward, died of rabies. The dog which bit the boy, however, is still alive, and has, up to the present time, shown no symptoms of hydrophobia. We must thus necessarily attribute the death to the treatment alone.

A Walking Maniac.

Dr. Zenner, in a recent lecture at Cincinnati College, referred to John Snyder, of Dunkirk, whose marvellous feats of walking have interested the medical profession as well as the public. Dr. Zenner said that to him the man seemed perfectly rational, and was certainly not an impostor. During the forty-eight hours that he was watched by the students of the Ohio Medical College, he walked all but seven hours, and did not lie down at all. He says it does not rest him, but makes him tired and uncomfortable to sit down. The disease then is not in the walking, but in the uncomfortable sensation on account of which he walks. Weston walked 5,000 miles in one hundred days; but this man has walked almost 25,000 miles in five hundred days, and is no more tired than when he began. His gait was such as to cause the least possible fatigue.

A Whistling Barometer.

In the village of Meyrin (Canton of Geneva), Switzerland, some disused wells, it is said, have been hermetically sealed to serve as barometers to the people. According to the *Scientific American*, an orifice about an inch in diameter is made in the cover of the well, by which the internal air is put in communication with the external When the air pressure outside diminishes on the approach of a storm, the air in the well escapes and blows a whistle in connection with the orifice, and in this way notice of a storm's approach is given to the inhabitants. If, on the contrary, the pressure increases, a different sound is produced by the entry of the air into the well, and the probability of fine weather is announced.

One of the Results of Cremation.

Miss Kate Field tells the following, illustrative of one of the benefits of cremation. A lady, visiting some friends, neglected to bring her tooth-powder. Looking about her bed-chamber she noticed an elegant vase. On removing the cover she found a grayish, calcareous powder. This she regarded as a dentifrice, and proceeded to avail herself of the discovery, finding it very satisfactory. The next day she mentioned the fact to her hostess, apologizing for making free with her tooth-powder. The countenances of the family expressed various emotions, which at last found vent in the gasp of one of the daughters, "Why, that's aunty!" Thus, as a tooth-powder, the ashes of the cremated are a success.

The Secret Remedies of Berlin.

In the list of "secret remedies" of which the Berlin police have published a series of analyses in the daily press, are the following: "Bauer's Consumption Cure" consists of a decoction of malt and apples; "Volkmann's Drunkard's Cure" is a mixture of gentian and lycopodium; "Baretta's Stomach Powder" is a mixture of bicarbonate of soda, with cream of tartar, milk, sugar, sal ammoniac, chalk, and a trace of pepsin; "Harz's Mountain Tea" consists of a mixture of peppermint, lactuca, liquorice, sassafras, lavender, and milfoil.

A Question Answered.

Professor of Physiology: "What would be the result if, when a person takes an inspiration of air, it should pass into the stomach instead of the lungs?"

Student: "It would soon become a borborygmus, and, in utter disgust, make its exit at the back door, with as much noise as if it were authorized to announce another question in physiology."

Why He Lost a Good Patient.

A prominent Philadelphia surgeon, says the Philadelphia *Medical Times*, lost a good patient, a spinster, the very pattern of propriety, by writing a prescription for "Fluid Ext. Rham. Cat." After reading the prescription, she said nothing could induce her to swallow such a remedy, and that the doctor ought to be ashamed of himself for ordering it. He is now a sadder and a wiser man, and keeps on the safe side by prescribing castor oil for his hysterical patients.

Quicksilver Production in Tuscany.

The two Italian mercury works, Rosselli and Schwarzenberg, situated at the Monte Amiata, south of Siena, yield annually from 7,000 to 8,000 bottles, about two-thirds of this quantity coming to the Rosselii works. The mercury is sent to Mr. Luigi Donegani's depot in Leghorn, and thence principally to the English market. A little antimony is also produced at the Monte Amiata.

Forty Thousand New Doctors in Ten Years

In the last nine years 103,598 persons have matriculated as medical students, and one-third of these, or 33,684, have become doctors of medicine. At this rate the total number of doctors for the decade will be nearly 40,000. For making these, the medical colleges must have received over twelve millions of dollars.

A Good Resolution.

At the recent annual meeting of the Ohio State Board of Health, Dr. Jones introduced a resolution requiring that every railroad company doing business in Ohio shall carry on its trains an emergency case, which shall contain bandages, cotton, and other things desirable in accidents, and that employes shall be instructed in their use by the surgeon of the road.

The Castor-Oil Industry in the United States.

Florida is following Louisiana in the attempt to make money out of the *Ricinus communis*. A firm in that State are preparing 320 acres to be planted in castor beans, and next year an oil mill will be erected.

Herrings Cured by Boracic Acid.

The new method of curing herrings by the application of boracic acid has proved extremely successful in Norway, and called into life quite a new industry at Bergen. There is no doubt that this discovery will in future be greatly developed.

A New Interpretation of "M. D."

The *Southern California Practitioner* is responsible for the story of a doctor who gave up his profession on account of ill-health, and went into the milk business. He printed his cards "J. B. Johnson, M. D. (which means milk distributor)." He recovered.

Dr. William Hunt Injured.

Dr. William Hunt, 1300 Spruce street, was knocked down and run over by a wagon at Broad street and Girard avenue recently. He had his right arm broken, and sustained severe cuts about the head and legs.

The Epidemic at Shenandoah.

The borough of Shenandoah is now experiencing a most terrible epidemic of measles and scarlatina, directly traceable to the filthy and generally insanitary condition of the town.

Small-pox in New York.

There were five cases of small-pox discovered in New York, March 5. The patients were removed to the hospital, and means were taken to prevent the spread of the disease.

Cholera Epidemic at Montevideo.

The Secretary of State is informed that the cholera has been officially declared epidemic at Montevideo.

Definition of Medicine by a French Scoffer.

What is medicine? The art of killing people without offending the police.

Personals.

—Dr. H. C. Wood, of this city, has been tendered the chair of medicine at the Johns Hopkins University, Baltimore.

—Dr. Brodeur, of Paris, has gone to Montreal to establish a permanent home and introduce in America the methods by which Pasteur cures or prevents hydrophobia.

—William T. Taylor, whose death is announced in the 65th year of his age, was a graduate of the University of Pennsylvania, a member of the American Medical Society, Philadelphia County Medical and Philadelphia Obstetrical Associations.

—Dr. Emmet is reported by Dr. Munford, in the *Indiana Medical Journal*, as saying that in five years every man who has spayed a woman will apologize for having done so.

Items.

—*Life* says that they do not say "stomachache" in Boston. They call it gastric neuralgia; but it gets there just the same.

—The distressing ear symptoms produced by the administration of quinine or salicylate of sodium are counteracted by the addition of small doses of ergot to the mixture.

—A German enquirer has, it is stated, taken four heads of hair, of equal weight, and then proceeded to count the individual hairs. One, red, was found to contain 90,000 hairs; another, black, 108,000; a third, brown, had 109,000; and the fourth, blonde, 140,000.

—The late Professor Panum, the distinguished Danish physiologist, died, in his sixty-fourth year, from thrombosis of the coronary artery, consequent fatty degeneration, softening, and finally rupture of the ventricular wall. He died literally of a "broken heart."

—Dr. Arthur Mitchell, from a large number of statistics, has come to the conclusion that illegitimacy is a very common cause of idiocy; the mental agony undergone by the mother causing an arrest of development of the embryo, giving rise to a congenital or developmental idiocy.

—A large factory of Breslau required a chimney fifty-four feet in height. Instead of constructing the chimney of bricks, as usual, a large number of solid blocks of paper, firmly compressed, were made use of. These blocks were placed carefully one on the top of the other, and joined together with a special cement.

OBITUARY NOTICE.

Joseph Wilson, M. D., U. S. N.

Dr. Joseph Wilson, Medical Director of the United States Navy, died recently in this city. Dr. Wilson was born in this state; appointed assistant surgeon May 13, 1843; served on the vessels in the Pacific Squadron until 1847; took part in the Mexican War; was attached to the store ship supply in the Japan Expedition in 1852–55, and the Philadelphia Navy Yard until 1857.

In the latter year he was commissioned surgeon, and served on the Pacific and North Atlantic Squadrons till the outbreak of the war of the Rebellion. He participated in the capture of Port Fisher, and at the close of the war served on the Board of Naval Surgeons. In 1876 he was President of the Board of Naval Examiners.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

OCULIST AND OPTICIAN.

BY G. T. FOX, M. D.,

Of Bath, Pa.

In looking over the REPORTER of recent date, I came across a communication of Drs. L. Webster Fox and George M. Gould, of Philadelphia, subject: "The Oculist, the Optician and the Public," which I read with a great deal of interest. The subject was treated entertainingly and practically, and it is the complete conviction of the truth of my experience that leads me to comment on a subject of so vital importance. We agree with the writers on this subject, that the supplying of spectacles is a function of profound importance to the community at large. Yet this office is shamefully prostituted; and how often does the thoughtful, conscientious oculist realize that the problem of the oculist's and the optician's relations deserves renewed and vigilant consideration in order that some reformative means may be devised through which evils of omission and evils of commission pertaining to the professional relations between oculist and optician may be corrected. I lay nothing at the personal door of any particular optician, but aim solely to reach some analysis of the principles on which our mutual relations are conducted, and get some periscope of the ground lying between the individual provinces of oculist and optician. And in this connection let me premise that as business men the generality of opticians excel the generality of oculists. They are enterprising gentlemen, who guard and exalt their opportunities with pious, almost Spartan fidelity, who make their profession the *medium of business*, and neglect no means that comes within their reach to advance their pecuniary interests. The optician stands on the same plane to the oculist as the druggist does to the physician. If the druggist, disloyal to the confidence and purpose of the physician, cuts off a large measure of his just support by prescribing, he is wholly outside his province. So the optician who prescribes glasses presents the impolitic virtue of surreptitiously appropriating and guillotining the oculist's income.

In taking a comprehensive glance at the inter-professional domain of oculist and optician, we perceive that the office of the oculist is peculiarly that of discerning the nature of the optical defect of his patient, and directing orally or by prescription, indicating the kind of lenses proper for the relief and restoration of vision; while professionally, it is the office of the mechanical optician to grind the lenses as ordered by the oculist.

In our country towns our jewelers do quite a large trade in selling spectacles; but I must say this to the credit of a number of jewelers—that if they meet with cases that they don't well succeed in fitting with glasses, and suspect refractive errors, they will invariably send them to me for correction. There is no class of men that does more injury to the eyes of the public than these traveling oculists, or better, charlatans and impostors, who go from house to house selling spectacles. We have had them travel through this and neighboring counties. They are always foreigners; style themselves "Prof.," put on a commanding air. They have not the slightest knowledge of the theory of optics or the mechanical process by which a lens is made; but by a voluminous flow of gibberish they overpower their victims and tell them "Zur, you spile your eyes mit dem spectacle you wear; you youst dry dis ones." Here, in all probability, a higher-power lens is handed. "Don't you see better? Dem be de finist Brazilian bebbles; I grinds dem myself in my factory." And thus by lying they get from five to ten times as much as these spectacles are worth; and nine times out of ten the buyer finds out when it is too late that he has been imposed on and cannot wear the glasses. Only last week a party came to my office and told me how he had been imposed on by such an itinerant rascal, paying him $12 for spectacles that are not worth $1 to him. I told him it served him right. I know of a half dozen parties in this neighborhood that have paid in the aggregate between $75 and $100 for spectacles to an itinerant oculist—a "Prof.," of course—and I am told by good authority that they all confess they are no good. One of these traveling impostors had the impudence to use my name, stating that he furnished me with all the glasses I prescribe; but this was disbelieved by a great many where he made these unwarrantable assertions.

If time would permit, I could cite a number of cases similar to the one of Dr. Fox, of Philadelphia, when the selection of glasses by the patients themselves proved detrimental to vision; but our limited space forbids it, and I will refer to one case in our town, where a lady made her own selection. She suffered a great deal from neuralgic pains, as was supposed, for which she was treated at various intervals. The presbyopia increased; again a change in glasses was made, which only gave temporary benefit. At last one of these traveling impostors, with his unwarantable pretensions as to skill, promised a speedy cure for her optical defect. But alas! the pain would return, and the dimness of vision increased. She then applied to me for relief, but I was obliged to tell her that the time for relief was wasted. She had chronic glaucoma, and sight now is irrevocably lost.

We cannot leave this subject without referring to the valuable paper that was read before the Baltimore Academy of Medicine by J. J. Chisholm, M. D., and published in the same number of the Med. and Surg. Reporter, subject: "Rest for Painful Eyes—Is this Always Good Advice?" I have no personal acquaintance with Dr. Chisholm, but have known him by reputation for a number of years, and have had the pleasure of communicating with him on subjects pertaining to ophthalmic and aural surgery, and his answers to my queries have always been very much appreciated, imparting sound practical advice. Every medical practitioner is constantly meeting with cases such as are described in Dr. Chisholm's paper, where there is sufficient suffering and impairment of working power of the eyes to demand serious attention. Headache due to eye-strain is very common, and the doctor's statement that "headaches which come on with the use of the eyes, and which disappear during the rest which a night's sleep brings to the weary eyes, do not usually depend on gastric, hepatic, cerebral or uterine troubles, as is commonly believed," is the complete conviction of the truth of my experience. I have time and again satisfied patients that their brains, stomachs, livers, kidneys, or uteri were healthy, and the cause of their headaches was due to faulty refraction, and by giving them properly selected glasses I cured these headaches from which they had suffered for years, and which naturally would defy all manner of medical treatment. I can perhaps in no way better illustrate this than by citing my own case. I had always been a great sufferer in my head from my youth up, with frequent attacks of conjunctivitis and blepharitis ciliaris, which began to form in early years, which always became aggravated when I used my eyes in study. Riding in the cars a dozen miles would bring on a violent attack of sick headache, with retching and vomiting, so that I was obliged to take to my bed, which was always looked upon as a gastric and hepatic disturbance, and I would take medicine accordingly; but the headaches would return again and again, and especially when I would exert my eyes by long and continued study. Being almost reconciled to the inevitable, expecting to remain a victim of headaches for life, I came across an article published by my friend, Dr. P. D. Keyser, of Philadelphia, some ten years ago, "On Defects in Refraction and Accommodation." This to my mind clearly pointed out the origin of my case, and led me to an examination of my eyes, and I found that I had faulty refraction from astigmatism. It is now ten years since I began to wear glasses; the blepharitis ciliaris is cured, the headaches are eradicated and bygone, only to be remembered from the years of torture through which I passed. I now travel on an average from 500 to 800 miles every month by rail, but no return of headaches. Nothing but the careful adjustment of minus cylindrical glasses has cured me.

It would be the height of folly for the specialist to attribute all the ills of humanity to a derangement of the organs which he has made a study, and no one who has sound knowledge and practical experience will pursue such a course; he knows the bond of sympathy between every organ of the body; he knows of the many and varied reflex troubles that we have to contend with; and if I hear of a specialist that attributes all ills to the special organ which he makes a study, I consider him a fanatic, a bane of modern medicine, and my advice would be, let him alone severely. In taking a glance at ophthalmic surgery, and especially the subject of refraction as rationally practiced, when contrasted with the stereotyped course as followed by many physicians, many deductions may be drawn. We not only find much to learn, but much to unlearn. I have not attained, nor do I expect, the amount of success of those who practice their chosen specialty exclusively. Yet I have the gratification to see some evidence at least that my labors have not been in vain. And the surest way of gaining that end is by studying and paying due respect to the rules, methods, and precepts of the acknowledged "lights" in these special branches of medicine. In this age of diffusion of medical knowledge—by means of the medical journals—many physicians are on the alert to distinguish eye headaches from the headaches due to other organic disturbances, and usually invoke the aid of the oculist to remedy the evil. But there are others in the profession who are "wise in their own conceit," who will accuse the specialist of being "*novitatis potius quam veri studiosus,*" but it must be borne in mind that the medical art is progressive. Science seems to be on the verge of letting in the dawn of a new day, and the readers of our valuable Medical and Surgical Reporter are catching the rays transmitted and thrown off by these "special lights," thereby receiving constantly useful information, and through this reading become better qualified to perform the duties of the profession. Therefore, let the men engaged in special branches of medicine make their experience, their methods, and plans of treatment, known through journals for the benefit of their professional brethren, who, feeling the greatness of their mission, labor for the welfare of mankind. There is much to learn, and there yet remains very much land to be possessed in the work of original investigation; and this applies to all branches of medicine. Hence, let the physicians who have had the opportunity of noting the progress in medicine, who have observing minds and mature judgment, who show, as their years increase, their activity and professional enthusiasm does not diminish—let them keep their pens in motion. What they write has weight; it is always acceptable. And the physician who reads medical journals with regularity is always furnished with some new hints, and thus keeps abreast of medical progress. We are always learners, and find that much needs to be supplemented both in knowledge and experience to become master of the science and expert manipulators of the art. "Work, watch, and wait," should be every physician's motto, and be satisfied with no attainments, however high. The *ultima thule* lies beyond.

THE PRACTICE OF MEDICINE BY THE CHINESE IN AMERICA.

BY STEWART CULIN,

Of Philadelphia.

Many of the Chinese stores in our American cities keep a supply of Chinese drugs, and all of them sell Chinese proprietary medicines, such as pills to aid digestion, the "red pills,"* *Shá hi ün*† for cholera, catarrh snuff, and other specifics compounded in the Canton drug shops. These are always neatly packed and labeled, and accompanied with printed directions for their use.

But there is often a regular drug business, usually carried on by a separate company, in the stores, and a supply of drugs comprising many, if not all, of those called for in their practice, contained in numerous boxes and drawers on one side of their shops. Here, often, a Chinese doctor, usually some poor and broken-down student, who ekes out a living by assisting at the drainings of the lottery, has his office.

With a desire to learn something of the method of treatment and obtain some practical knowledge of the Chinese *materia medica*, I recently called upon a doctor connected with one of the principal Chinese stores in Philadelphia, and requested him to prescribe for a cold on the chest from which I was suffering.

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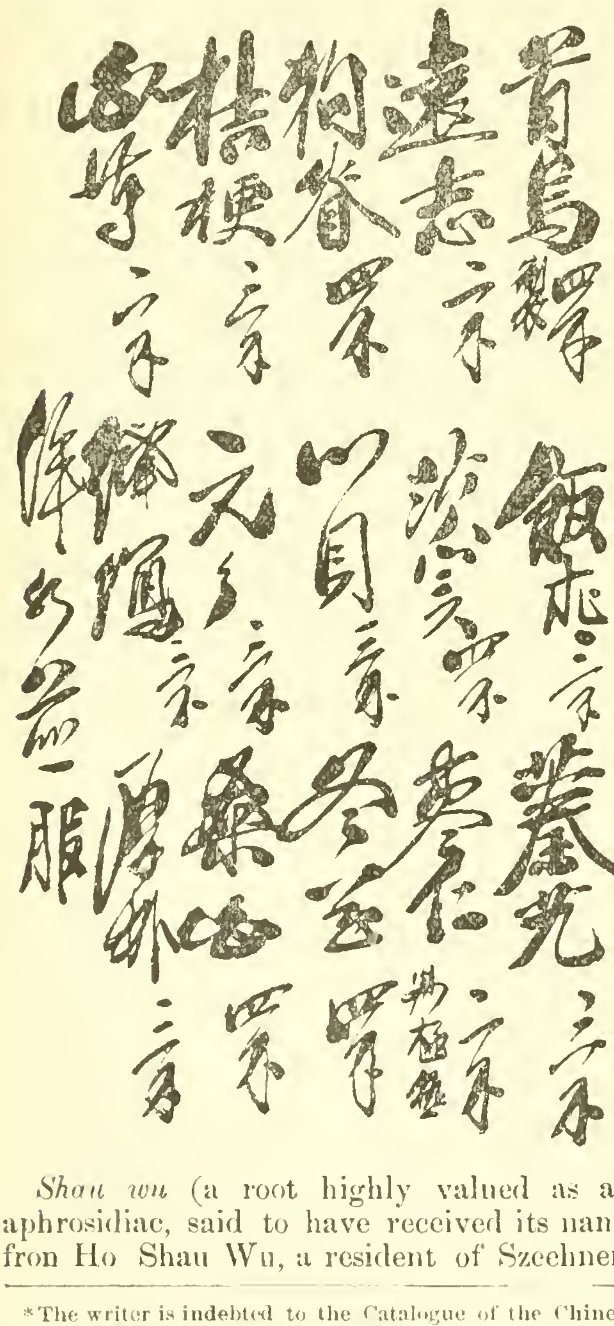
* The red pills, *shá hi ün*, spoken of by the Abbé Huc and other travelers, are highly esteemed among the Chinese here as a specific for diarrhœa and bowel complaints. Their entire composition is a secret, but they are known to contain calomel and the aromatic root of a water plant, *she héung*.

A ball of earth called *shim sü*, "toad butter," which the toad carries in his mouth during the dry time in autumn (sic), is reputed to form an active ingredient in the *shá hi ün*. They are said to lose their virtues after being kept longer than a year.

† In the absence of Chinese type, the Chinese words are rendered in the English equivalents of the Canton dialect, according to S. Wells Williams.

The doctor was a pleasant-mannered man of about forty years of age. Resting my hand upon a book, he carefully felt my pulse, first on the left wrist and then on the right, delicately compressing the artery and gradually relaxing the pressure. Then, without inquiring about the symptoms of my complaint, he wrote the prescription, a fac simile of which is herewith reproduced. The fifteen medicines called for are all of vegetable origin. The following transcription of their names, with some notes on their properties, and the quantities indicated in the prescription, may not be without interest.*



Shau wu (a root highly valued as an aphrosidiac, said to have received its name fron Ho Shau Wu, a resident of Szechnen, who lived unmarried until the age of 54 years, when he discovered the peculiar qualities of this root. He then married and had several children, and his life was prolonged by its use to the ripe age of 110 years). 4 *ts' ín* (15.08 grams.)

Ün chi (a root from Szechuen, a tonic), 2 *ts' ín* (7.54 grams).

Kau chaok (a plant of hair at crown of root from Fukien province) 4 *ts' ín* (15.08 grams).

Kat kang (belwort, root of the *Platycodon grandiflorum*, a tonic and stomachic), 3 *ts' ín* (11.31 grams).

Pak cheuk (root of *Pœnia albiflora*, a tonic, sedative, and alterative), 2 *ts' in* (7.54 grams).

Pak shut (a sweetish sort of root; a tonic much valued as an aid to digestion; from Chĕhkiang province), 2 *ts' ín* (7.54 grams).

Ts' z' shat (the seeds of the *Euryale ferox*; a tonic; from Kiang-su province), 4 *ts' ín* (15.08 grams).

Ch' ün pui (a demulcent; from Szechuen province), 3 *ts' ín* (11.31 grams).

Ün ts' am (a root used to check internal hemorrhage and for coughs and colds; from Chĕh kiang province), 3 *ts' ín* (11.31 grams).

Chák sé (a root taken for diseases of the kidneys, as its name implies, a diuretic), 3 *ts' ín* (11.31 grams).

Ts' un k' au (dried roots of the *Gendarussa*, given in cases of rheumatism and fever), 3 *ts' ín* (11.31 grams).

Tsò yan (seeds of a species of *Rhamnus*, probably the *Rhamnus soporiferus*, a soporific), 2 *ts' ín* (7.54 grams).

Tung fa, "Winter flower" (flowers of a plant resembling the chrysanthemum) 4 *ts' ín* (15.08 grams).

Song pak (the white skin from the roots of the mulberry tree), 4 *ts' ín* (15.08 grams).

Hau p'ok, "thick bark" (the bark of a tree from Szechnen), 3 *ts' ín* (11.31 grams).

A clerk in the store weighed out the different articles with a small Chinese balance, and deposited them together on a piece of paper, first powdering the *ch' ün pui* in an iron mortar, and roasting the *tsò yan* in a pan; the *pak cheuk* was moistened with whisky before being placed with the mass. All was then put in a pot with four large cups full of cold water, and boiled for half an hour. The decoction I was enjoined to drink warm before going to bed.

Should this medicine have failed to relieve me, the doctor, upon my next visit, would have varied his prescription. The charge for the medicine was fifty cents, the

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*The writer is indebted to the Catalogue of the Chinese Imperial Maritime Customs Collection at the United States International Exhibition, 1876, *Shanghai*, 1876, for much of the information used in preparing these notes.

price of each ingredient being computed separately. The doctor's fee was one dollar, this being the usual charge for each consultation. Their expenses are paid when they make visits at a distance.

The doctors, called *í shang*, of whom there are now four in Philadelphia, are usually from the *Sam Yap*, or "Three Districts," immediately adjacent to Canton city. They are much better educated than the mass of the people. None of any repute at home come to America, but it is said there are several very skillful ones in San Francisco and some of the western cities, who have a large practice among Americans. Those in New York and Philadelphia rank very low in their profession, in the estimation of their countrymen. They are all dignified with the title of *sin shang*, equivalent to master or teacher, the only title of respect current among the Chinese in the American cities, and shared with the men who manage the drawings of the lotteries.

A slight knowledge of medicine is general among the people. They have been accustomed to take medicines from their childhood, when their mothers, by a kind of sortilege, selected some simple prescription to relieve their infantile complaints. The study of the physician's art is not confined to their doctors. Many others buy and read works on the subject that are sold in their stores, in which very exact directions are given for the treatment of all the diseases known to them.

The book generally referred to is the *Tsung e kam kám*, or "The Golden Mirror of Medicine," a collection of medical works compiled by order of the Emperor Kienlung, in 1740. The Canton reprint sold here is contained in forty small octavo volumes, the first thirty of which are devoted to *nui fo*, or "internal medicine," while the remaining ten comprise the *Kam kám ngoi fo*, or "Golden Mirror of External Practice," by 'Ng Him. The price of the complete set here is about $2.25.

While the Chinese in our eastern cities are superstitious, and cherish many of their native beliefs, they do not worship any particular god of medicine, and the practice of medicine among them is comparatively free from superstitious observances. Sick people sometimes burn copies of the charms found in the popular works on divination and magic, and drink tea made from the ashes, but this is done with very little serious belief in the efficacy of such treatment.

In cases of prolonged illness, a friend of the sick person is sometimes sent to the local shrine of Kwan tai, the divinity generally worshiped, to burn incense and ask the will of heaven as to his recovery by throwing the divining sticks.

Diseases which do not succumb to the treatment after being correctly diagnosed and the right medicine administered, are looked upon as due to the influence of a spirit or devil. Hysteria is generally regarded as an evidence of demoniac possession.

The people as a class are very healthy; venereal diseases and the complaints resulting from an excessive use of opium are the most common. They call upon their own doctors when ill, but are much averse to taking foreign medicines or submitting to the treatment prescribed by American physicians. They regard opium as a specific for colds and many complaints, and in slight disorders resort to their pipe before consulting a doctor. Chinese ginseng is highly valued for its supposed strengthening and life prolonging qualities (it is not looked upon as an aphrodisiac), and is taken in the form of pills or made into a tea by many of the older men in the spring of the year. American ginseng is seldom if ever used here.

Calomel is prescribed in syphilitic diseases. Quinine is known as *kam kai náp*, doubtless a Chinese transcription of *cinchona* and that sold in their stores is imported from China. It is prescribed for violent chills, and is looked upon as a very strong and dangerous medicine. With a few exceptions, mineral remedies are seldom employed, and roots, barks, and herbs, administered in the form of teas, constitute the principal drugs used. Many of these are not regarded as possessing any particular virtues, and some are retained solely through a tradition of cures once effected by them. Custom has ordained that a prescription shall contain a number of ingredients, of which, may be, two or three only are considered to have any direct effect.

The doctors show much solicitude about administering any medicine that may cause a fatal result, owing, no doubt, to the penalties inflicted in China upon such misadventures, so that their treatment in general, if not beneficial, does no particular harm to their patients.

* * *

—An Iowa quack told the Iowa State Board of Examiners that strychnine was the solid extract of belladonna, and that the dose was two to five drops. He has practiced in Nebraska for three years. Another told the Missouri State Board of Pharmacy that brucine was obtained from opium.

SOME RECENT STUDIES AND OBSERVATIONS ON TINNITUS AURIUM.

BY LAURENCE TURNBULL, M. D., PH. G.,

Aural Surgeon Jefferson Medical College Hospital, Phila.

(*Continued from page* 35.)

Tinnitus the Result of Diffused Desquamative and Furunculous Inflammation of the Auditory Meatus and Drum Membrane. See a list of cases in our manual, page 466, new edition.

Hypertrophic Disease of the Middle Ear as Cause of Tinnitus Aurium, and its Treatment by Nitrite of Amyl.—Dr. Alt reports some favorable cases of tinnitus aurium treated by this agent, D. J. Michel, of Hamburg, employed this remedy as early as 1877, in twenty-five cases, and Dr. Urbantschelich, still later, in six cases. More or less improvement occurred in twenty-one cases, but only in three did the tinnitus disappear entirely from one ear. From one to five drops of the remedy was inhaled at a sitting.[*] We have employed this agent since 1878 in various forms of tinnitus, especially the cases of hypertrophic changes in the middle ear, and in affections of the labyrinth, as recommended by "Michel." A few were benefited, but the majority were not improved, and in none was there a permanent cure by it alone, *i. e.*, pure and simple.

"*Tinnitus Aurium" Due to the Excessive Use of Tobacco.*—If tobacco, in its moderate use, causes tinnitus aurium, or deafness, what an immense number of persons would be deaf or troubled with noises from this cause! As before stated, however, the excessive use of tobacco exercises a deleterious influence on the heart, and by reflex irritation on the eye and ear.

There are a certain number of persons who have catarrhal and middle-ear deafness from cold, and the noises which accompany it. These persons suffer much more when they indulge in the excessive use of tobacco, and especially is this the case when smoking out of doors is indulged in. There are other individuals who, when they smoke a single strong cigar, will have functional disturbance of the heart, with increase of the pulse, and irregular action of the heart with noises in the ears. The only effectual cure is for them to give up the use of tobacco absolutely, and be properly treated for catarrhal inflammation of the ear, throat, etc.

The Influence of Aural Diseases Upon Nervous and Mental Disorders.—The neurologists and psychologists do not estimate the importance of this subject, or give it due attention in their examinations. The essay[*] is a "condensed resumé" of the pertinent literature of the subject, and dwells on the importance of the subject. He reports a case of a man about fifty years of age, an enterprising, moral, sober-minded person, a successful merchant, who had enjoyed uninterrupted good health previous to the accession of the persistent and "peace-destroying" tinnitus which caused him to abandon his business and give up family and friends; but in all his wanderings over the world he was still pursued by his tormentors, and finally shot himself the night after he had consulted with Dr. Catlett, who is unable to report whether his hallucinations had any association with aural disease, as he was unable to examine the condition of his ears. He concludes with the following observations on a case of insanity, which if not caused by, was increased and maintained by aural disease: The disease was obstruction from old purulent discharge from both ears with perforations of the membrana tympani: "Daniel J. H——, admitted into the asylum October, 1882, aged twenty-one years, single, occupation a farmer. He has been a man of good moral habits, except somewhat addicted to masturbation. He has had aural inflammation in both ears as the result of scarlatina since he was eighteen years old, and had a discharge of matter from both ears since that time. First attack, duration an indefinite period, as he has been eccentric for some years. His insane peculiarities are confined to his peculiar restlessness and constant circular motions, walking round in a circle to the right. He has tinnitus aurium, hears persons conversing with him, frequently looks out of the window to see who the persons are whom he hears talking, etc. The paternal aunt was insane. No other history of heredity. He suffers from insomnia, but eats well; is self-willed and perverse. He is suspicious of persons, and is fearful of personal injury. He is very obstinate, and refuses to comply with the requests of the physician and attendants; was compelled to restrain him to examine and treat his ears. Found both auditory canals filled with hardened, dried pus.

When the obstructions were removed, found both drum-heads perforated, and a purulent discharge from the middle ears. Both Eustachian tubes were free, as bubbles of fluid could be seen escaping through the ears when air was forced through the tubes. Hearing improved, and the auditory sound diminished, and the hallucinations became less; also the disposition to keep in motion either in the right circular direction or otherwise as the disease in the ears improved. Without further details of the case, it is satisfactory to state that this man returned home in four months sane, and apparently well of his aural disease.

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[*] Turnbull, Manual of Anæsthesia, second edition, pages 133-4.

[*] American Journal Insane, 1884, 5 xli., 275, by the late George Catlett, M. D., St. Joseph, Mo.

There are some forms which in time, if neglected, become almost a mental malady if the brain is diseased or if there is a hereditary tendency in the family to insanity; but we have never known a case of suicide from this cause, and our opinion is confirmed by the late Dr. Kirkbride, who for so many years was the physician-in-chief of the Pennsylvania Hospital for the Insane, Philadelphia, expressed in a letter to the writer: "I do not recall a case of insanity really owing to aural disease, although I think that defective hearing often aggravates some of the delusions of the insane, and disorder of the hearing apparatus is not frequent in insanity."

Dr. J. H. Worthington, physician-in-chief of the Friends' Asylum for the Insane, Twenty-third ward, Philadelphia, thus writes: "I never knew a case of mental disorder which owed its existence to such disease (aural), nor any case of suicide in consequence of tinnitus aurium."

A similar opinion is expressed by Dr. John Curwen, chief physician of the Pennsylvania State Lunatic Hospital, Harrisburg, who had also a long experience as first assistant.

I can find but only two or three deaths in tens of thousands of cases. As tinnitus aurium is one of the chief symptoms of acute and chronic catarrh of the middle ear, it is no wonder that in the immense number of such cases seen by the numerous specialists all over the world, that the brain may have become affected in those few cases and disturbed the reason of a weak person. Even to inform such a one "*that he would not get any relief from this very trying symptom,*" is itself almost sufficient to produce the result. So far as we are informed, there was no diagnosis in one or two of the cases as to the disease being simply of the middle ear or the labyrinth and brain, by the method whether a tuning-fork was heard louder in air or through the bones of the head.

Dr. C. E. Wright published a case under the care of Dr. Parr, in the Indiana State Asylum for the Insane, who placed a steel button in her ear (as children often do). Several ineffectual attempts were made to extract it while in the asylum, but in spite of it the patient recovered her sanity. She was termed cured. For a year and a half it constantly annoyed her, but produced no symptom of insanity. Her friends fearing a return of the mania (which of itself was not the cause), Dr. Parr sent her to Dr. Wright, who removed it under the influence of an anæsthetic. This confirms our own examinations and correspondence, and gives a more hopeful and proper view of even the worst form of this affection.

Our rule should be that if there is any hereditary tendency to mental disease, and there are persistent hallucinations resembling any of the forms we have given as examples, care should be taken that the ears be examined, and, if it be possible, this symptom removed.

Always endeavor to encourage the patient by suggesting that an improvement may occur by varying the treatment, and also by being able to state that the brain or auditory nerve is seldom involved, and that as a rule it depends in the great majority of instances on some slight change in the muscles, ligaments, or blood-vessels of the middle ear, which may cause increased pressure in the labyrinth. Hundreds of such cases are relieved by simply removing the offending cause.

*Tinnitus Aurium Produced by Aneurismal Dilatation of the Left Posterior Auricular Artery.**—We have had two cases of this form of tinnitus. In both there was a peculiar whistling and puffing sound (aneurismal thrill), caused by aneurism of the temporal branch of the internal carotid artery. In a third case reported the artery was tied with success. According to Hyrtl, there is in man a capillary which passes to the promontory. Might not affections of the tympanum frequently induce alterations in this vessel? Patients are sometimes relieved of pulsatile sounds by compression of the external carotid. The application of the continuous electric current is beneficial, particularly in passive congestion from vascular atony; it excites contractility, and causes blood stasis to disappear.

Subjective Tinnitus Occurring in Hysteria, and the Hysterical Element in Aural Diseases.—There are unquestionably numerous cases in which the subjective symptoms of an existing aural disease are increased to an extent which gives them undue importance in the mind of the practitioner by the co-existence of functional cerebral disturbance, evidencing itself in the train of symptoms to which, collectively, we give the name of hysteria.

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* In some cases there is tinnitus aurium without its being a precursor of deafness. This is termed nervous tinnitus, and is found in several instances. The tinnitus disappears, leaving the hearing as good as ever. Especially is this the case in nervous ladies. See cases reported at end of this series of papers.

Forms of Tinnitus the Intensity of which is Increased by the Action of External Sounds.—The tinnitus is produced by repeated prolonged exposure to sounds, as in the case of musicians, amateurs, and artisans of various crafts, as before stated. Means should be adopted to shield this class of patients from the action of external sounds.

In those cases, also, where aural disturbances are attributable to a sudden violent concussion, and in which the tinnitus is not aggravated by external sounds, in connection with an existing impairment of hearing and great sensitiveness to certain sounds, a strict adherence to the above-mentioned regime will often produce improvement in hearing and amelioration of the tinnitus. Both Urbantschelich and the author have noted the observations that in many cases of subjective tinnitus the application of a vibrating tuning fork or small wheel, or the breaking of an electric current, will frequently produce a marked temporary amelioration, occasionally an entire suspension of the symptoms. In a case of tinnitus of a high-pitched, whistling character, caused by the low rumbling of a vehicle like the locomotive, improvement is secured by methodical treatment of using objective sounds opposite in pitch to that of the subjective tinnitus. Tinnitus high in pitch, such as hissing or ringing, is to be treated by low tones (C_1 C), while inversely, low, rushing, and roaring tinnitus by objective tones high in pitch (C_3 C_4).

In many cases this treatment was followed by an immediate or gradual improvement; the tinnitus generally persisting a brief period, in some instances a few days, after the suspension of this mode of treatment. A surprising improvement in hearing power was at the same time noticeable in many of these favorable cases. The range of audition was increased, and continued to improve for months, even after the treatment by sounds had been discontinued.

(*To be continued.*)

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—An Arab saying is that Eve was created twenty-two years before Adam, and that Adam was created simply because Eve wanted some one to talk to.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Thursday, February 3, 1887.

The President, Thomas M. Drysdale, M. D., in the chair.

Emmett's New Operation for Prolapse of the Posterior Vaginal Wall, or so-called Laceration of the Perineum.

Since I have become familiar with the subject, it has each day seemed more incomprehensible to me why the Emmett operation has not come into more general use. I have come to the conclusion that the fault lay in defective description of the operation as set forth in most cases, and in the fondness of men for working on the skin perineum, and not in the operation *per se.* The operation as described by most of the writers on the subject is hopelessly mixed up with long discourses on side issues. Too much is left to be understood from diagrams alone, with insufficient attention to details in the procedure. These are prominent faults in the descriptions given by Drs. Emmett and Dudley. Dr. Dudley also obscures his paper presented in *Pepper's System of Medicine* by introducing several "modifications." The first of these is one of the essential steps in the operation, though somewhat obscurely described by Dr. Emmet in the *third edition of his Gynecology.* It consists in carrying the denudation into the vaginal sulci. The second consists in passing deep sutures where Dr Emmett passes superficial ones. In reality Dr. Emmett's "superficial" stitches are only relatively superficial. His description of them distinctly calls for their being passed deeply enough to include the posterior wall. My excuse, therefore, for offering a contribution on such an old subject, is to attempt to make the steps of this operation clear; and if I seem tedious in detail to those who are familiar with the subject, I hope you will bear with me patiently.

The belief that the female perineum or perineal body gives any support to the pelvic viscera is an erroneous one. The distance between the uterus and the perineal body is quite measurable, and the intervening tissues, which consist merely of the mucous vaginal canal and surrounding connective tissue, are by no means of such a firm character as to be able to uphold the uterus, either *per se* or though the support given by the perineal body below. The only way this body could give the supposed support would be by the uterus resting directly upon it. Dr. Emmett puts it very happily when he says, "it would be as rational to assume that a man's pantaloons were supported by the legs resting on the instep or foot." The principal support of the pelvic organs is their ligamentous attachments, on the same principle as the organs contained within the abdominal and thoracic cavities are suspended. A good proof of this is the fact that we constantly see women going about their daily work who have their superficial or skin perineums, not including the fascius or muscles, torn even to the sphincter ani, and who never have suffered any inconvenience therefrom, and who probably never will. The cause of all the various ailments following parturition, beginning procidentias, etc., will be found inside the vagina on the posterior wall, If any one will place his fingers on the posterior vaginal wall of a woman who has never borne a child, and move them first to one side and then to the other, he will find a firm resistance to pressure in any direction. If he now introduce his finger into the vagina of a woman who has had an injury to the pelvic floor during parturition, he will fail to meet with the resistance which he met in the first case. He will find instead a *rectocele* of greater or less extent, with deep diverging sulci running up each side of the recto-vaginocele, into which he can easily sink his finger without finding much resistance, and yet the external or skin perineum may be perfect. To fully and clearly understand this change, it will be necessary to consider the attachments of the pelvic viscera. The pelvic fascia descends until it reaches its attachment on a line drawn from the symphysis pubis to the spine of the ischium, where it divides into two layers, the outer or obturator and the inner or recto-vesical fascia. This line of separation in great part also corresponds to the line of attachment of the levator ani and coccygeus muscles. The levator ani extends from this attachment downward, and passing under the vagina is inserted into the rectum at different points. It is covered on its upper surface by a reflexion of the recto-vesical fascia, which binds it closely to the vagina and sphincter vaginæ muscle, and on its under surface by a reflexion of the obturator fascia, which binds it closely below. The transversus perinei, when it exists at all, arises from the pubic arch, and its fibres are lost in the sphincter vaginæ directly under the vagina. In speaking of the use of the sphincter vaginæ, Dr. Goodell says that "the property of this muscle is to pull down the rigid clitoris into contact with the male organ, to squeeze out the contents of the vulvo-vaginal glands, and to compress the dorsal vein as well as the bulbs of the vagina, so as to obstruct mechanically the current of blood, and produce a turgescence of these erectile organs." If this be correct, we have an explanation of the loss of sexual pleasure and desire so often seen in women who have suffered from a tear of this muscle. The recto-vesical fascia sends out reflexions from its bony attachments also over the vagina as well as over the other pelvic contents, forming the strong ligaments which hold them in place and give firm support to the different venous plexuses; amongst others the vaginal plexus.

The advancing head of the child, under certain circumstances, crowds the soft parts in advance as it sweeps along the pelvic floor and the fascius and muscles just described, becoming over distended, separate and retract, forming deep sulci laterally. Frequently the injury is sub-mucous. The external soft parts or skin perineum may be torn or not; very often it remains perfectly intact. There is no question in my mind that this injury is caused with unnecessary frequency both by the injudicious use of the forceps and by our vain efforts to "support the perineum." As a rule, our patients would be far better off if we were to throw our forceps away and keep our hands off the perineum, as far as any idea of giving it support is concerned. If we hold the head back, the vis-a-tergo must be spent somewhere, and that somewhere is the pelvic floor which suffers accordingly. The mere rupture of the fascius and muscles would cause the woman little trouble of themselves, but the results are far reaching. The fascius being the chief support of the blood-vessels, we now have these large veins with no support but their own walls; consequently we soon have a chronic engorgement, with dilatation and a very sluggish return of blood from the parts. The viscera become engorged and heavy. The anterior wall, which has lost its main support, the posterior wall, begins to roll down and out, forming a cysto-vaginocele; the posterior wall gradually pushes forwards and bulges from the vaginal orifice as a recto-vaginocyle. The fundus uteri becomes or remains enlarged, and falls backward from its weight and the traction of the vaginal wall. Gradually but surely the ligamentous attachments of the uterus are stretched, and the whole organ slowly descends, dragging everything with it. We eventually have all the phenomena of complete procidentia if things go on unheeded. This theory of the injury in the female pelvis in parturition is by no means new. It is substantially the same view held by Emmett and expressed by Hadra in the *Amer. Jour. Obst.*, April. 1884, by Wylie in the *N. Y. Med. Rec.*. March, 1885, Skeene in the *N. Y. Med. Jour.*, April, 1885, and by Jas. Price in a paper read before the Philadelphia County Medical Society last spring.

The old operations, devised on the supposition that the injury of the perineal body was the cause of all the symptoms, included far more labial tissue than had been involved in the tear, and were entirely inefficient for restoring the pelvic floor. They caused an unnecessary barrier to coition, and frequently left the patient with a certainty of return of all her ailments, and a probability of the tear being reproduced at a subsequent labor. The only satisfactory surgical procedure suggested as a cure of the injury is that of Dr. Emmett, of New York, for "restoration of the pelvic diaphragm." The patient is placed in the dorsal position and the labia separated by assistants; hook a tenaculum or a ligature (which remains a permanent landmark to the end of the operation) into the crest of the rectocele and draw it upwards, without undue traction, to near the meatus, and place it in the hand of an assistant; hook another tenaculum into the labial tissue on each side directly opposite to or in the lower caruncle or remains of the hymen. If slight traction in diverging directions be made on all the tenacula at the same time, three triangles are formed, having the crest of the rectocele for their common apex. The base of the first is a line drawn from caruncle to caruncle, and the bases of the others a line drawn from each caruncle to a point far up the sulcus of the same side. On denuding these surfaces, and bringing the three tenacula together "the vaginal canal will be found reduced in size, the perineum will have been apparently drawn up towards the arch of the pubes, and the tissues of the previously gaping outlet will have been rolled in until the vaginal entrance is no longer larger than that of any female who has not given birth to a child at full term." The posterior wall is brought firmly up against the anterior wall and bladder, giving them their natural and necessary support and preventing their rolling down and out. Care must be taken not to denude too much surface in the sulci, as failure may result, the sutures cutting out from undue traction. The scissors should be used for all plastic work in the vagina. Any one becoming accustomed to their use will never go back to the knife. The bleeding is infinitely less, and much time is saved by the celerity with which they can be handled.

The most essential part of the operation is the introduction of the sutures. They are passed from the apex of each sulcus toward the operator. A tenaculum is hooked into the apex of one of the sulci and drawn away toward the cervix uteri, thus preserving the line on which the sutures are to be introduced. The sutures are then all passed toward the operator to the bottom and median line of the sulcus, plenty of tissue being included; the sutures emerge at the median line of the sulcus and are reintroduced in the same spots and carried away from the operator, emerging just beyond the freshened edge of the rectocele directly opposite the original point of introduction on the other side of the sulcus, thus taking a **V**-shaped course. The number of sutures is usually four or more. The other side is sutured in the same manner. When these sutures are all drawn up into place and closed, there remains a small triangular space of freshened surface in front of the rectocele, which is closed by the so-called crown-stitch and one or two superficial external stitches. The crown-stitch is introduced through labial tissue at the lower caruncle, the original point of introduction of one of the tenacula, carried across through the crest of the rectocele and then through labial tissue at the lower caruncle on the opposite side. All the other sutures are now lost to view within the vagina. The resulting shallow line directly in the median line of the perineum is closed by one or more superficial external stitches. They are passed deep enough to include a portion of the posterior vaginal wall.

The day for plunging a great perineal needle through gluteal tissues, skin, muscles, fascius, nerves, and blood-vessels, is past. It is as much a relic of barbarism as searing the stump of an amputation to stop hemorrhage, and causes much pain and suffering. The material of the suture is immaterial. Catgut can be either shotted or tied. As moisture causes the gut to swell, it should be shotted as soon as passed and fastened to the pubic hair with a pair of hemostatic forceps. This will keep them out of the way of the operator. Dr. Emmett always uses silver wire twisted and then shotted, so as to be easily found; the end is bent over and lies flat on the tissues. Silk-worm gut should always be shotted. It makes an excellent suture, and forms a good splint to the tissues. Whatever is used, the stitches are equally hard to find and remove. A very easy method for either wire or gut is the use of "Aveling's wire coil." These can be made by wrapping a piece of silver several turns around a straight needle or other small staff to form a close coil about half an inch in length. This coil is slipped over the two ends of the suture and secured in its proper place by a compressed shot. In removing, snip off the shot, remove the coil, and the suture has ends as long as the coil was. The after-treatment is very simple. If the patient would stay quietly in bed, she would recover with perfect union without the doctor's attention. As a rule, the patient complains of no pain, and opium and alcohol are not needed. The bowels are kept soluble from the first, and the urine is passed every four or five hours, the patient getting on her hands and knees if necessary. There is no necessity for binding the knees together, nor for keeping the woman in one position for days. The stitches may be taken out in eight days.

Dr. M. Price described a plan for the temporary securing of sutures at the moment of insertion. The ends being left long, two perforated shot are slipped on: the first one is to be the permanent fastening, and is left loose; the second is compressed to secure the suture ends together and to prevent the other from stripping off until the time for final closing, when the first is pushed down and compressed.

Dr. Joseph Price described several ways of securing sutures so as to avoid imbedding the free ends of silver ones, and to secure easy extraction. Over the silver wire pass the Aveling coil and shot; this will greatly facilitate its removal. He also made some critical remarks on different methods of operating for perineal restoration. The inside method of Emmett gives the best results. The use of well-prepared catgut for the sulci sutures materially facilitates the operation. Set the sutures fresh from the alcohol, and drop a shot over before they swell.

Dr. Chas. Meigs Wilson stated that the difficulty of representing the operation diagrammatically is owing to the fact that the plane of the posterior wall of the vagina is altered by the traction upon the tenaculum holding the crest of the rectocele. The needle figured upon the blackboard by Dr. Packard was not a Baker Brown needle, as stated by Dr. Packard, but a modified staphylorraphy needle—the needle arm being longer, thinner, and having a greater arc of curvature than the ordinary staphylorraphy needle. It was first devised by Dr. E. Wilson to use in uniting the freshened surfaces in Emmett's operation upon the cervix. The objection to its use in colporraphy operations is that owing to the shortness of the needle-arm, the shoulder of the needle, *i. e.*, the junction of the needle-arm with the handle, made such a large opening in the mucous membrane of the vagina that the stitch was liable to tear out, especially if there was much tension before union had taken place.

Dr. Longaker spoke of the advisability of the primary operation. He believes all forceps with long blades and large heels will do damage to the vaginal outlet. He has seen transverse tears of the outlet after natural as well as instrumental labor. It has been remarked that perineal ruptures may exist without causing any symptoms, but this is no reason why tears in general should not be repaired. He believes in performing the primary operation in every case. He likes the Chinese silk for sutures. He has examined a perineum immediately after labor and found it apparently intact, and a month later found a rectocele and cystocele, indicating a submucous tear.

Dr. Joseph Price, upon request of the President, remarked that he had seen Mr. Tait operate for a complete tear into the rectum, also for partial laceration and rectocele. He operates so rapidly that it is difficult to follow him. He makes two scissors cuts one on each side of the laceration, splitting the tissues from the centre line laterally and forward. He removes no tissue, but throws one flap inside and the other out, and closes by interrupted buried sutures of silk-worm gut. In the complete rent, he splits the septum laterally, turning one flap into the bowel, the other into the vagina, and closes by interrupted transverse buried sutures, with two or more external sutures.

Dr. H. A. Kelley stated that this was not original with Mr. Tait. It had been originally devised by A. R. Simpson, of Edinburgh, and a description, with illustration, is to be found in Hart & Barbour's Manual.

Dr. Baldy, in closing the discussion, stated that the needle used by Dr. Emmett was round, slightly curved at the point, and from three-fourths to one inch in length. He uses it with a needle-holder, and as a rule prefers to have it threaded with a silk loop, into which the wire sutures are hooked.

Dr. Baldy has now in his care a patient whose fourchette is perfect, but scar-tissue can be felt inside of the perineum, and there is some little prolapse of the posterior wall. When she was delivered some weeks ago, the need of an operation became apparent, as at that time the anterior wall and bladder prolapsed before the head, in a mass as large as a base ball. He does not sympathize with the total condemnation of the forceps; they are needed sometimes, though frequently abused; neither does he approve of the so-called support of the perineum, either by towel or by hand, nor the idea of holding the head back, because these methods deflect the force of the uterine contractions against the posterior vaginal wall and the pelvic floor. He has seen cases which had been operated on by the old method by eminent gynecologists, in which the result was a perfect external perineum, but in which the pelvic floor was as badly off as it had been before the operation. The floor was completely restored by the Emmett method subsequently.

Dr. Jos. Price read an extract from a private letter from Dr. Emmett to himself: "I am very glad that the woman who was operated on has fallen into your hands, so that you may be able to make a report of the exact condition after labor. I have not kept any accurate account, but I think I have heard of some twenty cases who have gone through labor without accident after the operation at the vaginal outlet had been done. On the other hand, I have not heard of a single case where the parts were torn after the operation, which is of more value, for I should be more likely to hear promptly of the failure than of the success."

Placenta Prævia.

Dr. Jos. V. Kelly reported the following case: K. W., fifth pregnancy, had a vaginal hemorrhage, December 28, 1886. The bleeding was quite profuse, but ceased spontaneously. On examination, the os admitted with ease the index finger, which came directly in contact with the placenta. The patient was supposed to be nearing the completion of the eighth month of pregnancy. She was enjoined to rest in bed, and dilute sulphuric acid was administered. Several days later the hemorrhage recurred and again ceased spontaneously. She kept on dribbling a little each day until January 11, 1887, when she had a violent hemorrhage, and I determined on active interference. Her pulse was 120, she was very pale and had attacks of fainting. The os was dilated to the size of a half-dollar, and dilatable. I gave her fifteen drops of Squibb's fld. ext. ergot. There was no decided pain, though the patient said she felt some slight bearing down. I brought her to the edge of the bed, with her knees flexed, and found a decided thinning of the placenta toward the right sacro-iliac symphisis. It was difficult to rupture the membranes without detaching the placenta, so I made firm pressure over the fundus, which caused the head to descend, and I then ruptured the membranes against the vertex. The waters drained off, the uterus condensed, and the bleeding ceased. I then gave twenty drops more of the ergot, and slight pains were noticed shortly afterwards. I still kept my index and middle fingers in the rent I had made in the membranes and the edge of the placenta, endeavoring to prevent any bleeding by pressing the placenta against the left side of the os. The pains became stronger, and the head descended, and the bleeding again returned. I endeavored to accelerate the labor by encouraging the woman to bear down and by making strong pressure over the fundus, but as these measures did not produce the desired result as rapidly as I wished, and the head having passed the superior strait, I applied the forceps and delivered. There was no further hemorrhage, and the placenta was expressed by Crede's method in fifteen minutes. The woman received a vaginal injection of warm vinegar, as well for its antiseptic as for its hemostatic properties.

The fœtus was of fair size for the eighth month, and was nearly lifeless. Artificial respiration, mouth to mouth, revived it, and it lived thirty hours. The mother was in a very exhausted condition, and was given brandy and ammonia for nearly a week. The pulse after delivery was 140. She was also given plenty of milk and broth, and not allowed to raise her head off the pillow for a week. She has since entirely recovered. No tampon was used in this case. Ether was not administered.

Dr. M. Price had recently attended four cases of placenta prævia at full term; one of them, a very desperate case, had been tamponed. The cervix was dilated to the size of a half dollar. He was urged by his consultant to introduce his hand, turn, and deliver, which was, much to his surprise, accomplished in ten minutes, with child and mother both saved. The four children were all saved, and the mothers also, although one of the latter died from anæmic causes three months later. He would at once, when called to such a case at full term, or in premature ones, if he considered it advisable, dilate, turn, and deliver. The method adopted in these four cases is that now adopted by the best authorities. Tamponing at term he considers dangerous, and involving a loss of valuable time, hazardous to both mother and child.

(*To be continued.*)

NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, February 23, 1887. T. Mitchell Prudden, M. D., President, in the chair.

Brain of a Suicide.

Dr. W. H. Porter presented the brain of a suicide by a pistol shot, the bullet having passed directly through on the line of the temples, dividing both middle cerebral arteries and breaking both orbital plates.

Surgical Kidney and Liver.

Dr. Porter presented the liver and kidneys of a woman who had died about a week after removal of an abdominal tumor, probably a hæmatocele. For the first five days after the operation she did well. The temperature then went up, the urine, which had before the operation been normal, rose in specific gravity, contained albumen and pus. The autopsy showed a little suppuration along the abdominal sutures; no peritonitis. The interesting lesions were in the liver and kidneys; the liver showed extensive parenchymatous and fatty degeneration, slight cirrhosis; the kidneys showed also parenchymatous metamorphosis, less in degree; the heart showed some granular degeneration. At the previous meeting of the Society, Dr. Porter had expressed the view, sustained by a number of autopsies, that many so called septic cases after surgical operation were really cases of death from failure of function of the kidneys brought about by the influence of the anæsthetic. The primary and most extensive change after the operation seemed to be in the liver, and the secondary one in the kidney; the heart was affected in a less degree still.

Tricuspid and Mitral Regurgitation.

Dr. Porter also presented the heart of a man in which were found marked tricuspid and mitral insufficiency; the right auricle was greatly dilated, while the right ventricle was quite small. The primary lesion seemed to have been on the right side. A mitral and tricuspid regurgitant murmur had been recognized during life. The man had had jugular pulsation, œdema, dyspnœa, rheumatism. There was perihepatitis and some spots of cirrhosis in the liver.

Gall-stones; Hemorrhage after Paracentesis.

Dr. Porter presented the liver and a large blood-clot, in a case of gall-stones in a woman thirty-two years of age. She had, for eight or ten years, at times suffered severe pain in the right side. Otherwise, she had been healthy. On entering the hospital she was jaundiced; the temperature ranged from 103° to 107°; there was tenderness over the abdomen. An hepatic abscess was suspected, and the needle of the aspirator was introduced, but with a negative result. Before the autopsy was made it was supposed there were gall-stones, and this proved to be the case, there having been counted in the gall-bladder and ducts as many as eighty-six. The gall-bladder and all the ducts were enlarged; the common duct was pervious, but it seemed probable a stone may at one time have oscillated back and forth in it, causing temporary obstruction. Squeezing the liver caused numerous little stones to appear at the divided ducts. Dr. Porter was inclined to think that the stones had formed in the gall-bladder, and had been backed up into the smaller ducts. The liver showed softened spots, apparently ready to break down, very extensive parenchymatous and granular change, and slight cirrhosis. An interesting feature in the case was the slight hemorrhage which had taken place along the entire course of the needle of the aspirator, and a large clot had formed in the peritoneum, between the liver and diaphragm.

There were also parenchymatous and granular changes in the kidneys, some fatty degeneration of the walls of the heart, endometritis and granular condition of the cervix, and cystic degeneration of both ovaries.

Hip-joint Disease.

Dr. L. H. Sayre presented the head of the femur and some pieces from the acetabulum, removed in a case of disease of the acetabulum and head and neck of the femur, in a boy thirteen years old, who had always walked, his sister said, as if on a wooden leg, and who six weeks ago began to have chills and fever, loss of appetite, and pain in the hip. The gluteal region was large, and later deep-seated fluctuation was discovered, which was cut down upon and four ounces of pus were evacuated. Proceeding farther, it was found that notwithstanding the absence of crepitation and of some detritus in the pus, there was complete degeneration of the cartilage in the joint, necrosis of the acetabulum, and perforation of the head of the femur, with considerable necrosis of the neck. Excision was performed, and the patient was then doing well.

Abscess of the Lung.

Dr. L. E. Holt presented the lung of a child three weeks old, in which there was an abscess in the lower lobe on the right side, containing four or five ounces of pus. The curious feature in the case was the absence of severe symptoms until two or three days before death. At first the symptoms had been rather those of a broncho-pneumonia, then flatness being present, aspiration was done, drawing out on one occasion three ounces of pus, and on another about one ounce. The diagnosis was then made of empyema. At its last illness the house physician had inserted the needle twice, and failed to find fluid. The tissue surrounding the abscess and between it and the pleura seemed to be dense fibrous tissue. The specimen was referred to the committee on microscopy. There was no fluid in the pleural cavity. The right lung, with its abscess, took up nearly the entire space in the chest cavity.

Stricture of the Œsophagus.

Dr. Frank Ferguson presented the œsophagus of a child aged two years, which three months before had swallowed a small quantity of caustic potash, since which it had not retained any food. The stricture at autopsy was found about midway the œsophagus, and admitted a small probe.

Adjourned.

NEW YORK ACADEMY OF MEDICINE.

Stated meeting, February 17, 1887.

A. Jacobi, M. D., President, in the chair.

The President read an address in which he again referred to the absurd position in which physicians and the entire profession were being placed by reports of wonderful operations, or wonderful reports of operations, which appear from time to time in the daily press.

Dr. C. L. Dana read a paper entitled

Spastic Ataxia and the Combined Sclerosis of the Spinal Cord.

Out of an extensive amount of literature and a large number of cases relating to disease of the spinal cord, he had been able to find only sixteen cases in which autopsies had been made which he considered as belonging to the class of cases under consideration. In addition to these sixteen cases, he reported eight which had come under his own observation, in only one of which a post-mortem examination had been made, a case of Dr. Graeme M. Hammond. The usual post-mortem findings in these cases were a sclerosis or degeneration, mostly in the three long system-tracts in the cord, that is, in the direct cerebellar tracts, the pyramidal tracts, and the column of Goll. The disease, however, sometimes extended laterally, invading even the cells of the cornua. It was usually most marked in the upper dorsal region. The term combined fascicular sclerosis might be employed to designate the condition if it were not for the fact that this lesion was sometimes present when the symptoms during life had been those of ataxia with flaccid paralysis and not spasm. Also, in the cases typical clinically the lesion was not always strictly fascicular. The term used by Gowers, ataxic paraplegia, was objectionable.

Two of Dr. Dana's cases were females, six were males. The facts drawn from his cases and the sixteen others in which an autopsy had been made were the following: Syphilis was rarely present; a neurotic family history was common; in cases occurring in early life there was usually a history of sexual or alcoholic excess; in later life the history was one of physical strain and exposure. It began usually with ataxia, then stiffness in the legs and trembling; sexual power declined early; there was temporary bladder difficulty; a feeling of numbness, and pains of fulminating character occurred, but did not last long. Anæsthesia in spots often disappeared readily under treatment. The muscle sense was often good. There were no gastric nor enteric crises. The spastic symptoms were usually in the lower extremities, but sometimes involved the upper extremities.

In treatment, the nervous state might call for bromides; if there was a history of syphilis, anti-syphilitic treatment should be thoroughly tried; absolute rest was very important; slight sensory symptoms often disappeared readily under the use of electricity.

The prognosis as to length of life was better, he thought, than in typical cases.

Drs. Starr, Brill, and Birdsall, in discussing the paper, thought that clinically a class more or less like that described by Dr. Dana might be formed from a large number of cases, yet they were doubtful whether they constituted a distinct type of disease. The distribution of the pathological lesion was irregular, and the symptoms varied accordingly. They agreed with the author as to the difficulty of giving an appropriate name. Dr. Seguin related a case of spastic paraplegia, and said the post-mortem findings were those of sclerosis in the posterior and lateral columns, and the microscope showed that the lesion also extended to the extreme lateral portions of the spinal cord, and it was rather irregular at different levels. The President suggested that the peculiarly irregular distribution of the disease might be accounted for by its following the course of the fine blood vessels rather than of nerve fibres.

EDITORIAL DEPARTMENT.

PERISCOPE.

Ocular Symptoms in Acute Cerebral Disease.

At a late meeting of the Ophthalmological Society of London, Mr. G. A. Berry read three cases of acute cerebral disease with ocular symptoms. His first case was one of acute ophthalmoplegia externa in a little girl, aged two years and a half. There was a history of gastro-enteric catarrh five months before admission. The present illness began three weeks ago with cough and headache. Ten days before, something wrong was noticed with the sight. There was almost complete ptosis of both eyes, with absolute divergence of eyeballs—in fact, a condition of almost complete ophthalmoplegia externa. The child was mentally very apathetic; once she had a very severe screaming fit; the knee-jerks were absent. After treatment by iodide of potassium for two weeks, distinct improvement in the general condition began, and the ophthalmoplegia was less marked. There was a scrofulous condition of one finger. The pathology of ophthalmoplegia was reviewed. Perhaps the condition was dependent on tubercular disease about the ocular nuclei. The second case was one of megrim associated with spasm of convergence, in a girl aged eighteen. The possibility of hysteria being the cause was considered. On one occasion the patient had an attack of apparently insurmountable conjugate deviation of the eyes to the left. Extraordinary abnormalities of temperature of the body were observed. The corpora quadrigemina or the cortex might be the seat of the nervous lesion. The third case was one of recurrent attacks of bitemporal hemianopia. The patient was a man aged fifty-three, who had suffered from headache and drowsiness. Both temporal halves of the fields of vision were extremely defective up to about 5° from the points of fixation. On six occasions, at intervals of about one week and for three or four days, vision became affected and the temporal fields of vision dimmed or obliterated, whilst at the same time the heart's action was markedly slower than during the periods of intermission of the ocular symptoms. Pressure on the chiasma in an antero-posterior direction might be the cause of the hemianopia.

Dr. Gowers said the cases were difficult. He agreed with Dr. Berry that it was highly probable that different cases of external ophthalmoplegia had different pathological lesions, especially judging from what was known of ophthalmoplegia interna. The loss of light-reflex, usually attributed to degeneration, might pass away even in tabes. Where recovery took place, the lesion could not be a destructive one, though there might be some nutritional change. With regard to the first case, he doubted whether it could be due to distension of the aqueduct or to a simple tubercular lesion. Distension of the aqueduct was frequently met with without paralysis of ocular muscles. Sudden lesions were generally vascular. Thrombosis was common in children; in this case it was probable that a thrombus had occurred in the artery leading to the ocular centre. In the second case, he agreed that the case was not one of hysteria. Divergent strabismus was conclusive against hysteria. As to the third case, no doubt internal hydrocephalus was an occasional cause of pressure on the chiasma, and blindness. He referred to a case where first the decussating and afterwards the non-decussating fibres were affected by the distension of the third ventricle.

Case of Cocaine Poisoning.

Dr. C. S. Kilham thus writes in the *Lancet:*

On November 9, 1886, at 12:10 noon, John B., accidentally took four and four-fifths grains of cocaine hydrochlorate in the form of solution. At 12:30 he was seized with severe cramps in the stomach, nausea, throbbing and feeling of bursting in his head, failure of eyesight, loss of use of his legs, incoherence of speech and confusion of ideas, and drowsiness, but could always answer questions if roused. No delirium; appeared as if drunk, and not quite helpless. Brandy was given, and he vomited after it, but only the remains of food. About 12:50 he commenced sweating most profusely, shirt, etc., being soaked through, perspiration streaming down his face and body, and his head steaming. Pupils were normal and equal. No loss of taste. The sweating lasted some time, and was succeeded by very severe prostration, shivering, and feeling of impending death. At intervals the patient had severe cramps in the stomach, with retching and vomiting of a quantity of clear mucus, which relieved the pain. About 1:15 p. m. the pulse became intermittent, missing every fifth beat. This was accompanied by cyanosis of the face, and intense feeling of suffocation over the cardiac region. Relief was afforded by sinapisms. The pulse varied from 80 to 86, never more, and became gradually regular. About 1:45 p. m. he began to have cramps in the legs and feet (especially on dorsal surface of right foot), and tingling and numbness in both hands. Later on the pupils became dilated. The vomiting and cramps ceased about 4 p. m. (unless food was taken), but the drowsiness, throbbing of head, and prostration continued up to 6 p. m., when the patient began to get warm and feel relieved. The improvement continued, and he could be moved at 8:30 p. m. There was great weakness, with swimming of head all night.

Next day there was still weakness, continual vomiting, a dry, leathery feeling in the mouth, with loss of taste, partial loss of power in the legs, and tingling and numbness of the fingers, especially of the right hand. These symptoms commenced nearly thirty-six hours after taking the cocaine, and most of them disappeared in twenty-four hours. The loss of power in the legs lasted three days, and the tingling and numbness of fingers longer. He was not able to write a letter until the sixth day, as he could not feel the pen between his fingers before. An emetic was first given, with sinapisms over the heart and stomach; afterwards warmth and stimulants (principally compound spirit of ammonia).

Remarks.—The solution of cocaine had been made at least twelve months, but appeared all right. The patient was in the habit of taking ¼ gr. of cocaine for neuralgia of the stomach. The dose taken was 4½ gr. of hydrochlorate of cocaine. The official dose is up to 1 gr. Martindale, in his book on "Coca, Cocaine, etc.," mentions two cases where larger doses were taken. In one case (of attempted suicide) 23 grs. of cocaine were taken without "seriously injurious effect." In the other case 32 grs. of cocaine were taken within three hours, but the symptoms varied considerably from those in the case under notice. The most remarkable symptoms were the severe sweating, the intense prostration, and the intermittent pulse. The last symptom I have not seen mentioned before.

Treatment of Chronic Constipation in Childhood, and its Sequel, Atony and Dilatation of the Colon.

After discussing this question in the *Lancet* (December 11), Dr. W. B. Cheadle thus concludes:

"My object in these lectures is not so much to describe the cause and symptoms of constipation as to point out the disastrous results of mistaken treatment, and to enforce the necessity of a more rational procedure. Look at the evil effect of strong purgations —how they enervate and wear out the tone of the bowel. No occasional purge of rhubarb or scammony is efficient to cure. Look, again, at the evil effect of frequent enemata. Enemata are only to be used on an emergency. They, equally with strong purges, impair tone and do direct harm by actual dilatation. In confirmed cases of constipated habit, treatment must not be intermittent, but continuous: the daily administration of appropriate remedies steadily, for a considerable period, is absolutely essential. Intermittent treatment is abortive, ineffectual, and aggravates the evil. What, then, is the proper treatment for these cases? First, be sure that there is no malformation, no intussusception, no sore about the anus, rendering defecation painful. Then use saline laxatives. Their mode of action is by increasing the flow of secretion rather than by stimulating peristalsis. Thus tone returns when distension is relieved by the easy evacuation of fluid stools. Further aids to this are strychnia, nux vomica, iron, and belladonna. They act by increasing the muscular tone and nutrition, not by stimulating peristalsis directly. In the case of little children up to two years old simple carbonate of magnesia in milk is sufficient (5 to 10 or 20 gr.); this is better than the piece of soap in the rectum, or the repeated castor oil or manna so constantly advised. In older children, the sulphates of magnesia and soda, with the tonics named above, and daily massage with castor oil or cod-liver oil, are most useful. In older children still, a pill of aloes or euonymin, with sulphate of iron and nux vomica, may be given as an alternative to the salts and strychnia, but no frequent rhubarb, or scammony, or podophyllin, or jalap (these are for the relief of temporary difficulty only); in mild cases, perhaps, or if the liver is not acting, a dose of calomel, grey powder, and soda, or senna. Regimen is an important element in the treatment if the child should have chronic constipation: abundant water, pure, not hard; 'salutaris water' is excellent. In little children add a good infants' food to milk; fruits; fruit jellies; treacle; cooked green vegetables of the softer and more delicate kinds. Some variety in food is useful; a good mixture is better than a monotonous diet. It is, I think, extremely doubtful if coarse food is useful in the long run. It causes atony and weariness of muscle eventually by over-stimulation. And you must insist on regular evacuations. Take care that the stools are not dry and hard, or the child will resist action and increase constipation. Other useful adjuncts are—abundance of fresh air, which aids in improving nutrition; and exercise, which mechanically aids the passage of the contents of the intestine down the tube, and improves general health and muscular tone."

A Remarkable Midwifery Case: Extraordinary Thickness and Induration of the Os Uteri.

"I think the following case is worth recording," says Dr. Wm. Wigmore, in the *Lancet:*

"At 3 a. m. on December 8 I was called to Mrs. H——, aged thirty-nine, in labor with her third child, the last being two years old; pains had been going on since the afternoon of the day before. On examination, I found the os dilated to about the size of a five-shilling piece, head presenting; anteriorly, the os was thickened and swollen into a mass under the pubes, the rest being quite an inch thick and tough. The liquor amnii had escaped a short time before. I tried for some time to dilate, but finding I could make no impression, and the pains getting stronger and almost incessant, I applied the long forceps, hoping that with the aid of them and the fingers I might be able to dilate; but directly I used any traction, the os came quite outside the vulva, and I found it useless to attempt it. If I had used more force I should have pulled child and uterus away together. The pains were still incessant, the patient calling out for something to be done. I saw there was nothing left but to divide the os. Before doing so I wished for another opinion, and sent for Dr. Griffith, of Harrow Road. He asked me to remove the forceps and let him try to dilate; but, like myself, he found it perfectly useless, and agreed with me that nothing but division would give her a chance of being delivered. I accordingly reapplied the forceps, and, pulling the os outside the vulva, proceeded to divide it posteriorly. The procedure was like cutting cartilage or tendon, and there was no bleeding; directly it was divided the uterus split right up over the head of the child, which was immediately expelled. The child was dead. I was now fearful of the consequences, daily expecting to find symptoms of metritis, cellulitis, or peritonitis; but, on the contrary, the temperature never rose above 101°. She never had any abdominal tenderness, nor even a fetid discharge, and is now quite convalescent.

"*Remarks.*—After the birth of her first child, the patient suffered from a fall of the womb, and after that of the second it became worse, and eventually quite prolapsed. She never sought any advice for it. During the whole of her present pregnancy she was sitting on it, which gave her much pain, and her favorite seat was a cane-chair with a hole in it. I suppose by the continual exposure and friction its character was quite altered. Having had a very large midwifery experience, and never meeting with a similar case, I am anxious to know what else I could have done. Craniotomy would have been of no avail, and I do not think that dismemberment would have been successful. I should also like to know how the peritoneum escaped—whether the recto-vaginal and vesico-vaginal folds were stretched by the gradual rise of the fundus and being held down below. I may here mention that after the birth of the child the uterus contracted well, the placenta came away without difficulty or hemorrhage, and the os was drawn well into the vagina."

The Treatment of Typhoid.

Professor Grancher, following in the steps of Professor Bouchard, gives the following directions for the treatment of enterica: Four principal indications result from the pathogeny of the disease—general antisepsis, intestinal antisepsis, antipyretics, and nourishment. As soon as the disease is suspected, M. Bouchard commences by the administration of a purgative which is renewed every three days. For the first four days, calomel is given in doses of one-third of a grain every hour as a general antiseptic. Intestinal antisepsis is secured by the administration of vegetable charcoal in powder (100 grammes), iodoform (1 gramme), and naphthaline (5 grammes). This is mixed with 50 grammes of peptone and 200 grammes of glycerine, which constitute the basis of the alimentation, and the black magma so formed is taken by tablespoonfuls every two hours. The bowels are washed out night and morning with carbolic acid and water (1 in 1000), each enema measuring one pint. From the beginning of the disease the patient takes eight baths a day until recovery, but instead of using water at a much lower temperature than that of the body, the difference is only of two degrees Centigrade, 38°, for instance, if the temperature is 40°. The bath is then cooled by a tenth of a degree per minute to 30°, but never below, so avoiding all shock and spasm. When the temperature remains high notwithstanding the baths, quinine is recommended, 30 grains being given in four doses in the course of two hours, and repeated after an interval of three days. Besides the glycerine and peptone associated with the antiseptics, the only other food allowed is bouillon, boiled with barley, and as a drink, lemonade with a little wine. Should complications occur, they should also meet with a vigorous reception. Extreme or prolonged delirium is to be treated by opium, and peritonitic symptoms by ice or mercurial ointment. Of 266 patients so treated by M. Bouchard, 31 died, giving a mortality of 11.7 per cent. The average duration of the disease was nineteen days, and relapses took place on the whole number in 20 per cent., and during the latter period in 10 per cent. of the cases. These figures speak for themselves, and there is one point about M. Bouchard's method beyond contestation. It is certainly thorough. But if, as it would seem, the patient spends thirteen hours in the bath and undergoes fifty or sixty other visitations of different kinds in the course of the twenty-four hours, it is difficult to see what time remains for repose.

Post-mortem Irritability of Muscle.

Dr. John H. Spitzly thus writes to the *Lancet:*

A young Hindoo, aged twenty, was admitted into our wards on February 28, 1886, and died on October 31 of phthisis pulmonalis. He was a remarkably thin and weakly-looking individual; but although he had a decidedly phthisical aspect, and suffered from cough, general emaciation, and diarrhœa, no dullness was perceptible on percussion of the chest-walls. The post-mortem examination revealed a large vomica with infiltrated edges, situated at the root of the left lung, which sufficiently accounted for our inability in detecting any marked alteration on percussion. Numerous small abscesses were also found throughout the substance of the left lung. The intestinal walls were of a dull clay color. A most peculiar phenomenon in connection with the voluntary muscles, however, more especially attracted our attention. About two hours after death had taken place, one of our students, who was inspecting the body, percussed the pectoral region, and, to his great astonishment, noticed that the muscles responded most energetically to the stimulus conveyed by the percussing finger, and contracted very promptly. On examining the muscles, I was able to produce most vigorous contractions of the biceps and flexor muscles of the arms, the pectorals, the sterno-cleidomastoids, the masseters and temporals, and also of the rectus femoris and other muscles of the lower extremity. The biceps and pectorals, especially, responded very promptly, and the contracting muscular fibres of the biceps in some instances rose to certainly half an inch above the level of the quiescent portion. The muscular substance itself was very soft and doughy to the feel, and of a pink color. Although I have very frequently seen a stimulus call forth fibrillary muscular contractions in emaciated persons suffering from phthisis, I have never before observed the same phenomenon in such a remarkable degree of intensity on the body of a person in whom life had already been extinct for two hours, and I should be much interested to know if this post-mortem phenomenon is common in cases in which the patient has very gradually succumbed to a chronic exhausting disease. Perhaps I should also add that the temperature at the time these observations were made was 90° F., and that the time of the year was what is here called the "dry season."

Epilepsy after Gunshot-Wound.

In the *Brit. Med. Jour.*, Dr. Hadden relates the case of a man, aged thirty-two, who was under Mr. Croft's care at St. Thomas's Hospital. There was no family history of epilepsy. In 1872 he was wounded in the left calf, and several shots were extracted. In six or seven weeks the wound was quite healed. Four months after the injury he began to have fits. For nine months they were occasional, but afterwards he had as many as twelve daily. The sciatic nerve was then stretched, and the fits ceased for thirteen years. They recommenced seven weeks before admission into St. Thomas's, when he fell to the ground from a ladder, unconscious. During the week preceding admission, he had eight or ten daily. The fits began with a sharp twitching pain in the scar in the left calf; then there was a creeping, heating sensation passing up the leg and left side of the body to the head. The left side then became convulsed. The pupils were immobile, and the conjunctivæ insensitive. Finally, there were some general convulsive movements, and then rapid return to consciousness. The tongue was not bitten, nor were the evacuations passed. The scar was somewhat tender, and when pressed, he would at times have the sensation passing up the body, and sometimes a convulsion. Occasionally in the seizures he would roll about in bed, and sometimes there was opisthotonos. An attempt was made to stretch the sciatic nerve by extreme flexion of the hip, but the result was a violent convulsion. A few days later the nerve was exposed and freely stretched. The fits stopped for nine days. He then had occasional seizures, sometimes one a day, sometimes one every other day. Two occurred whilst the splint was being bandaged to the leg, and one during removal of the splint. The man wrote four months later to say that he had had no convulsion since he left the hospital, but he suffered from severe paroxysmal pain in the left calf, followed by the "fitty" sensations. There was no doubt that the attacks were genuine, the condition of the pupils and conjunctivæ and other points proving this. The interest of the case had reference to Brown-Séquard's and Victor Horsley's experiments on guinea-pigs. Epilepsy was induced by these observers after injury to the sciatic nerve. There was usually a latent period of from two to six weeks. In the man the incubation was four months. Opisthotonos occurred in the patient, as in the case of guinea-pigs.

Effects of Renal Calculi.

Before the Clinical Society of London lately, Mr. Howard Marsh read a case in which very severe symptoms were due to two small stones in an atrophied and movable kidney; failure to detect the organ by an anterior lumbar incision; discovery by laparotomy; successful removal of the kidney. The patient, aged twenty-five, unmarried, was admitted into St. Bartholomew's Hospital on June 29, 1886, with well-marked symptoms of stone in the left kidney, constant pain, severe exacerbations, frequent micturition, and pus and blood in the urine. As no improvement followed rest and medical treatment, it was determined to explore the kidney. For this purpose an incision, suggested by Mr. Willett, and which had several times been found highly advantageous for the removal of large kidneys, situated exactly half-way between the spine and the middle line in front, and vertical in direction, was made through the abdominal wall and fascia transversalis. The kidney, however, could nowhere be found, though a wide search was made. On a subsequent occasion the abdomen was opened in the middle line, and the hand passed in. The kidney was now easily detected, but found to be movable and atrophied. No stone, however, could be felt. The kidney was then removed by the ordinary lumbar incision. The patient made a bad recovery. On opening the kidney after removal two small stones were found in one of the calices. The author drew attention to the important fact that, though the symptoms were very urgent, the stones on which they depended were of very small size. He pointed out that, though the incision in the axillary line is ordinarily adopted for the removal of a large kidney, the posterior lumbar incision is preferable for the purpose either of mere exploration or the removal of a stone from the kidney; and he discussed the means that may be adopted for the detection and removal of small renal calculi. He also raised the question how far the symptoms in the present case may have been due to the fact that the kidney was freely movable.

Treatment of Typhoid Fever by Inhalation of Cold Air.

M. A. Sokoloff, of the Military Hospital of Krasnosesky, published some time ago interesting researches on a new method of treatment of typhoid fever. The author had remarked that the patients suffering from this disease who were placed in tents could without inconvenience respire air at a temperature of zero, and that coincidently the temperature of the body fell from 40° C. to normal. He was thus led to conjecture that inhalations of cold air might be employed with a therapeutic object in view. He experimented on twenty-three cases, and found that inhalation of air nearly at zero caused a more or less pronounced defervescence, though the action is, as might be expected, less lively than with cold-air or cold-water baths, and is at the same time more transitory. He found that the action varied under different conditions, the defervescence being least from midday to 6 p. m., and the greatest between the hours of 7 and 10 in the evening. The effects were less during the first fortnight, the defervescence effected being less than 1° C., and lasting only for an hour and a half to two hours, whilst they were greater after the first fortnight, the defervescence amounting to more than 1° C., and lasting for several hours. The duration of the inhalation was found to be of little importance, a *séance* of ten minutes' duration being equal to one of twenty minutes. The best time was from twelve to fifteen minutes. The defervescence was not in direct ratio to the temperature of the air inspired, and air at very low temperature did not act any better than air at somewhat higher temperatures, because exposure to the former had to be curtailed. Depression or excitation of the patient diminished or suppressed the antipyretic action of the inhalations. The general effects of inhaling cold air were that the respiration was diminished in frequency by about four times in the minute, and became deeper; the pulse was lowered on the average six beats, and became more full. On the other hand, the skin and mucous membrane became less dry.

Value of Incision in Tonsillitis.

Mr. Charles Maclean writes in the *British Medical Journal:*

I am induced to remark on the above subject from the fact that I have found free incisions of more avail in quinsy than in any other kind of inflammation. It is a disease little amenable to ordinary methods of treatment. It is attended by an extraordinary, and in some constitutions, a very serious amount of suffering; and yet it is a local affection, and within easy reach. One book in my possession recommends opening the abscess when suffocation is imminent; another says that puncturing the swelling may be tried. The necessity of the former of these recommendations is at once obvious; but I would be inclined to anticipate this critical state, which occurs after prolonged fever and suffering. As to puncturing, I do not know that I have found it of any service at all. A large incision, however, seldom fails, in my experience, to modify the course of the disease almost at once. A case I had a little time ago serves to illustrate this. I was called in the evening to see a patient who was said to be speechless and to have "lock-jaw." His snowy-white tongue, his pulse and temperature indicated high inflammatory fever. I opened his mouth, cautiously inserted a bistoury, and made a good long incision in the most prominent part of the swelling. Free venous bleeding ensued for some minutes, and soon after it ceased the patient was asleep. In the morning, in reply to my question, he expressed himself as being "quite well." All the symptoms—constitutional and local—had vanished.

I have the greatest possible respect for the internal carotid artery, and no person can have a greater dislike for needless operations than I have. Here, however, there is a distinct object to be gained by operating, and, as regards the vessel in question, a vertical incision in the region of the tonsil cannot injure it, especially as in this complaint the swollen gland tends to push the artery outwards.

Cure of a Hepatic Hydatid by Puncture.

The following case is reported by Dr. F. A. A. Smith in the *Lancet:*

Mrs. K., aged forty-eight, struck her right side against the kitchen table about five months ago. She did not think anything about the accident, but soon afterwards felt a pain in the right side, which gradually enlarged, and extreme emaciation set in. Cancer was diagnosed by several medical men, and one thought the ribs were fractured. When I saw the patient, she was extremely weak and emaciated, and looked like a woman dying of cancer. On examination the ribs of the right side were found very prominent, with bulging of the intercostal spaces. Percussion dullness extended over the median line and downwards to nearly three inches below the ribs. The tumor felt firm and smooth, and gave one the impression of an enlarged liver. At a spot the size of a florin, an inch below the margin of the lower ribs, and two inches to the right of the median line slight fluctuation was felt. Diagnosing the case as one of either abscess or hydatid cyst, I plunged a No. 1 trocar and canula into the centre of the fluctuating spot, in a direction upwards and backwards, and drew off about six ounces of limpid, straw-colored fluid. A small piece of plaster was placed over the puncture, and a towel tied tightly round the abdomen. Nothing more was done, and the patient got rapidly well and is still alive. The only precautions I took were to stretch the skin so as to make the opening valvular and arrest the flow of liquid before the cyst was entirely emptied; thus no air was allowed to enter.

The interesting part of this case was the distinct history of a blow, and the rapid enlargement of the tumor and extreme emaciation. The fluid was examined carefully under the microscope, but no hooklets were detected.

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REMEDIES FOR ALCOHOLISM.

This was the important subject selected for a lecture by Prof. Alglave, of Paris, in a recent discourse at the Sorbonne. In our country, where prohibition is so much a question of the day, and where the supporters of teetotalism, high license, moderate drinking, and low license, are equally honest, it is interesting to learn the experience of competent observers in the Old World.

Professor Alglave fully recognizes the baneful effects of excessive indulgence. He describes the efforts to restrain it. There are temperance societies of various sorts; there have been female crusaders praying and singing in drinking places. Drinkers would leave—perhaps driven away by the dreadful singing—but to return the next day. It was also tried to render drinking more difficult by restrictive legislation, lessening the number of drinking places; but all these devices have failed. Attempts to enforce total abstinence result only in propagating secret drinking and stronger beverages. Restrictive legislation has been just as ineffective, as is proved from the official records kept in Holland and Switzerland, the only two countries in which complete data are obtainable. The records show that the districts having the fewer drinking places are just those presenting the larger number of alcoholism cases. Two shaded maps for each country, being projected side by side on the screen, demonstrated that alcoholism had increased almost precisely in proportion with the decrease in number of drinking places.

Then, what is the remedy? M. Alglave is of opinion that man will drink notwithstanding all that can be done to prevent him, and he is convinced that the only way to lessen the evil is to allow the sale of no liquor or drink contaminated with the slightest trace of amylic alcohol. Thus, if drunkenness is not prevented, at least alcoholism will be. To attain this result is not an easy task, still it is quite feasible. It is not sufficient to enact severe penalties against the sale of liquors containing amylic alcohol; such a course is even unjust to the retail dealer, who will pertinently say: "If you chemists, with all your science and laboratories, require half a pint of the liquid and several days to test it, how am I to judge of its quality?"

M. Alglave proposes a sort of mitigated State monopoly. The State shall supply dealers with chemically pure liquors at a stated price, allowing a fair profit, and deliver them in small bottles only that cannot be filled again. To prevent refilling, there are several devices, one of which he favors, consisting of the affixing of a government stamp over the stopper, and the prohibition to have more than one or two bottles under way at a time. No dealer shall be obliged to purchase State liquor, but a pure article being easily procurable, severe penalties shall be inflicted for the sale of impure liquors. He will be punished, not for defrauding the revenue—that is only venial sin, in the eyes of many—but for poisoning the people. Another advantage of the system is that it would yield an immense revenue, permitting them to lower the taxes on many things. Switzerland has substantially adopted its provisions, the colony of Martinique and Venezuela are going to do the same, and other countries are making inquiries with a view to study the expediency of this plan.

We recommend it to the advocates of temperance in the United States.

OPINIONS OF AN ENGLISH PHYSICIAN.

It is interesting to learn the opinions of an eminent physician concerning things in general touching the profession, and a desultory talk of the kind from an observing man is well worth attention. In this way we may characterize a recent address by a busy practitioner of London, on his recent election to the presidency of the Clinical Society of that great metropolis.

He expressed the opinion that pathology and therapeutics now go hand in hand. Diagnosis was one of the most important elements of success in the career of medical men. A well-known barrister of his acquaintance, in his post-prandial chat, was wont to say that, to paraphrase an aphorism of Demosthenes, the first element of success at the bar was good animal spirits; the second, good animal spirits; and the third, good animal spirits. In the same way, he would be disposed to say that the great element of success in medicine was diagnosis. By diagnosis he meant careful and exact localization of lesions. It was not diagnosis to say that a patient had paraplegia unless the nature and site of the lesion was ascertained. As to the mere fact of some cases proving exceptional, he recalled the saying of Sir James Paget, that "an exception to one rule was in reality the first indication of another and possibly unknown rule," and might therefore be the means of enabling the careful and attentive observer to carry out useful observation on a new line.

The physician can and often does point to the arrest of phthisis in individuals and communities; the progress of Bright's disease might be staved off indefinitely if the patient only carried out the treatment laid down for him; but such cases scarcely admit of being shown, and in any case do not appeal to the attention in the same way as the more palpable results of the surgeon's intervention.

He deprecated anything in the nature of skepticism in regard to the use of drugs, and declared that when physicians used drugs they did so in good faith. Alluding to the class of drugs known as antipyretics, he said that, while they were useful in a certain category of cases, the mere knowledge that they lowered the temperature was not a sufficient justification for their use. It was necessary for the physician to know *how* the temperature was lowered before he ventured to lower it. The mere existence of fever was not a sufficient reason, and there were many cases in which it was doubtful whether a reduction in temperature was desirable or beneficial to the patient. The physician was not in a position to say that a high temperature was *per se* a symptom to be combated, since it might be a necessary item in the evolution of the morbid phenomena.

Referring to the employment of the salicylates in the treatment of acute rheumatism, he acknowledged that many of the inconveniences and sequelæ of that disease were abridged or prevented by its use. At the same time he enjoined a certain caution, especially in prolonged courses of the drug. He said that, since its use had become general, he had certainly seen deaths from rheumatic fever of a kind he had not met with before.

EXTRAORDINARY POWERS IN THE FEEBLE-MINDED.

It is a strange but well known fact that, in many persons who are idiotic or but little removed from the mental condition of idiots, certain powers of the mind may be developed to an extraordinary degree.

Remarkable precocity in the power of arithmetical calculations is frequently combined with a positive deficiency in other directions. In institutions devoted to the care of feeble-minded children such examples are nearly always present. Deficient in some faculties, others are developed to excess. Some such can carve and draw with great skill. Extraordinary memory is often met with, associated with very great defect of reasoning. One boy, in reading Gibbon's "Rise and Fall of the Roman Empire," skipped a line on the third page at his first perusal. Ever after, when reciting from memory the stately periods of Gibbon, he would, on coming to the third page, skip the line and retrace his steps, just as when he first re-committed the passage to memory.

Often the memory takes the form of remembering dates and past events. One boy never failed to tell correctly the name and address of every confectioner's shop he had visited in London, and could as readily tell the date of every visit. The faculty of number is usually slightly developed in feeble-minded children, while memory is fairly well developed; yet occasionally the power of mental arithmetic has been well developed. Improvisation is an occasional faculty. Memory of tune is a very common faculty among the feeble-minded; they readily acquire simple airs, and rarely forget them.

In none of the cases of idiot *savants* has there been any history of the possession of a similar faculty by the parents or sisters or brothers. In one case a necropsy is reported by Dr. J. L. Down, of London. The boy had a remarkable, indeed perfect, appreciation of past or passing time. There was no difference from an ordinary brain, with the exception that there were two well-marked and distinct soft commissures. Dr. Down's explanation of the phenomenon was that, as every movement of the house was absolutely punctual, he had data from which he could estimate the time by accurate appreciation of its flux.

Every form of mental deviation may be met with in the congenital feeble-minded. They may become the subjects of acute and chronic mania, of acute and chronic melancholia, and of dementia. Occasionally under the influence of acute mania, the feeble intellect of the youth becomes fanned into a brighter flame. The taciturn may become loquacious; the timid and respectful, proud and defiant; the amiable and tractable, abusive and destructive. Three remarkable instances occurred to Dr. Down of boys who had never been able to speak making use of well-formed sentences during the high febrile state of acute pneumonia or scarlatina.

It is of much interest to report all such cases, as they throw great light on the workings of the human mind in health.

* * *

—A Dubuque, prohibition Iowa undertaker, recently ordered stock from a Michigan coffin manufactory, and added this postscript to the order: "Put in one of the caskets a gallon of Old Crow whisky, and bill as embalming fluid."

NOTES AND COMMENTS.

Horny Growth on the Penis.

Mr. Pearce Gould exhibited a specimen of harny growth on the penis to an English Medical Society. The patient was a man aged 50, who had had congenital phimosis. He first experienced difficulty in micturition about four years earlier, and was circumcised; the wound healed except in the middle line, where a small granulating surface remained: in connection with this surface two small warts developed; from the earliest formed a discharge commenced, and continued up to the time he came under Mr. Gould's care. On the middle of the upper surface of the glans was a sessile truncated horn of yellowish color, translucent, and of the size of a small marble. The penis was amputated, the inguinal glands removed, and the patient rapidly recovered. Microscopic sections of the horn prepared by Mr. L. Hudson, showed the usual epidermal structure, the cells being flattened, nucleated, and in regular superposed layers; no enlarged papillæ entered the base of the horn; the ulcer was epitheliomatous: the glands showed no secondary deposits. Reference was made to Sir Erasmus Wilson's collection of ninety cases of horns, of which five were on the penis, and to the later collection made by Lebert, of a hundred and nine cases from various sources, of which six were on the penis. Mr. Gould also mentioned other cases, and stated that his specimen was the fourteenth recorded case of horn on the penis. Some of the horns had reached a great size; in one recorded by Mr. Jewitt the horn was three inches and a half long, and three-quarter inch in diameter. In another recorded by Pick, the horn was two inches and a half long: in the case recorded by Mr. Gould, the patient was in the habit of paring the horn down. It had been shown that horns originated in three different ways: from the inferior or sebaceous cysts, which was the most frequent mode; from the matrix of nails; and from some change occurring in warts. Those on the glans penis belonged to the last group. Histologically they fell into two classes, the papillary and flat; the specimen shown was of the latter kind.

The Administration of Phosphorus in Rickets.

The administration of phosphorus and of phosphates in rickets has been recommended, on the ground that in the diseased bones the earthy phosphates are greatly deficient, and that, introduced into the system, these substances will supply the deficiency. Phosphorus, as is well known from the researches of Wegner, when given to growing animals, renders the developing cancellous tissue of the bones denser than natural, more like the compact tissue; even in adult animals, a similar change takes place. These results are independent, as Wegner showed, of the presence of excess of phosphates, for they occur when phosphates are absent from the food. Although, therefore, the reason for the administration of phosphorus in rickets is well grounded, medical men hold very different opinions as to its utility in that disease. Some have given it with cod-liver oil; as in Kassowitz's phosphorized cod-liver oil, which contains 0.01 per cent. of phosphorus. The objection to this mode of administration is not only that the phosphorus tends to deposit on standing, and thus a variable and even dangerous dose may be given, but it is impossible to say how much benefit (if any) that ensues is due to the oil, and how much to the phosphorus. A better mode of administration has been devised by Hasterlik. Phosphorus (0.01 per cent.) is dissolved in bisulphide of carbon (0.25 per cent.), and one hundred parts of water added; one teaspoonful is given twice daily, constituting a dose of 0.0001 gramme in the day. The bisulphide of carbon not only acts as a solvent for the phosphorus, but has, according to Dujardin-Beaumetz, a beneficial effect in intestinal catarrh, and might thus be of service in the early stages of rickets. How far this preparation is beneficial in the disease has not yet been sufficiently ascertained.

Two Successful Cases of Removal of Enormous Cancerous Growths of the Superior Maxilla.

Dr. Leopold Servais, of Antwerp, read a paper on the above before the Medical Society of London. He discussed the anatomy of the parts concerned, and exhibited photographs of the patient before and after operation. The superior maxillary bones in both cases were involved to such an extent as to render their ablation necessary. He gave statistics of the frequency of the different varieties of tumors met with in this region. The first patient was a lad, aged 9, who was operated upon in October, 1883. The growth protruded from the mouth and measured 19 centimètres long and 23 centimètres in circumference. It was ulcerated in two places. The general health of the patient was good. The tumor, which had been growing for six years, was smooth, and of the consistence of india-rubber. Dr. Servais followed Ferguson's method of removing it piecemeal. The patient lost a good deal of blood; nevertheless, his recovery was very rapid, and so far there had been no recurrence. The second case was that of a young woman, in whom the growth had begun at 11 years of age, and had always been the seat of very severe pain. Removal had been attempted on several occasions by surgeons, but the hæmorrhage had been so severe as to oblige them to desist. Caustics had also been tried without success, and after ten years' growth the tumor was as large as an adult head. The operation took five hours, but the patient recovered in about three months.

The Treatment of the Early Stages of Syphilis.

The *Journal of Cutaneous Diseases* states that Dr. Lipp, of Berlin, believes that the present method of early treatment of syphilis is still inadequate. Some physicians believe in attacking the disease energetically from the very onset, while others put off treatment until constitutional symptoms show themselves. Some of the first category have recommended excision of the primary lesion and extirpation of the infiltrated glands—an operation not easily carried out in a great number of cases, and one in which successes are reported only from scattered cases. The customary method of treating the disease only after constitutional symptoms have appeared has brought forth no essentially favorable results. The antidote to the poison must be employed quickly and in the right place. The physician must know the exact quantity of the drug he wishes to introduce into the system, and herein lies the advantage of the subcutaneous method. Another advantage offered is the possibility of bringing the specific remedy at once into contact with the lymphatic glands and nodes, where, after the initial lesion, the syphilitic process has its seat.

Dr. Lipp does not hesitate to say that in the treatment of syphilis the subcutaneous method seems to him indispensable. No other method so quickly softens and reduces lymphatic swellings. He employs for injection the tannate of mercury, as this preparation has given the best results in his hands, and never increases the daily dose beyond one-third grain.

Effects of Syphilis on Pregnancy.

In a recent number of the *Gazette des Hôpitaux* the following interesting conclusions are advanced:

1. Syphilis has an influence on the pregnant state by adding a complication, and by bringing about usually a premature birth.
2. The stage of the disease has an important influence.
3. Out of eight pregnancies in syphilitic women diseased for one or more years, two children lived, but were weakly.
4. Out of twelve women infected in the first four months of gestation, all children were born dead.
5. Syphilis acquired from the fourth to the sixth month of pregnancy is also very dangerous for the fœtus, the half at least succumbing.
6. Syphilis acquired during the last three months of gestation gives a little over fifty per cent. of living children, and is less dangerous to the fœtus than is maternal syphilis before impregnation.
7. Out of thirty-three pregnancies in syphilitic women, eight resulted in the birth of living children. Three-quarters terminated in the death of the fœtus.
8. Syphilis may cause difficulties in labor and complications following it, but this is relatively rare.
9. To be efficacious, antisyphilitic treatment should be begun from the very commencement of pregnancy, and continued during the whole term. Treatment should be persistently carried out in these cases, to have an effect on subsequent pregnancies.

Arsenical Wall-Papers.

A writer in an English exchange mentions a simple test for arsenic in wall-papers. No apparatus is needed beyond an ordinary gas-jet, which is turned down to quite a pin-point, until the flame is wholly blue; when this has been done, a strip of the paper suspected to contain arsenic is cut one-sixteenth inch wide, and one or two inches long. Directly the edge of this paper is brought into contact with the outer edge of the gas-flame, a gray coloration, due to arsenic, will be seen in the flame (test No. 1). The paper is burned a little, and the fumes that are given off will be found to have a strong, garlic-like odor, due to the vapor of arsenic acid (test No. 2). Take the paper away from the flame, and look at the charred end—the carbon will be colored a bronze-red—this is copper reduced by the carbon (test No. 3); being now away from the flame in a fine state of division, the copper is slightly oxidized by the air, and on placing the charred end a second time not too far into the flame, the flame will now be colored green by copper (test No. 4). By this simple means it is possible to form an opinion, without apparatus and without leaving the room, as to whether any wall-paper contains arsenic, for copper arsenic is commonly used in preparing wall-paper. Tests 1 and 2 would be yielded by any paper containing arsenic in considerable quantities.

Test of Annatto in Butter.

Mr. H. B. Cornwall gives in the *Pharmaceutical Record* the following as a reliable means for discovering annatto in butter:

About 5 grams of the warm filtered fat are dissolved in about 50 c. cm. of ordinary ether, in a wide tube, and the solution is vigorously shaken for 10 to 15 seconds, with 12 to 15 c. cm. of a very dilute solution of caustic potash of soda in water, only alkaline enough to give a distinct reaction with turmeric paper, and to remain alkaline after separating from the ethereal fat solution. The corked tube is set aside, and in a few hours, at most, the greater part of the aqueous solution, now colored more or less yellow by the annatto, can be drawn from beneath the ether with a pipette, or by a stop-cock below, in a sufficiently clear state to be evaporated to dryness and tested in the usual way with a drop of concentrated sulphuric acid.

Sometimes it is well to further purify the aqueous solution by shaking it with some fresh ether before evaporating it, and any fat globules that may float on its surface during evaporation should be removed by touching them with a slip of filtered paper, but the solution should not be filtered, because the filter paper may retain much of the coloring matter.

The Infection of Wet-nurses by Syphilitic Sucklings.

Professor Fournier, of Paris, in a clinical lecture, recently gave the history of a case in which an apparently healthy wet-nurse became, a fortnight after commencing her duties, the subject of an ulceration on the nipple, subsequently recognized as syphilitic. This, in the meantime, was naturally communicated to the infant. On inquiry, no history of syphilis could be traced, either on the part of the nurse or the parents of the infected infant; but it was ascertained that the nurse had already suckled an infant which had succumbed to symptoms of undoubted syphilis. At the time, therefore, that she accepted the second engagement she was already infected, but the disease was in the period of incubation. Dr. Fournier said he had met with fourteen cases of this description, and advised greater care in the selection of wet-nurses. Two precautions were specially indicated, namely, to engage no woman who had suckled any other than her own child; and if this were not practicable, to require a medical certificate of the last infant's immunity from contagious disease.

Some Notes on the Collapse of Cholera.

Mr. William Sedgwick recently directed the attention of the Harveian Society of London to the arrested formation of the chief constituents of urine and bile as the cause of the suppresion of those secretions during collapse. Attempts had been made to account for the absence of uræmic poisoning in cholera by what was known as the theory of vicarious secretion. Very little attention had been bestowed upon the absence of jaundice, although, in accordance with the theoretical opinion then entertained, there should be some tendency in cholera patients to become yellow or green, instead of simply blue. It had been suggested that the suppression of urine and bile was due to defective oxygenation of the blood. There was, however, no evidence from chemical analysis to support such a view; while the author had fully demonstrated that there was "an absolute reduction in the pulmonary interchange of gases, and, as the result of such reduction, an increase in the usual proportion of the oxygen absorbed." There was absolutely nothing in medical science to justify the retention of this theory of defective oxygenation; for it had been repeatedly disproved by chemical analysis, and it was physiologically unsound.

How to Administer Ergot.

A paper on "Ergot in Labor and Puerperal Convalescence" was recently read by Dr. T. A. Reamy, before the Cincinnati Academy of Medicine (says the *College and Clinical Record*), which embodied protests against the indiscriminate employment of this drug, and concluded with the following rules:

1. Ergot may properly be administered in small doses, say 10 to 20 drops of Squibb's fluid extract, before delivery, in cases of uterine inertia which resist other means, and especially in women who are predisposed to hemorrhage,

2. It should be administered in full doses hypodermatically, or *per orem*, or both, in cases of post-partum hemorrhage.

3. When an anæsthetic has been freely used during the second stage of labor, it to some degree predisposes to post-partum hemorrhage. Ergot is, therefore, indicated.

4. It should be administered in small doses, two or three times daily during the period of puerperal convalescence, whenever a flabby uterus indicates it. In such cases there is no better combination than the pill recommended by Munde: One grain of extract of ergot, one grain of quinine, and one-fourth of a grain of extract of nux vomica.

Compound Dislocation of the Ankle-Joint.

Dr. W. L. Rodman, of Louisville, Ky., recently read a paper on this subject (says the *College and Clinical Record*) before the Louisville Medical Society, in which he laid down the following general rules:

1. An extensive lacerated wound with comminution of bones, caused by direct crushing violence, as railway cars, etc., will require amputation as a rule.

2. Advanced age makes amputation probable; yet one of the very worst cases reported by Cooper was that of a butcher, seventy-three years old, and of intemperate habits, who recovered rapidly.

3. Where the tibia was dislocated externally it makes a more serious wound than when internally, causing more injury to bone and softer parts. For this reason amputation will be necessary in a greater number of these cases than in internal luxations.

4. If a large vessel be divided, and at the same time the soft parts badly lacerated, amputation may be necessary. It is *not imperatively demanded*, as most authors state.

5. Excessive suppuration, great irritability of constitution, gangrene, tetanus, deformity, all may call for amputation secondarily.

The Climatic Treatment of Tuberculosis.

In a discussion of the "Lessons Taught by the Climatic Treatment of Tuberculosis," instituted by a paper recently read before the Cincinnati Medical Society, by Dr. R. B. Davy (*Cincinnati Lancet-Clinic*, February 5, 1887), the following important deductions were made by the author:

1. Tuberculosis is an infectious disease.

2. The infection depends more on quantity than quality of virus.

3. On the open tropical sea, where every

condition favoring the development of tuberculosis is present except the presence of tubercular spores, the disease speedily disappears.

4. The nearest approach to perfect immunity from tuberculosis is to be found on high mountains, where, on account of extreme thinness and accompanying dryness of the air, the tubercular organism cannot exist.

Treatment of Fever.

At a recent meeting of the Paris Biological Society, M. Albert Robin gave further details of his researches on the subject of fevers. In typhoid more especially, medicaments should be employed which increase oxidation, such as oxygen, cold baths, cutaneous derivatives, chlorate of potash, iodates, and bromates. Substances like sulphate of quinine and antipyrin, which diminish oxidation, should be avoided. Chlorate of potash, iodates and bromates must be given very cautiously, owing to the poisonous effects of large doses. M. Robin thinks that they may be replaced by drugs which indirectly favor oxidation, such as alcohol, copious draughts of fluid milk, etc. M. D'Arsonval stated that the results obtained by the use of cold baths, as described by M. Robin, agreed with his own investigations on the temperature of animals. In animals, however, oxygen did not increase heat.

Pumpkin Seed in Tapeworm.

In the *New Orleans Medical Journal*, Dr. Veazie relates the case of a boy treated as follows for tapeworm:

A large pumpkin was bought and made into pies. The seeds were dried and hulled, and the pockets of the little fellow filled with them. Whenever he got hungry he was given a piece of pie, about all he ate in twenty-four hours. In addition, he was encouraged to eat the seed quite freely. For one day he tried seed and pie exclusively. At night he was given 15 grains of kamela. The next morning the first thing he said to his father was: "Papa, the worm is dead." At nine o'clock he passed the worm, head and all. Its total length was 30 feet, which, added to the pieces which had been passed before and carefully measured, made altogether 40 feet. The little fellow is in excellent health.

Treatment of Typhoid Fever.

Dr. Bampton opened a discussion on the treatment of typhoid fever, before an English medical society, advocating the use of quinine in considerable doses, and cold applications to combat hyperpyrexia, where the cold bath treatment was not practicable. The administration of antipyrin had, in his hands, been followed by marked lowering of temperature, accompanied by sweating, and followed by refreshing sleep. No untoward symptoms were observed. Malt extract was suggested as a valuable dietetic adjuvant. The cautious return to farinaceous food, after the normal temperature had been reached, was insisted upon. Cardiac exhaustion in the later stages of the fever was best treated with old sherry, or other highly etherized wines. A discussion followed, in which a large number of members and visitors joined.

Poisoning by Iodoform.

In some statistics of this accident collected by Dr. Willemen out of seventy-nine cases he found thirty-four or forty-three per cent. occurring in persons of fifty years or over, twenty-nine per cent. of them being between fifty and sixty, fifty per cent. between sixty and seventy, and twenty-one per cent. over seventy years of age. Fifty-three per cent. of those over fifty years of age died from the effects of the poisoning. In most cases, the symptoms appeared first in the second week. An earlier beginning denoted a severe case. Death took place once in the sixth week, twice in the third, and in the other fatal cases, on an average of seven or eight days from the first onset. The third day is considered an especially fatal one.

Acute Pneumonia in Utero.

Dr. Strachan, of Kingston, Jamaica,, writes as follows to the *Brit. Med. Journal*: A patient, Nancy M., was admitted into the hospital under my care in December last, suffering from acute pneumonia (whole of left lung), and a history of illness covering the four days previous to admission. She was eight months pregnant. On the evening of the day of admission, her temperature was 103.6°, and she was delivered of a female infant. The infant died in less than twenty-four hours after birth with symptoms of acute pneumonia. A post-mortem examination showed acute pneumonic consolidation of the whole of the left lung. The mother made a good and rapid recovery.

Perityphlitis followed by Hip-Joint Disease.

Before an English medical society, Dr. Brady related a case in which a young man had a severe attack of perityphlitis, which went on to form an abscess. This was opened, and a plum-stone was found in the discharge. Three months after the commencement of the disease, the patient complained of severe pain in the hip-joint of the same side, with distressing jerking of the whole limb. On examination, the joint was found to be affected, and pus began to form in many directions around it. The joint disease was treated in the usual way, and fifteen abscesses in all were opened before ankylosis resulted. A year after the commencement of the disease, the patient was able to walk, with a firmly ankylosed joint.

Suppositories of Peptone.

The *Pharmaceutical Record* states that German apothecaries prepare these suppositories with cacao butter, each containing 25 grains of peptone; they are mixed and kept cold to prevent the fat from becoming rancid.

In cases where patients cannot be nourished in the normal manner, they serve an excellent purpose, 15 grains of dried peptone equalling 2½ drams of meat in nutritive value.

Children may be given one suppository four times daily; grown persons, two three times daily. The suppository should be lubricated with olive oil, and the rectum previously cleansed by an enema.

Chronic Lead Poisoning.

In the course of a discussion on this subject in the *Boston M. and S. Jour.*, Dr. Bowditch said that a case had come under his observation, where the only discoverable source of the lead was the solder used in kettles in which the water was boiled.

Dr. Wadsworth mentioned a case of simple optic atrophy occurring in a painter, in consequence of lead-poisoning. Except this lesion, there were almost no other symptoms pointing to this source. He had slight numbness of the hands and rheumatism of the left shoulder. The tendon reflex was not altered. Within a year he had seen a case of optic neuritis, with paralysis of the muscles, from lead.

Reindeer Tendon as a Substitute for Catgut.

Dried reindeer tendon was first recommended as a very cheap, but effective substitute for catgut by Dr. Putiloff, of Ormsk, in 1884. In the *Vratch*, No. 1, 1887, M. Kriedener, a veterinary surgeon practicing in the Trans-Petchora District, which is the home of the reindeer, writes that he has also used this material in several cases of operations upon animals with most satifactory results. He is prepared to send specimens of the ligature in question, free of cost, to any surgeon who may be enterprising enough to write to him at the following address: Mokhtchenskaia, Potchtovaia Stantzia, Mezensky Uiezd, Arkhangelsk Government, Russia.

Treatment of Diabetes.

Dr. Austin Flint, of New York, has reported the details of 88 cases of diabetes. A study of the progress of these cases confirms the belief that, in uncomplicated cases, of not more than twelve months' standing, careful dietetic treatment, which usually is well borne, will always produce great improvement, will generally eliminate sugar from the urine, and will completely restore the general health, although relapses are very liable to occur if a moderate anti-diabetic diet be not continued for an indefinite period. Very little reliance is to be placed upon the use of drugs.

Entozoa and Pernicious Anæmia.

Dr. G. Reyher, writing on the etiology of pernicious anæmia (*Lancet*, January 29, 1887), points out that, in a large number of these cases a Bothriocephalus latus has been diagnosed and expelled by means of male fern, the patients subsequently recovering, and as the anæmia of miners is now known to be due to the Anchylostomum duodenale, it is possible that all cases are due to entozoa of one kind or another, and that therefore diligent search should always be made in the fæces for the ova of tæniæ, etc. The treatment will in cases of successful search be obvious.

Ectopia Vesicæ.

Before an English medical society, Mr. Shattock showed a specimen of ectopia vesicæ in a male child, and made some observations on the anatomy of the malformation. He suggested that the condition might be explained by supposing that the primitive cloacal invagination, by undue extension upwards, laid open the anterior wall of the urino-genital sinus and the bladder. In confirmation of this view, he mentioned that epispadias occurred without ectopia, but not ectopia without epispadias.

Chronic Dysentery.

For chronic dysentery, with a great deal of pain, Prof. Da Costa directed as follows:

Allow only a mild diet, mostly of milk, but he may take oysters in small amounts, the milk to be diluted with lime-water. Give a one-grain suppository of extract of opium at night, to be repeated if pain persists. Also—

℞.	Btsmuthi subnitratis,	gr. xv.
	Pulv. ipecac. et opii,	gr. ij.
	Pulv. aromat.,	gr. ij.

M. Sig.—Take every third hour.

The Blood in Leukæmia.

According to Dr. Prus (*Medycyna*, No. 39, 1886, and *St. Petersburg Med. Wochenschrift*, No. 1, 1887, p. 1), who bases his statements on five cases of his own, leucin-crystals are met with only in those cases of leukæmia in which the lymphatic glands are diseased. The number of Bizzozero's corpuscles is, as a rule, very considerable, while Charcot-Neumann crystals are very seldom found. Karyokynesis of leucocytes is always largely increased.

Rhino-lithiasis and Lupus of the Nose.

At a recent meeting of the St. Petersburg Medical Society, Dr. Lavr. V. Silitch showed (*Vratch*, No. 1, 1887, p. 16) calculi which he had removed from the nasal cavity of two patients suffering from lupus of the the nose, with offensive discharge in the one case of four, and in the other of two years' duration. In one of the stones, the nucleus consisted of a piece of dead bone.

Treatment of Diabetic Thirst.

Duchenne recommends (*Nouveaux Remédes*) the following mixture for the excessive thirst of diabetic patients:

℞.	Phosphate of potassium,	2 parts.
	Water,	75 parts.

One teaspoonful should be given two or three times a day in a little wine or hop tea.

News and Miscellany.

Small-pox Inoculation.

In a lecture recently delivered at St. Mary's Hospital, London (says the *Lancet*), Mr. Shirley Murphy adduced some evidence to show that there was a probability that the virus of small-pox obtained from the initial vesicle produced by inoculation of small-pox differed in its action from that obtained from the general eruption; and he expressed the opinion that it was probable the different results attending the operation of inoculation by various operators might be dependent upon the use of virus procured from the one or the other source. Thus of 182 inoculations performed in the years 1721 and 1722, three persons died, or nearly one in sixty; and in Dublin, in 1723, of twenty-three persons inoculated, three died. The not infrequent death from inoculated small-pox led at first to much opposition to this method of protection against natural small-pox, but later it was found that inoculation could be performed without risk.

In an account given by Sir George Baker of the extraordinary success attending the inoculations of Daniel Sutton, of Ingatestone, in Essex, who in three years inoculated some 20,000 persons without bad result, he attributed this success to the fact that Sutton allowed his patients to enjoy fresh air during their illness; while Dr. Glass, of Glasgow, believed that Sutton's treatment in encouraging perspiration was responsible for their recovery. It is clear that Sutton professed to have a secret in his treatment, although this secret is only mentioned in relation to the composition of certain medicine; but Sir George Baker, curiously enough, observed that "What is extremely remarkable, he (Sutton) frequently inoculates people with the moisture taken from the arm before the eruption of small-pox;" and Dr. Chandler, who also witnessed Sutton's work, referred the chief benefit of his plan to the infecting humor being taken in a crude state "before it has been ultimately variolated by the succeeding fever." Baron Dimsdale, who took much interest in Sutton's proceedings, and subsequently himself practiced inoculation, closely imitated his method, and was very successful in his results. If, as Mr. Murphy pointed out, the virus of the initial vesicle differs in any respect from that of the general eruption, some difference may also be found in the case with which the bovine animal is inoculated with the one and the other virus. Certainly this point deserves further investigation.

Caring for the Insane.

The Berks County Medical Society has notified the Lunacy Committee of the Board of Public Charities of the appointment of Drs. W. Murray Weidman, Martin Luther and Rudolph B. Schulze, all of Reading as a Board of Visitors for the Insane.

This is the twenty-sixth County Medical Society which has appointed such a Board.

The others have not been heard from. The idea was suggested at the annual convention of the State Medical Society at Wilkesbarre last June, when a resolution was adopted requesting the various County Societies to appoint visitors, with authority to inquire into the condition of the insane in the almshouses and hospitals in the respective counties. The State Committee on Lunacy then agreed to authorize such Boards to visit the various institutions, and requested that they act in conjunction with the Committee. The suggestion was received with favor, but owing to the absence of many of the leading members of the various County Societies throughout the State, nothing was done until near the close of the year. The County Societies then got down to work, and in the course of three weeks twenty-six of them appointed visitors, and so notified the Lunacy Committee. Some of these Societies appointed as many as seven of their number, but most of them appointed only three.

The Jews of the World.

The *Hebrew Annual* says that France contains 63,000 Jews; Germany, 562,000, of whom 39,000 inhabit Alsace and Lorraine; Austria-Hungary, 1,644,000, of whom 688,000 are in Galicia and 638,000 in Hungary proper; Italy, 40,000; Netherlands, 82,000; Roumania, 265,000; Russia, 2,552,000 (Russian Poland, 768,000); Turkey, 105,000; Belgium, 3,000; Bulgaria, 10,000; Switzerland, 7,000; Denmark, 4,000; Spain, 1,900; Gibraltar, 1,500; Greece, 3,000; Servia, 3,500; Sweden, 3,000. In Asia there are 300,000 of the race; Turkey in Asia has 195,000, of whom 25,000 are in Palestine, 47,000 are in Russian Asia, 18,000 in Persia, 14,000 in Central Asia, 1,900 in India, and 1,900 in China. In Africa, 8,000 Jews live in Egypt, 55,000 in Tunisia, 35,000 in Algeria, 60,000 in Morocco, 6,000 in the Tripolitan, and 200,000 in Abyssinia. America counts 230,000 among her citizens, and 20,000 more are distributed in other sections of the trans-Atlantic continents, while only 12,000 are scattered through Oceanica. In short, the entire total of the Hebrew race on the surface of the globe is 6,300,000.

Are They the Lost Tribes?

A correspondent, signing himself W. Tully, thus writes to the *Philadelphia Times:*

Having been for many years on our far Western frontiers, and being a close observer of the customs of the Indian tribes, I am convinced that they are the lost tribes of Israel. In the first place, they believe in a Great Spirit and a happy hunting ground, corresponding to the Christian's God and heaven.

Second. They will not eat the flesh of the hog under any consideration. Having been through various tribes, it was the same.

Third. When an Indian is thirsty and comes to a stream of any drinking water he will not kneel down like a white man, but will squat down, form a sort of scoop out of his hand, throw the water into his mouth in a continual stream, until his thirst is appeased. Now, if we take a glance into the Book of Gideon we will find that when he marched to attack the Philistines that when he arrived at a certain brook all the men who knelt down were to be left behind and that those who lapped water by hand were to be selected. It appears from that account that there were three hundred, with which small number he smote the Philistine host and gained the victory.

Fourth. The Indians in their features bear a striking resemblance to the Jews.

Paris Hospitals a Century Ago.

The celebrated Hôtel Dieu, in Paris, only about one hundred years ago presented many features consistent neither with humanity nor the most rudimentary hygiene, as we understand the subject. A humane law forbade the hospital to turn away any patient seeking admission; but the law, apparently, did not insist upon the provision of the necessary space. The whole establishment covered only about three acres, and within this area there were crowded at one time over five thousand sick and injured people. It was computed that, without allowing anything for staircases, passages, and offices of various kinds, there must have been a sick person in every floor space of thirty square feet, right throughout the hospital—every floor space seven feet and a half long and four feet wide, that is to say. A large proportion of the beds were intended to hold four people, and into these six patients were frequently crowded. It is said to have been no unusual thing for two or three small-pox patients to have been huddled into a single bed, and as many as four women in childbirth were thus laid side by side. Indeed, if some accounts may be relied upon, things were at times far worse than this. The hospital seems to have been adapted only for times of normal public health. Any outbreak of epidemic disease crowded the place to a frightful extent.

Photo-micrographs of Butter and Fat.

Bernard Persh, hospital steward at the Frankford Arsenal, Philadelphia, has made a series of beautiful photographs, showing (under powers of 80 to 140 diameters and polarized light) oleomargarine, oleo, lard, marrow fat, beef fat, butter, and Taylor's "secondary butter crystals." In the photographs very marked differences appear between the various fats.

The importance of this subject is not to be under-estimated. The extent to which the manufacture of oleomargarine is carried on in the United States may be judged from the fact that the tax from this source alone for the month of November was estimated by Treasury officials to amount to $400,000. (All oleomargarine and butterine now sold must pay a tax of two cents per pound, and must be plainly designated to distinguish it from butter.)

Beecher's Voice in the Phonograph.

In the house of Thomas A. Edison, at Llewellyn Park, is a remarkable memento of Beecher. The inventor's phonograph for impressing on a soft metal sheet the utterances of the human voice, and then emitting it again by the turning of a crank has never been put to any very valuable use, and Edison has only gathered from it a few thousand dollars in royalties from exhibitors. But he utilized it to make a collection of famous voices. Since he became famous his visitors have included hundreds of celebrities. Instead of asking them for their autographs or photographs, he has in two or three hundred instances requested them to speak a few sentences into a phonograph. He has kept the plates in a cabinet, and occasionally he runs some of them through the machine, which sends out the words exactly as uttered. Edison is probably the only man who can revive the silenced voice of the great preacher.

In Memory of Arctic Surgeon Ambler.

The memory of the late Dr. James Markham Ambler, surgeon of the ill-starred Jeannette, who died in the Arctic regions, has been honored by the hanging of a bronze tablet five feet long by three and a half wide, in the Corcoran Art Gallery at Washington. The design is a classic one, with a medallion portrait of the subject on its face. Below this is a representation of a scene on the banks of the Lena Delta, in which Dr. Ambler is represented as performing his duties toward the sick members of the party, while waving his hand in farewell to the two men who are leaving in search of help, after a vain attempt to persuade him to accompany them. The inscription gives the subject's name and date of death, and closes with the words, "Duty stronger than love of life."

Diploma Mill in Maine.

The *Boston Herald* has recently ventilated an extensive diploma industry in Lewiston, Me., a representative of that paper, who says that he is innocent of any knowledge of medicine, having obtained without difficulty a diploma from the Maine Branch of the "Druidic University of America." As this "Branch" is incorporated under the State law, the people of the State must now pay the expenses of "a joint special committee" from the House and a few Senators, "to inquire into the expediency of repealing" the character of the Maine Branch and the Maine Eclectic Medical College.

A Strange Malady in a Delaware Town.

News comes from Lewes, Del., that a malady has stricken the town, and that it was all brought about by a very lively old-fashioned meeting in the Methodist church. People became very warm and excited in the crowded, ill-ventilated church, and when they left for their homes many took severe colds. It is said that "dry measles" followed in a most virulent form, and that over 100 cases are reported. It is also claimed that five persons have died from the strangely-contracted malady.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE FIVE WEEKS ENDED MARCH 5, 1887.

Guiteras, John, passed assistant surgeon. Granted leave of absence for twenty-one days, February 28, 1887.

Pettus, W. J., assistant surgeon. To proceed to Charleston, S. C., for temporary duty, February 28, 1887.

A Fund Left to Harvard College for Astronomical Research.

The President and Fellows of Harvard College have recently come into possession of a munificent bequest of $230,000 and upwards, which is applicable only for purposes of special astronomical investigation, at such an elevation as to be free, so far as practicable, from the impediments to accurate observations which occur in observatories now existing owing to atmospheric influence.

A New Explosive for Russia.

The experiments with a new explosive, which have been made under the supervision of the government, have been attended with great success. The explosive possesses fifteen times greater destructive power than gunpowder. It does not produce any smoke.

Personals.

—Dr. Marcy, of Camden, writes from St. Augustine, Florida, that he is rapidly regaining his health.

—Dr. T. Hollingsworth Andrews will direct the arrangements for the dinner of the Alumni Association of the Jefferson Medical College, which takes place on Monday, April 4th.

—Dr. J. Ewing Mears delivered the recent annual address before the Philadelphia Academy of Surgery.

Items.

—A citizen of Durand, Wis., scooting down on his toboggan, ran into a cow and knocked her legs out from under her, and she sat down on him and crushed him nearly as flat as his toboggan.

—A fourteen-year-old scholar in the district school near Vandalia, Ill., took a swallow from his ink bottle the other day to see how it would taste. The next morning he died. His physician said that the ink contained a deadly poison.

—"And now," concluded the revivalist, "if there is any one here who wants to ask any question, let him be heard." "I'd like to know," said a bald-headed sinner, rising in the back seat, "how many marbles have been dropped on my head by those scalawags in the gallery. I'm no pavement."

—A bad boy in a Massachusetts village surprised and pleased his teacher by promising to contribute a fine steel engraving of Washington to aid in decorating the schoolroom on February 22. The teacher left a large space among the evergreen trimmings on the wall, and the boy brought her a two-cent postage stamp.

—A test for oleomargarine has been sound. It is as follows: Take the sample of supposed butter to be tested, and if you find a red hair as long as your arm, you may be satisfied that a woman made it, and that it is genuine butter, as oleomargarine is manufactured exclusively by short-haired or bald-headed men.

"The Hymen in Mexico" is the rather sensational title of a recently-published work. The author states that the complete absence of the hymen in Mexican virgins is very rare. Apart from this, however, the book contains no startling items of information, but treats of the subject chiefly from a medico-legal point of view.

—A prize of 50,000 francs is offered by the French Minister of Education for a discovery rendering electricity economically applicable in the shape of heat, light, chemical action, mechanical power, transmission of messages, or treatment of disease. M. Bertrand, of the Académie des Sciences, is chairman of the committee of award.

—Has quinine ever killed anybody? It would be interesting to learn of a case of serious danger resulting from an overdose, for quinine substitutes are now and again causing unanticipated results. A practitioner in Lausanne had a phthisical patient under his charge, who died from swallowing half a bottleful of a mixture which contained 24 grains of antipyrin; and another had a patient who became comatose, and so remained for three days, after taking 3 grammes of the remedy.

OBITUARY NOTICE.

JAMES PORTER PECK, M. D.

Dr. J. P. Peck, of Omaha, died recently, in the 60th year of his age. Dr. Peck was the oldest practicing physician in the city of Omaha, and a man well known and universally esteemed. His health had not been of the best for some time, but he attended to his daily duties until near the end. At that time an affection of the heart developed, accompanied by sinking spells, and the symptoms gradually developed until they proved fatal.

James Porter Peck was born in Summit County, Ohio, October 11, 1821. In the spring of 1850 he graduated at the Cleveland Medical College, and in June was married to Miss Elizabeth H. Quies. He located in Akron, and remained there until 1856, when with his wife and two sons he removed to Omaha.

Dr, Peck was one of the landmarks of Omaha, where he had lived for the last thirty years. He was a man of the strictest integrity and one of the purest of men. His professional brethren esteemed him highly, and those of the people who knew him placed the utmost confidence in him.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

CLINICAL LECTURE.

BY DANIEL LONGAKER, M. D.

Lecturer on Obstetrics at Phila. Lying-in Charity, etc.

Reported by T. H. Huzza.

Gentlemen: You will remember an interesting case of cancer of the *cervix uteri* upon which I operated two weeks ago, at which time the specimens were shown you by my colleague. You will remember I removed a large mass of diseased tissue, including most of the cervix up to the internal os, and also part of the posterior vaginal wall which the disease had invaded. The discharge was very offensive, and the mass removed was marked by a stench which makes the disease so horrible. After excising the diseased mass with curved scissors, the surfaces were thoroughtly scraped to bring away as much of the affected tissues as was possible. There was left a large crater-shaped opening or cavity, which was carefully packed with cotton saturated with a 100 per cent. solution of chloride of zinc. The means and methods employed in packing the uterus were those suggested by Van de Warker, in the *Am. Jour. of Obstet.*, March, 1884. The nurse, with rubber stalls to protect her fingers, dipped balls of cotton the size of a hickorynut in the zinc solution and wrung them out. These balls were then carefully packed in with ordinary dressing forceps. There is danger here of causing fistula, as the recto-vaginal septum is very thin and the strong corrosive may penetrate the walls. When this is feared, you should reduce the zinc solution to the strength of 50 per cent., which is sufficiently strong, and yet avoids danger of a troublesome fistula. In this case I used for the first forty hours rolls of cotton saturated with Monsel's solution, and well packed into the cavity. This prepares the parts for the zinc, and renders its action far more efficient. At the end of the time stated the cotton was carefully removed, any clots or shreds of tissue carefully cleaned out of the cavity, and I packed in the cotton saturated with the chloride of zinc, the 100 per cent. solution being used for the upper part, including the apex of the incision and the cavity of the uterus, while the 50 per cent. solution was used for the raw surface on the posterior vaginal wall. In eight or ten days, according to Van de Warker, the slough comes away without much trouble. This period was just two weeks in the present case.

We find, in this dreaded affection, three zones or areas of infected tissue. First is the site of the active disease. Around this is a zone in which are young cells, actively proliferating. The third zone is the part in which the process is just beginning. With chloride of zinc, all these parts may be sloughed out, and the third zone thoroughly removed, as could not be done by other means. You may slough away almost the whole uterus and its glands, which are especially dangerous points. There is no danger of septicæmia as chloride of zinc is a powerful antiseptic. There is no smell, a feature particularly marked in this case. When you remove the slough, be very careful not to pull on it, as there is danger of hemorrhage. Let it come away by its own weight, almost, using just enough force to guide it. I tried the mass day before yesterday, but it would not come out easily, so I let it alone till this morning, when it was removed without difficulty. The mass of slough shows well the shape and size of the crater-like cavity, which was packed. Above we have the small connected mass corresponding to the size of the uterine cavity, as shown by measurement before packing.

This, gentlemen, illustrates an operation which has greatly ameliorated the condition of the patient, and, let us hope, has entirely eradicated the disease.

I have also to present a case in which you will be doubly interested, as illustrating the mechanism of labor in contracted pelves, and the subject of pelvimetry. The latter is neglected by obstetric teachers, or, if taught at all, is so treated that students gain little that is of practical use to them, and do not obtain ideas that will assist them in the diagnosis and management of such cases. The pelvimeter most commonly used is the instrument of Baudelocque. It is rather delicate and inconvenient. I prefer Matthews', as it is portable, efficient, and, I think, the best obtainable. It can be used, also, to examine the diameters at the outlet, as well as for ordinary external measurements. The scale extends from twenty inches one way to eight inches the other. The pelvimeter is used chiefly to measure externally, the internal means of measuring being with the finger.

This patient whom I bring before you has a height of only fifty inches. She presents distinct evidences of rachitis. You notice here the short forearm, the extremities of the bones being enlarged and thickened. The legs are bent, and the upper portions of the tibiæ decidedly thickened. As a rule, you do not have in rickets the stature so much diminished. You will have a history of late dentition, the lower incisors often not being cut till the second year. The fontanelles will remain open a long time. You will usually find it was a cross, bottle-fed, dyspeptic infant. If you see the mother, she will probably tell you the child did not sleep well, would throw off its cover at night, and perspired profusely.

The pelvis, however, is very marked in its changes, and if carefully observed can hardly be mistaken. Now you will ask me what measurements are to be taken in order to distinguish it from the normal pelvis. First we take the distance between the anterior superior spines of the ilea, which should be about 10¼ inches. Next we find the measurement between the iliac crests, which is 11½ inches. Bear in mind this relationship, for upon it depends the character of the case you may wish to determine. If this relation or ratio is found, you know it is not rachitic. The third measure is the external conjugate, or diameter of Baudelocque. This should be about 8 inches. These are the only measurements that are of any practical importance, and the only ones that need be taken. To attain them the patient should be placed on a hard surface, preferably on a table. A spring-bed is the worst thing possible, as the hips sink in and you cannot reach the spines or crests. Now, letting our patient lie on her back, I will take the first measurement, which is the distance between the anterior superior spines of the ilia. It is here 9½ inches. Now for the distance between the crests. In the normal pelvis we find the crests easily, but here they are not distinct. Instead of spreading out as you go back from the spines, we find the crests go back here almost in a straight line. This feature is to be carefully noted. As we cannot find the widest points, we have a rule in such pelves, *i. e.*, measure two inches posterior to point where anterior spines were measured. We find the second measurement here to be 9¾ inches. At once we would say this was rickets, as we find the normal relation disturbed. In marked cases the distances between crests may be less than that between the spines. Here we find the distance between the anterior-superior spines is very little less than normal, but we find the ratio changed. This is the important point. Now we turn the patient on her side, and take the third measurement. Searching for the fossa below the spine of the last lumbar vertebra, and placing one arm of the pelvimeter on this point, the other arm upon the anterior superior margin of the pubic symphysis, we here find the external conjugate to be 6¼ inches. The early investigators of this subject thought it would be easy by subtracting so much from this to obtain the internal or true conjugate. Not so; the value of it is chiefly in the inference you can draw, and the after examination it leads you to make.

I need not further illustrate on this patient the method of internal measurement, but will explain the principles on this Budin manikin. We have here a movable sacrum, which I will screw up so as to make the true conjugate three inches. Now, take your right hand, with the index and middle fingers extended, the others folded back in the palm, and the patient being on her back with thighs well flexed, introduce it into the vagina and press well up till you feel the promontory of the sacrum. Marking the position of the subpubic ligament with the forefinger of the left hand, withdraw your fingers and measure the distance you have. It is, you see, three and three-fourths inches. But this is the oblique conjugate which we know bears a fixed relation to the true conjugate. In the normal pelvis the latter is about three-fourths of an inch less than the oblique. We measure the true conjugate on the manikin and find it is three inches exactly. This relation varies in contracted pelves. The inclination and depth of the pubic symphysis may change it. So may the height of the sacral promontory. In rachitic pelves we must subtract a little more than three-fourths of an inch to obtain the true conjugate. In the Mütter Museum at the College of Physicians I examined very carefully the specimens of contracted pelves which are there, and in every one I found it was necessary to subtract one inch from the oblique to obtain the true conjugate.

We found the distance between the spines was nine and one-half inches. This shows that the transverse diameter of the pelvis is about normal. This is to be carefully noted, for if we have plenty of room in the transverse diameter it enables us to deliver where otherwise it would be impossible. The normal true conjugate is four inches, but not till the pelvis is narrowed below three and one-half inches in this measurement is it to be considered a contracted pelvis. Yet a woman of this measurement may pass through labor, and I feel certain that they do very commonly, yet the diminished diameter is not observed. But there is a great difference between the mechanism in a normal case and in *flattened rachitic pelvis*, as this is. The head comes down in the transverse diameter. It is not flexed, as is ordinarily the case, but is semi-extended. The anterior fontanelle is usually in reach, and it is perfectly proper that it should be so. We do not want the head flexed in these cases, as the bi-parietal diameter must pass to one side with one parietal boss, the anterior on a lower plane than the posterior, the so-called Naegele obliquity. It is possible where the pelvis is three and one-half inches in the true conjugate for a woman to give birth to a child unassisted. I have seen a woman give birth to a child by means of the forceps I show you here, my modification of Tarnier's traction forceps, and yet the true conjugate was less than three inches, and the child weighed eight pounds. This woman has been delivered twice; each time the child was dead. It is, therefore, not only justifiable, but it is our duty to induce labor prematurely. In this way we give the child a better chance, and also greatly diminish the risks to the mother. The true conjugate in this case has been shown by repeated examinations to be three inches. We shall induce labor, as near as possible at the thirty-fourth week. The result you shall know in due time. I had intended to review the means to be used and the many points connected with the subject, but as my time will not allow it, I shall postpone these until our next meeting.

COMMUNICATIONS.

SOME RECENT STUDIES AND OBSERVATIONS ON TINNITUS AURIUM.

BY LAURENCE TURNBULL, M. D., PH. G.,

Aural Surgeon Jefferson Medical College Hospital, Phila.

(*Continued from page* 360.)

Tinnitus from Stomach and Liver Disturbance.—We have already referred to disturbance of the stomach in which vomiting may cause tinnitus, more especially in woman during pregnancy. In a recent paper by Dr. E. Ménière (*Revue Mensuelle de Laryngologie, d'Otologie*, etc., June, 1886), he claims that tinnitus may be produced without deafness, due to disease of the stomach alone. In most of our cases there has been more or less impairment of hearing with catarrhal disease of the mucous membrane of the middle ear, causing vascularity and reflex action of the trophic and vaso-motor nerves extending from the stomach to the auditory nerve. Some cases may be accounted for on the theory that the tinnitus is due to the swelling and reflex action in the post-nasal spaces, middle ear, and orifice of the eustachian tubes, by extra secretion of mucus, desquamative epithelium, etc. The air being excluded from the middle ear the stapes is driven inwards, increasing the tension upon the labyrinth fluids. Dr. Ménière refers to the theory of Woakes in support of his conclusions that stomach tinnitus in such cases is due to an affection of the internal ear, which is chiefly supplied by the vertebral artery and a branch of the pneumogastric nerve, and any disturbance is reflected to the latter, the calibre being increased, causing passive congestion of the labyrinth.

The following are two cases of this form of tinnitus, reported by my assistant, Dr. Jones, Aural Clinic, Jefferson:

Case 1. John B. E., age 47. H. D. normal. No discharge. Tinnitus (roaring), two weeks' duration; left ear. Treatment: Hydrarg. chlor. mite gr. $\frac{1}{2}$ every half hour for six hours, followed by Seidlitz powder. Full recovery in three days.

Case 2. J. O'Neil, age 44. H. D. normal. M. T. normal. No discharge. Tinnitus roaring. Two weeks' duration. Right ear. Due to alcohol. Treatment: Hydrarg. chlor. mite gr. $\frac{1}{2}$ every half hour for six hours, followed by a saline.

Both these cases were caused by a prolonged debauch.

Treatment.—Static electricity has also been found of benefit, and we can confirm this statement (see method of using in Manual of Diseases of the Ear, new ed., 1887, p. 537). Bromide of potassium in large doses; but great care must be given to the stomachic digestion by the selection of proper food, use of pepsin, etc.

Gouty or Rheumatic Inflammation of the Ear followed by Deafness, by Peculiar Dry, Rubbing, Tinnitus Aurium.—Case 1. While in London we were called in consultation with Dr. Shilletoe, to see a gentleman who had been for several years a sufferer from severe attacks of gout, with deposits of salts of phosphate of lime in various parts of his body. He had become gradually deaf, and desired his physician to call in a specialist to see what could be done for his relief. We examined his ears, and found a deposit of the lime salts in the membrana tympani in points. There was but little pain, and peculiar dry, rubbing tinnitus aurium.

The treatment we recommended was the free use of the iodide of potassium in ten-grain doses three times a day, in water, while a weak warm solution of the same was dropped carefully into the ear, to act upon the layer of the membrane. The Politzer's air-douche was also employed to free the eustachian tube from mucus. After a treatment of several weeks we were pleased to be informed that the deafness had disappeared, much to the comfort of the patient.

Rheumatic Otitis.—Case 2. June 11, 1885. Mrs. A. P. C., æt. 41. Has suffered from hereditary deafness for years, increasing within the last four years. Five members of her family are very deaf. She resides in a malarious and damp region in the vicinity of a river. She has suffered at times with a dull headache and slight but never decided chill, which could be termed a true shaking ague. Has had several severe attacks of rheumatism, and during the attack she lost her hearing and for a time was completely deaf. After the free use of bicarbonate of potassium, the pain left her, and she was also relieved of her temporary deafness. These attacks have left her with more or less pain at times in the nape of the neck. Membrana tympani opaque, sunken, and a deposit of lymph, etc. She has also the same form of tinnitus. The tuning-fork is heard best in contact with the mastoid, showing some involvement of the labyrinth, etc. What is to be done with this class of cases? Restore as far as possible the parts involved by local and general measures, but above all change in climate for the patient, for we have found that a change from the vicinity of Chester say to New Mexico, or some such change, improves the hearing, while a return to the old locality again brought a return of the deafness. Again, a removing from Pennsylvania to St. Paul, Minnesota, modified and improved the chronic middle ear catarrh.

Tinnitus Aurium of Cerebro-Spinal Meningitis and Diseases of the Teeth.—In the early course of cerebro-spinal meningitis, there is an almost constant complaint of roaring and ringing in the ears, followed by earache, hallucinations of hearing, and soon after by deafness. Ringing in the ear (tinnitus) is commonly enough caused by a diseased condition of the dental organs; and where no immediate cause is found to explain the condition, the teeth are to come in for a full share of attention. As constitutional conditions, predisposing to or exciting the condition, may be enumerated anæmia, continual constipation, disease of the stomach and liver, and various diseases of the brain. Many cases of tinnitus that have long baffled the ordinary attempts at cure have disappeared almost immediately on the extraction of a diseased tooth never thought of in this connection.

Patulous Condition of Eustachian Tube.—In this class of cases, which are generally the result of a relaxed condition of the orifice of the Eustachian tube, the remedy should be the application of a strong solution of nitrate of silver or sulphate of copper or carbolic acid and glycerine to the mouth or faucial orifice of the tube, and subsequently washing it, by the use of the double Eustachian catheter, with the internal use of strychnia, to stimulate the muscle to contract and close the orifice.

The "Aspergillus."—This is often a cause of tinnitus aurium. It is a vegetable parasites or fungus, and is to be removed by the injection of absolute alcohol, or a warm solution of sulphite of sodium. This mould is best seen by the use of the microscope, and can be cultivated on an apple or lemon. The discharge of serous fluid is to be checked by the use of an injection of a strong solution of sulpho-carbolate of zinc or nitrate of silver. A number of these cases of a mild character we have treated after the summer season in patients who have allowed the sea-water to pass into the ears and dampen the hair, or in those who work in damp earth. In these cases a mild solution of an astringent, acetate or sulphate of lead or sulphate of zinc, will remove all the symptoms of itching, deafness, and distressing tinnitus in a very short time.

On the Use of Cocaine and Brucine in Tinnitus Aurium and Painful Affections of the Ears.—Our personal experience with hydrochlorate of cocaine has been quite extensive, and we consider it a valuable remedy in certain forms of tinnitus aurium. It facilitates catheterization of the eustachian tube, when closed by spasmodic action, or when filled with mucus, serum, etc., by the applying of a two or four per cent. solution to the lower nasal passages and the pharyngeal orifice of the tube. Injections of solution of cocaine alone, or followed soon by atropine, morphine, etc., will, by their contracting and sedative action on the blood-vessels, dilate the calibre of the canal, facilitate inflation of the middle ear, and permit injections, gases or liquids to pass into the tube and the tympanic cavity. The buccal and pharyngeal mucous membranes are readily and rapidly anæsthetized by cocaine. All operations on the mucous membrane of the middle ear, pharynx, epiglottis, and larynx, generally considered so painful, are rendered almost painless by its local application, if the drug is pure. Instillations of cocaine into the external auditory meatus in cases of neuralgic earache have been found useful by many reliable observers. So, also, on the acute earaches in children, *i. e.*, Kinnicutt, Thomas, Reder, Landesberg, and many others.

We have performed perforation of the membrana tympani in three cases with entire absence of pain under the influence of cocaine.

The application of painful remedies in acute and chronic purulent otitis, as, for instance, nitrate of silver, sulphate of zinc and copper, chromic acid, alcohol, ether, can be done after cocainization with almost entire relief of pain. Also operations on the walls of the auditory canal, caustic applications to the auricle, and tumors, can be removed with but little pain by subcutaneous injections of cocaine.[*]

Kirchner (*Deutsche Med. Woch.*, No. 4, 1885,) finds that with twenty per cent. solution of cocaine he is able to produce anæsthesia in operations on the membrana tympani.

Tufal (*Prüger Med. Woch.*, No. 7, 1885,) has obtained similar good results. (This is on the healthy membrane, not the inflamed and elevated one ready to break.)

We have instilled a few drops of a four per cent. solution of cocaine into the ear in tinnitus aurium consequent upon chronic otitis media, with the result of lessening both the tinnitus and deafness.

M. George Viau has solved the problem of local anæsthesia in minor surgery and dentistry. After numerous trials of solutions of different strengths, he has found that the soft parts about the maxillæ may be rendered completely insensible by the use of cocaine associated with a two per cent. solution of pure carbolic acid. Five minutes before operation, M. Viau dissolves five centigrammes (one grain) of hydrochlorate of cocaine in fifty centigrammes (ten drops) of the solution, and injects it into the gums, half-way between the neck and the extremity of the root of the tooth. Half of the solution is injected on the palatine and the remainder on the labial side, pressure being made by the finger, when the needle is withdrawn, to prevent the exit of the fluid. Anæsthesia is perfect in three minutes. The quantity of cocaine advised by M. Viau seems somewhat large, but it has been so used in eighty-seven cases without causing any unpleasant symptoms.

We have made several experiments with this combination (crystallized carbolic acid and cocaine), and can confirm the results obtained by Professor Viau.[†] The pure carbolic or phenic acid of the French should be Calvart's pure, crystallized and dissolved in distilled water.

Brucine, its Local Use as an Anæsthetic in Diseases of the Ear.—We have received from the author [‡] a valuable reprint of some interesting experiments on the use of cocaine and brucine as anæsthetics on the skin and mucous membranes. He states, however, that the latter is not as prompt as the cocaine in the same strength. It is, however, on the cutaneous surface where its action is most decided and definite. This is best demonstrated by applying (in solutions of 5 to 20 per cent.) to the hairy parts of the hands and arms, and allowing it to remain for ten or fifteen minutes, and then comparing the sensibility of the skin thus treated with a neighboring point by pulling out the hair." As brucine is always contaminated by strychnine, we have felt unwilling to use an inferior anæsthetic for fear of poisoning the patient. We received a specimen free from strychnine from Dr. May, and employed it in a number of experiments, and the following is an abstract of them in diseases of the ear. To make the solution soluble, it requires five drops of hydrochloric acid to the gramme, which would prevent its use in eye surgery, etc.

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[*] Turnbull, L. Hydrochlorate of cocaine in acute otitis causes deafness from coryza (Author's Work on Cocaine, Philadelphia, 1885, MEDICAL AND SURGICAL REPORTER, rep., Philadelphia, April, 1885, Manual of Diseases of the Ear, second edition, 1887.

[†] De l' Anesthesie Locale (pamphlet, p. 23), Officer d' Academie, Professor of School and Hospital Dentaires de Paris.

[‡] Dr. Thomas I. Mays, Philadelphia, Therapeutic Gazette, June, 1885

With a five per cent. solution of brucine we find that, although it may be more lasting in its effects than cocaine, it is not so sure to produce them, and we think not so readily absorbed. We found it of no service when applied to the skin, but will relieve the pain of irritant applications to mucous surfaces, and generally give relief in cases of furuncles of the external auditory canal and suppurative otitis media. In a few instances, after liberal applications to the nasal cavities, the patient felt uncomfortable for some hours, evidently from the strychnine-like effects of the drug.

Labyrinthine Tinnitus Aurium.—If this be severe and persistent, leeches in front of the ear are to be recommended. Large doses of bromide of potassium and ammonia, tincture gelsemium, hydrastin, and valerianate of zinc have also been found useful by Dr. Field in tinnitus in general.

This most distressing and persistent form of tinnitus, which depends upon disease of the labyrinth, may be, as we have shown, in many instances, from reflex irritation, which must be cured by the removal of the cause. There are many cases in which the noises are from an acute or chronic inflammation of the labyrinth proper, and there are but few agents which cause much impression upon this portion of the nervous system of the ear. The remedy which has yielded the best results is pilocarpine, the active principle of jaborandi.*

Hydrobromic Acid has been claimed by Dr. Woakes as a "specific remedy for congestive labyrinthine conditions, provided always that the auditory apparatus be free from any well marked process which by its presence might tend to keep up increased vascular action." This agent was first employed by Wade,* who claimed that the acid "possesses all the valuable properties of potassium bromide, but lacks its influence on the heart and muscular system;" but this is a mistake, as it was proven by the careful experiments of Professor Edward T. Reichert, of the University of Pennsylvania,† *i. e.*, that it certainly does affect the heart the same as potassium bromide, and as he has conclusively proven, it depresses the muscles, and ultimately paralyzes the heart.

I give a summary of the conclusions drawn from the results of present research, placed for convenient reference in a parallel column, with the conclusions arrived at by the different investigators on the action of the "potassium bromide," representing the physiological action of the alkaline salts.

HYDROBROMIC ACID.	POTASSIUM BROMIDE.
The Circulation: Arterial Pressure.—The arterial pressure is unaffected by very small doses, or a slight rise occurs: moderate doses cause an increase from the first, or a diminution of pressure, followed by a return to or above the normal; large doses cause the pressure to fall, and if sufficient, cause it to fall to zero.	*Arterial Pressure.*—Administered hypodermically it causes diminished arterial tension, with increased pulse frequency. Large doses paralyze the heart, and thus reduce arterial pressure (I. G. Schonten, Archiv der Heilkunde, xii., 2 1871; Schmidt's Jahr., Bd. c. liv.)
The fall of pressure is due to a depression of the heart muscle.	(See above.)
The rise of pressure to a constriction of the vaso-motor peripheries.	Vaso-motor peripheries irritated, causing constriction (Lewisky, Virchow's Archiv, Bd. xiv, p. 191; Amory, The Phys. and Ther. Action of Bromide of Potassium, Boston, 1872; Meuriot, L'étude de la Belladone, p. 49; Saisson, Schmidt's Jahr., Bd. cxliii.) This action on the capillaries has been denied.
Pulse.—The pulse-rate is not appreciably affected by very small doses; moderate doses sometimes caused a momentary slowing by inhibiting the heart, the pulse then recovering to a variable extent, and being followed by a gradual fall; or, a momentary rise occurs accompanied by a diminution of arterial pressure, this being followed by a diminution to below the normal; or, after large and repeated doses the pulse falls below normal and then becomes exceedingly rapid, or becomes rapid from the first; or may be depressed from the first. All these effects being due to a direct cardiac action, with the above single exception. The increased pulse-rate being attended with a diminution of pressure and small pulse-curves.	*Pulse.*—After slow intravenous injection of a two per cent. solution of the potassium bromide, the pulsations become slower and feebler, the blood pressure falls, and the heart is finally arrested. Hypodermically injected, the pulse-rate is increased with diminished arterial pressure and diminished pulse curves. Large doses paralyze the heart (Schonten, loc. cit.; Eulenberg and Guttman, Virchow's Archiv, xli., 1867).
Nervous System: Cerebrum.—Consciousness in the higher	*Cerebrum, Spinal Cord and Nerves.*—"The evidence is, I

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* See Manual of Diseases of Ear Cases, chapter xxii., new ed., 1887.

* Wade, Peninsular Journal of Medicine, February, 1875, p. 62.

† Hydrobromic Acid, its Action on the Circulatory and Nervous System, Boston Med. and Surg. Journal, June 2, 1881.

mammals present until near death. *Spinal Cord.* — The *sensory portions* of the spinal cord are the first portions of the reflex apparatus to be paralyzed, and reflex paralysis is due to this cause. The *motor* portions of the cord are als depressed, as well as both the *sensory* and *motor nerves.*	think, sufficient to prove that bromide potassium affects all parts of the nervous system of the lower animals, but that the cerebrum, the motor tract of the cord, and the efferent nerves, are the last portions to be affected; that the most sensitive is the receptive (sensory) portion of the cord . . . and next to this are the peripheral ends of the sensory nerves." (H. C. Woods' Therapeutics, 1879, p. 825.
Muscular System. — The muscular system is depressed.	*Muscular System.* — Depressed. (Papers quoted.)

In small and repeated doses the remedy acts upon and relieves what is termed pulsating tinnitus, but in true labyrinthine tinnitus it has but little influence, not acting as an emunctory either of the skin, glands, or kidneys. The dose is fifteen drops of the strong acid well diluted, but with care it can be increased to sixty drops; it should always be given in an abundance of syrup and water, and to prevent dyspeptic symptoms should be combined with a bitter tonic, etc.

(*To be continued.*)

NON-SPECIFIC FUNGOID GROWTH OF THE VULVA.

BY T. WALLACE SIMON, M. D.,
Of Philadelphia.

On the 3d of June, 1884, I was called to see Mrs. McK——, a young woman, recently married (about a year), not yet pregnant.

I, and my father before my time, had attended her and her husband, and both their families, and there was no trace whatever of constitutional or specific syphilitic history in either family.

Mrs. McK——, a bright, healthy, and intelligent young Irish woman, aged nineteen, complained of what she called an eruption on the "privates," with great pain in copulation, with soreness, itching, and burning pain after the act, and a smarting, burning pain in micturition. Her husband also corroborated her statements, and said that the eruption she complained of made their sexual relations both painful and unpleasant.

On examination, I found both the greater and lesser labia completely covered with a fungoid growth, racemose in character, running down to and past the fourchette, on to the anus. It was blood-red in color, and grew as thick and close as cauliflower, very much resembling the latter in its form and shape. It grew as high from the surface as one-quarter of an inch; and on separating the tufts of the growth, an apparently healthy skin was disclosed below.

This seemed to me a very unusual case. I searched my library in vain for a parallel, and came to the conclusion to treat it in my own way. Here was a great mass of fungoid, mushroom growth, reaching from the mons veneris all the way down to the anus, and extending beyond the labia, somewhat on the thighs on either side.

First, I attempted (with Drs. S. C. McClure and Isaac Barton in consultation) the laborious task of separating each tuft and ligating at the base, hoping to strangulate it, but found it would not answer the purpose. Nor would it have been possible to cut off the growth with the knife close to the surface. So I adopted the following plan, which, it seems to me, was unique in itself, and which I have not seen described in any work on tumors or adventitious growths of this part, and I think should merit recording.

On my next visit to the patient, I took a stout pair of forceps—the teeth of which fitted perfectly down to the point, which was rather broad and flat at the end—and went over the greater part of the growth at the first operation, pinching each separate tuft of the growth, down at the surface of the skin, until I could feel the teeth of the two blades of the forceps "grit" together, thus practically strangulating the growth and cutting off its blood-supply. The tufts did not come off with the forceps, but hung loose and pendulous after the nipping process. This was almost entirely bloodless.

I then painted the tufts that I had strangulated with a mixture of Monsell's solution and iodine. In three operations I had strangulated all the growth in this way, and in a few days the growth had nearly all dropped off on the napkins the patient wore, and in about two weeks there was a clean surface of healthy skin without a vestige of the growth remaining.

Within one year from the time of the operation I delivered Mrs. McK. of a fine healthy child, and there was then no trace whatever of the old growth, or any sign of a return of it, the skin being perfectly clean and healthy, no scar remaining.

I scarcely know what to term such a growth. If it was a *non-specific adenoma*, I do not remember having heard of, nor have I seen recorded, a similar case.

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—A citizen of Iona, Mich., while standing with wet rubbers on an iron doorstep, suddenly lost the power of walking. He nearly fainted from terror, thinking he was paralyzed. Upon discovering that his rubbers were frozen to the doorstep he felt better.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

(*Concluded from page* 365.)

Dr. Longaker thought it far better to turn the fœtus by the bipolar method before rupturing the membranes or perforating the placenta. He had attended a lady in her first labor at the age of thirty-seven years. She was seized with profuse hemorrhage while walking in the street. When called, he found placenta prævia; the os was open to the size of the index finger, and large clots were in the lower segment of the uterus. He turned the child by the bipolar method, passed two fingers through the placenta, brought one leg through and left the case to nature. The child was lost as the entire placenta was attached low down, placenta prævia centralis, and retraction of the uterus, interfered with utero-placental circulation. In a second case, turning was followed by a similar result in a case of placenta prævia centralis. While the two children were lost, both mothers recovered without an unfavorable symptom. In three cases, respectively of lateral marginal and partial placenta prævia, treated by rupture of membranes, and application of forceps in one of them, two children were lost. In one of these cases the fœtal heart-sounds were extinct on my arrival, half an hour after a sudden and profuse hemorrhage. All the mothers did well. The high fœtal mortality shows that we cannot place much value upon the child's life, and in view of the dangers which threaten the mother's life, would it not be best to interfere promptly when called to a case of hemorrhage from this cause regardless of the age of the fœtus?

Dr. M. Price inquired of Dr. Longaker how the feet could come through the placenta unless he first passes his hand through to make a hole? When the thighs and breech come down they serve the purpose of an efficient tampon.

Dr. Longaker replied that version being first accomplished, the hand is passed into the vagina and two fingers through the placenta can find the foot.

Dr. H. A. Kelly exhibited a placenta prævia centralis of the seventh month of pregnancy, in which he had perforated the placenta to break the amnion, and after turning, delivered, saving the mother, who had suffered from profuse hemorrhages. He described a case in which turning had proved impossible in a placenta prævia lateralis owing to the fact that the cord was so tightly wrapped around the child's neck that only a small bight was left between the head and placenta, and when the foot was brought out at the vulva the head was felt fixed at the brim as at first. The foot was returned and a forceps delivery of the head revealed the difficulty, which was corrected, and the mother delivered of a seven-months' baby, which died immediately. The mother made a perfect recovery. No one rule suits all cases. The first point of importance in event of free hemorrhage is to rupture the membranes, and this must not be a mere fracture, but as free a separation as possible along the placental margin. The hemorrhage comes from the separation of the uterine and placental surfaces, and this is only to be prevented by freeing the placenta on one margin so that as the contraction ring goes up, the placenta may, as far as possible, ascend with it. Turning is only needed in the more urgent cases. Where the pains are strong and the hemorrhage has been but moderate, let the head engage and more children will be saved.

He urged more care in the classification of cases, for when the diagnosis is made early through an os but moderately dilated, and placental tissue felt every where, the diagnosis of a central implantation is often made, which attention to the later development of the case will show, through a fully-opened os, to be partial.

The tampon, also, should be given up, for, unless scientifically applied, it is utterly useless; it introduces great danger of sepsis, and with the best applied tampon in the absence of the necessary counter-pressure above in the uterus, in the very cases in which it is used, the dangers of concealed hemorrhage are imminent. If the bleeding has been great, bring on active labor, but don't use the tampon. Finally, and most important, every case should be treated by thorough antiseptic measures owing to increased septic susceptibility.

Dr. Parvin remarked that the classification of placenta prævia that had been given was incomplete; it did not include all the facts, for instead of two there are four varieties of the disorder. Thus we have not only central and partial, but also marginal and lateral implantation of the placenta when this organ is prævia, and it is prævia whenever it occupies a portion of the womb, which must be dilated to permit the passage of the child. Manifestly, the results, both as to maternal and fœtal mortality, will be very different in different varieties.

It is a mistake to assert that the tampon treatment of placenta prævia has been abandoned. Very many eminent French obstetricians, for example, in certain cases, employ the tampon, and the cases will be referred to again. That the tampon permits concealed hemorrhage is an old objection which has gained nothing by time; it is a sort of bugbear that does not frighten obstetricians who have used the tampon, for where it is properly applied, the membranes being unruptured, bleeding, either internal or external, to any serious amount, is impossible. Indeed, if the uterus be properly compressed through the abdominal wall, and the tampon well applied, serious hemorrhage from placenta previa, even after the rupture of the membranes, is impossible. That septicæmia is peculiarly liable to occur in cases where there has been placenta previa has been for some time generally recognized, this liability arising, not from the position of the placenta, but from the manipulations, the consequence of such position.

Now in violent cases of hemorrhage resulting from placenta prævia is the tampon advisable? Blundell has stated that in one night he was called to two women far advanced in pregnancy, both dead from uterine hemorrhage, and then refers to some cases of such flooding where removal of the child could be more readily effected by the Cæsarian operation, so slightly dilated and so resistant was the os uteri. The most natural treatment of a hemorrhage occurring with an undilated os is arrest of the flow by pressure, that is by the application of the tampon; such treatment may be available in some cases where no other can be so readily applied. We are indebted more especially to Wigand for the first clear and complete exposition of the tampon treatment in placenta prævia, and his testimony as to the value of his method, first uttered probably one hundred years ago, was very strong, for he declared that in suitable cases and properly used, no death of mother or child occurred. Müller, whose elaborate monograph upon placenta prævia is so well known to those who have studied this subject, has given a qualified but still a positive endorsement of the tampon as the proper means to employ in certain cases and at a certain stage of the hemorrhage, that is when the cervix is undilated. There have been cases in the hands of both Pajot and Bailly, left, as was Wigand's practice, after the thorough tamponing, to nature, the further progress of the labor being undisturbed by art. Murphy has been the most successful among recent obstetricians in the treatment of placenta prævia; and his method is the induction of premature labor, with partial detachment of the placenta and the use of Barnes's dilators. But it is to be observed that the dilators act as tampons by their pressure arresting the flow of blood. Certainly the remarkable success which has attended Murphy's method in his own hands, especially the low maternal mortality which he has secured, speaks strongly in favor of the general adoption of that method. In reporting cases of placenta prævia it seems to me very important, in order that we may compare similars, to know the variety of the disorder in each instance. The practitioner who, for example, successfully for both mother and child, conducts a case of lateral implantation of the placenta has accomplished no wonderful achievement. We cannot arrive at a certain knowledge unless the materials for induction are properly classified. One word more. Some skepticism has been expressed as to the possibility, or rather practicability of combined internal and external version in cases of placenta prævia; but as this has been accomplished, it is hardly a question for discussion.

Dr. Price's cases were at full term. He had not taken premature cases into his account. Deliveries at five, six, and seven months, the fœtus not being viable, admit different principles. Emptying the uterus as early as possible is safer for the mother.

Pelvic Measurement.

Dr. H. A. Kelly called the attention of the Society to an external direct method of measuring the conjugata vera which he had found of extreme value in a large number of non-pregnant gynecological cases which had come to him complaining of difficulties since a previous confinement.

The short vagina or cellulitis or cicatricial contractions often prevent the finger in the vagina from reaching the promontory. In a case he had examined in the morning, the short vagina prevented the vaginal finger reaching the promontory while the outside hand rested upon it, and on pressing deeper felt the vaginal fingers fully three centimetres below. This case was measured by the outside hand, and determined normal. Another case had a rachitic pelvis 8½ centimetres conjugate. She had borne ten children at term through difficult labors, but without assistance.

The method is simple, avoids a vaginal examination in the virgin, is invaluable in many cases retrospectively and prognostically. The inaccuracy of the external conjugate is well known. This, of course, is of no use in the most important class of cases, the advanced pregnant, but it does often afford invaluable facts in other cases.

The method is to press deeply with the finger-tips of the extended hand until the promontory of the sacrum is felt, then by slipping the fingers up and down over this until the relations are well appreciated, let the fingers rest vertically above the angle, and at the same time mark on the palm with the finger of the other hand the position of the posterior surface of the symphysis, also vertically below. This measurement from the mark thus made to the tip of the finger is the conjugata vera thus directly measured.

Dr. Montgomery, in a paper entitled

Tracheotomy and Intubation in Diphtheria,

urged the importance of early operation. The symptom which should indicate the necessity for operation was depression of the substernal region during inspiration. This symptom indicates the inefficient entrance of air to fill the lungs, and the diaphragm becomes a fixed point depressing the soft tissues. The longer this condition continues the greater the danger of collapse of portions of lung tissue. The large mortality after tracheotomy and intubation is due to the postponement of operative interference in the majority of cases until these changes have occurred. This assertion is verified by his own experience in tracheotomy. In his first ten cases, in all but one of which the operation was done as a last resort, none recovered. In the next seven cases in which excepting two, it was done early, five recovered. The two fatal cases were not considered hopeful at the time of operation. His eighteenth case died before the trachea was opened. Of the last ten, five recovered—twenty-eight cases, with ten recoveries. He has practiced intubation in thirteen cases with six recoveries. All but one of these cases were seen in consultation, and some of them were in a dying condition when intubation was practiced. In no case did death occur in less than twenty-four hours, and in all the relief from dyspnœa was prompt and permanent. The youngest child was eighteen months of age, and died on the fifth day of convulsions. The youngest child to recover was æt. two years. In one case of recovery tracheotomy was performed the day following the intubation. A smaller size tube than suited for its age had been used; the dyspnœa recurring, and the tube absent from the glottis, it was feared that it had been passed into the trachea. It was found that the tube was coughed up and swallowed and passed per anum two days later. Of course in this case little can be claimed for intubation. He prefers intubation to tracheotomy, and believes that the former will supplant the necessity of doing the latter. The advantages are: it is free from danger, it requires no cutting nor anæsthetic, the after-treatment does not require skilled attention, as the air is moistened and warmed by the natural passages before entering the trachea, there is therefore no dry mucus accumulating in the tube, and not the same danger of secondary inflammatory lesions. As the tube does not fill up the calibre of the trachea, membrane is coughed up around instead of through it, and thus the danger of blocking is avoided.

Dr. Joseph Price presented to the Society a framed engraving, a portrait of Dr. Emmett, of New York.

W. H. H. GITHENS, *Secretary.*

THE NEW YORK NEUROLOGICAL SOCIETY.

Stated meeting, February 1, 1887. The President, C. L. Dana, M. D., in the chair.

Dr. C. L. Dana reported a case of

Pachymeningitis Hemorrhagica, with Large Meningeal Hemorrhage Pressing Chiefly on Leg Centre—Right Hemiplegia. Total Paralysis in Leg, Aphasia, Hemi-anæsthesia, Convulsions Limited to Arm and Face—Death—Exhibition of Specimen.

The patient was a woman about sixty-eight years old, and came into the hospital with complete motor aphasia, and unable to give any previous history. She had no paralysis at first; but three days after admission she had a general convulsion, followed by right hemiplegia; total in the leg, and some right-sided anæsthesia. On the second and third days she had a series of brief localized convulsions involving the face bilaterally and the right arm. These were carefully observed. The movements were clonic, beginning in the muscles of the lower jaw. The other peculiarities were these:

1. The pupils remained small during the convulsions. When wider convulsive centres are discharging, as in general epileptic convulsions, the pupils are dilated. It is not probable that in this case there was some uræmic element, because the post-mortem disclosed a sufficient cause for them.

2. The conjugate deviation of the eyes was at first, and very temporarily, toward the side of the lesion, and away from the paralyzed side. The head, also, was turned toward this side. When this occurs, it is ordi-

narily spoken of as a paralytic deviation. This does not explain it here since almost immediately the head and eyes were turned strongly to the opposite and paralyzed side.

The speaker suggested that the first deviation is due to an inhibition of the activity of the associated nuclei of the third and sixth nerves that innervate the external and internal recti of the two eyes. There are many facts which tend to show that the first stage of convulsion is a transient paralysis due to a sudden discharge of inhibition centres. These are of a higher, more developed class than the centres for motor discharges, and would be affected first. We would have then. loss of consciousness, inhibition of motion, and muscular relaxation; then motor discharges and tonic and clonic convulsions.

3. The temperature on the paralyzed side was one degree higher than normal, and higher by a degree than that of the other side. This is the rule in intra-cerebral hemorrhage and hemiplegia, but the speaker was not aware that it has been established in cortical hemiplegias. In meningeal hemorrhages the temperature is often below normal according to Minot.

4. The presence of hemi-anæsthesia.

The patient died on the third day. Post-mortem showed chronic pachymeningitis over both convexities, but more on the left side. On the left convexity there was a very extensive fresh meningeal clot pressing upon and flattening especially the upper half of the central convolutions. Brain substance normal.

Cortical Epilepsy with Temporary Asphasia. Syphilitic Gumma Compressing the Left Second Frontal Convolution in Its Lower Posterior Part. Recovery.

Dr. M. Allan Starr related the history of the case. Charles S., aged thirty-two, had always been healthy and a hard worker. He had an attack of sciatica four years ago, and three years ago had a hard chancre. He had never had convulsions or nervous affection. Family history good. During November, 1886, and the first two weeks of December, he did not sleep well, was slightly dizzy, his head ached a good deal, chiefly at night. December 15, while walking with a pail in his right hand, he suddenly let it drop, losing all power in the hand and arm. There was numbness in the hand. He was unable to speak to his companions. He did not feel dizzy or notice any pain in the head; he did not lose consciousness nor fall. He understood his friends' questions, but could not answer. Power in the hand and arm, and speech returned within half an hour. The next morning he went to work, as well as usual. Two days later a second attack occurred, beginning with a numb feeling in the tips of the fingers, gradually extending up the hand and arm. Then the fingers became rather forcibly flexed and stiff, but by a voluntary effort he could straighten them. No clonic spasms of the fingers, and wrist and elbow were not bent. The numbness and stiff feeling soon extended to the face, which was drawn to the right side with some force. Speech was again lost. No loss of consciousness. The attack lasted about twenty minutes. Such attacks had occurred every other day, then every day, and finally twice a day up to January 3, and during this time the headache and insomnia were increasing steadily. The character of the attacks was not uniform. Sometimes the spasm would begin in the face, though usually the arm was first affected. Both were involved in every attack, but the spasm and numbness never reached the leg. The hand felt cold during an attack, though warm to the touch. On one occasion he had for four days great difficulty in making himself understood by words. Examination by Dr. Starr showed slight paresis, and slight tactile anæsthesia in right hand, no affection of face or speech. No cardiac symptoms. Though suffering from headache, percussion of skull did not reveal any tender spots. Thrombosis, endarteritis syphilitica, diffuse encephalitis with sclerosis were excluded, and the diagnosis was reached of gumma in the membranes, resting upon the brain surface, giving rise to irritation and consequently to an occasional nervous discharge, but not of sufficient size to cause any destruction. Location of tumor was equally clear: the relative situations of the cortical centres for the arm, face, and for the movements of speech in the lower two-thirds of the anterior central convolution, and in the posterior part of the third frontal convolutions were likened to a reversed L. All these centres were irritated during the attacks, the irritation sometimes beginning in one, sometimes in another. If the tumor pressed upon the lowest posterior part of the second frontal convolution which would lie inside of the L, an irritation radiating from it might reach all three centres equally. The total intermission of the local symptoms might be explained by such a location since no symptoms were known to occur from injury of this part. The fact that numbness in the hand and face uniformly accompanied the attacks of spasm seemed to indicate that the areas for these parts coincide with the motor areas.

Another point of interest was the distinctly motor character of the aphasia.

The treatment ordered was first inunction of mercury, and second iodide of potash daily in divided doses. He had one attack two days after beginning treatment, but since that time he had had no return of the symptoms. Iodide of potash was still being taken.

DISCUSSION ON DR. STARR'S PAPER.

Dr. Seguin had seen several cases whose symptoms resembled those of the case recorded in Dr. Starr's paper. The prognosis of even non-syphilitic cortical lesions with this symptomatology was not absolutely unfavorable. One of the cases to which he referred was that of a Cuban who came to his clinic about nine years ago. He had never had syphilis, yet he described epileptic attacks of the true cortical kind, such as have been obtained by experiments upon animals during the last few years. The hand would become numb, and then the seat of a vibratory sensation; finally contraction would occur in the hand, when the face, and almost simultaneously the leg, would be affected, and he would lose consciousness. According to his friends' account, general convulsions then occurred. He had had quite a number of these seizures; yet examination showed no anæsthesia, no affection of the optic nerve, and, so far as the speaker could recollect, no motor impairment. The patient had received a preparation composed mostly of the bromide of potassium, to which a little of the iodide was added. He improved immediately, and four weeks ago the attacks ceased. Once in a while he has the sensation of wires in the hand, and the hand becomes stiff, but the face is never affected. The case was a beautiful illustration of the localization of a lesion in the centres for the hand, the discharge radiating to those of the face and leg of the same side, then to the opposite side, with loss of consciousness.

The patient had also been the object of the bracelet experiment. He was a powerful man, and had exerted great force, arresting many attacks in this way. The speaker was satisfied that syphilis was absent, while the amount of the iodide was too small to explain a cure upon the ground of a syphilitic affection.

Dr. Starr had been much interested in the case which Dr. Seguin had related. He had recently had a case of unilateral convulsions in his office. The patient was a small boy. The attack commenced in the eyes and face. The eyes turned to the right, then the head turned to the right; then the arm, then the leg became affected. During the attack the speaker had asked suddenly, "What is your name?" The boy promptly replied, "Arthur," and then relapsed into the convulsion. He supposed that the reply was reflex, as the boy was unconscious at the time, and did not afterward remember the occurrence. He would like the opinion of the members upon the point.

Dr. Dana asked what Dr. Seguin had considered the lesion in his case.

Dr. Seguin had never ventured to surmise beyond the fact that there was a nerve-lesion and that there was no syphilis in the case.

Dr. Starr asked Dr. Seguin whether in localized convulsions numbness were not the rule.

Dr. Seguin replied that it was; but he did not know that the reason was yet sufficiently established, although Von Monakow had associated anæsthesia with lesions of the motor zone.

Dr. Shaw referred to a case seen first four years ago. While at work as a jeweler, the patient fell off his bench in a convulsion. The face and the left arm were convulsed; the leg was not affected. Sometimes only the side of the face was affected. He had seen many of these attacks limited to the side of the face in his office. The patient complained of numbness in the arm and the side of the face, and the speaker felt sure that the tactile sensibility was not as good upon that as upon the other side. The patient denied syphilis. Upon ophthalmascopic examination the nerves were found pale, and the visual field restricted in its upper part. There was no change until about six months ago, when, without loss of vision, he was found to have choked disk. This had gone on to atrophy, and the man was now blind. There was no paralysis. From the choked disk, of course, the speaker had now diagnosed a tumor, but he referred to the case on account of the anaesthesia and the spasms, and their resemblance to those in Dr. Starr's case.

Dr. Sachs referred to the case of a man who, some years ago, while working upon the Capitol at Albany, had fallen some distance, was found unconscious, but recovered. A few weeks later he developed symptoms which alarmed his friends, and he had now some of the physical, and nearly all of the mental signs of general paresis—the irregular pupils, the facial tremor, the tremor of the tongue, and the deteriorated mentality.

The speaker referred to the case because of the traumatic incident, and because every three or four weeks this man had an attack of numbness, beginning in the fingers and creeping up the right arm to the face. There never were convulsions, but both the patient and his wife, who is a very intelligent person, say that there is paralysis. After three or four hours both the paresis and the numbness disappear, and he has a very severe headache, lasting one or two days. The speaker thought there was a question of chronic meningitis with encephalitis possibly in this case. It was evidently a cortical affair.

Dr. Dana thought that cortical epilepsy might develop like idiopathic epilepsy without an appreciable lesion. He recalled a case, that of a young man who was kicked in the front of the thigh by a horse. Twitching of the leg developed, similar to that of cortical epilepsy. Thrilling and numbness of the arm and face followed. In a year true hemiepileptic attacks, during which he lost consciousness, developed, and upon giving him ether for stretching the nerve he went into the status epilepticus. There was no history of syphilis. Apparently cortical epilepsy was developed just as true idiopathic epilepsy in other cases.

Dr. E. C. Seguin read a paper entitled

A Contribution to the Pathology of the Cerebellum.

A detailed account of one case was given, and specimens, gross and microscopic, illustrating its pathological anatomy, were shown. Three other cases of cerebellar disease were briefly presented, as card specimens with their anatomical demonstrations. The following is a summary of case 1: Male patient, forty-five years old at time of death; a retired officer of the United States navy. Eighteen years before health illness began with headache (not strictly occipital), and one or more seizures of an epileptiform or apoplectiform character. These were followed by impaired vision and more or less continuous headache (fronto-occipital). Later appeared nystagmus and typical cerebellar titubation; slight slowness of speech. There was no distinct paralysis, ataxia, anæsthesia, vertigo, or mental impairment. During several years, from 1877 to 1883 or 1884, the only symptoms were slight frontal headache, defective vision, partial atrophy of both optic nerves, nystagmus of varying form, slight slowness and indistinctness of speech, increased patellar reflex, and titubation.

In February, 1885, an epileptiform seizure left behind it partial left hemiplegia without contracture and anæsthesia. Death on 22d of April, 1885, preceded by a set of distinctly bulbar symptoms; increased dysarthria, dysphagia, salivation, polyuria, also increasing stupor.

Lesions.—Cyst of cerebellum destroying the claudo-ventral part of the middle lobe (not involving the frontal third of the vermis superior), penetrating into the right lateral lobe as far as the nucleus dentatus, not destroying it, and probably exerting only slight pressure upon the floor of the fourth ventricle. There were also found:

1. A small hemorrhagic focus 2 mm. in diameter, in the ventral half of the pons on the right side, in the midst of the pyramidal fasciculi. This explained the left hemiplegia, and from it could be traced a complete descending degeneration of the right pyramidal tract into its subdivisions in the spinal cord.

2. Very extensive arteritis obliterans of the encephalic vessels, causing numerous, mostly symmetrical, foci of softening in the cerebral hemispheres. The only system degeneration which could be traced to the loss of substance in the cerebellum were a moderate reduction in the size of the opposite (left) olive, and partial atrophy of the right rectiform body.

The author called attention to several conclusions to be drawn from a study of these four cases.

1. As to diagnosis. Tumors of the cerebellum produce very variable symptoms, but one symptom, viz., cerebellar titubation, is, as claimed by Nothnagel in 1876 or 1877, pathognomonic of a destructive lesion of the middle lobe of the cerebellum, more especially its caudo-ventral masses. In Dr. Seguin's cases optic neuritis or atrophy had not failed, which was in marked contrast to his experience with tumors of the cerebral hemispheres, which do not usually cause lesion of the optic nerves (1 : 5 or 1 : 4). Vomiting was a frequent symptom; occipital headache and rigidity of muscles of the back of the neck were less frequent but very valuable symptoms.

2. As to therapeutics. Three of the patients had obtained repeated relief from serious symptoms; paroxysms of headache, vomiting, and epileptiform attacks, by the use of the iodide of potassium in doses of from thirty to sixty grains three times a day.

3. As to prognosis. Two of the patients did not die of their cerebellar disease—both cysts—but of complications. Case 1 of dif-

fused arteritis obliterans and consequent softening in various parts of the brain, including impaired nutrition of the bulbar nuclei. The other case, No. 2, of an acute tubercular meningitis. Consequently, we may hope in a few cases to cause or to witness an arrest of the cerebellar disease. The disorder in voluntary movements and the already developed lesions of the optic nerves are, of course, irremediable.

DISCUSSION ON DR. SEGUIN'S PAPER.

Dr. Bradner spoke by invitation. He had been the attendant in the case of the child to which Dr. Seguin had referred. He had not prescribed the washing out. It had been done by a prominent physician of the place. He had done it a number of times during three weeks, but had then refused, believing that the child had brain disease of some form. He saw the patient first in November. The vomiting was always in the morning. There was no pain connected with it then, although a frontal headache had developed during the last few months. The treatment prescribed by Dr. Seguin had been the iodide of potash, fifteen grains, t. i. d., increasing five grains daily, until one hundred grains were taken at a dose. The course had been interrupted by several attacks of acute gastritis, but the child had had those attacks previously; they did not appear to depend upon the medication. The eyesight has been perfect; the child could detect the smallest point made by a lead-pencil or needle. While using the iodide, his headache had improved, as had some other symptoms, but he retained his old man's gait.

Dr. Seguin remarked that, though seeing well, the child had typical choked disk.

Dr. Bradner added that since seeing Dr. Seguin, he had obtained a history of injury in the case. Two years ago, and just before the commencement of his illness, he had, while trying to skate, fallen, and received a severe blow on the back of his head. One result of this injury had been abiding terror at the sight of a body of water or ice.

Dr. Shaw had shown a child at the American Neurological Association in 1878 on account of a peculiar ataxic gait, like that of locomotor ataxia. The later symptoms had pointed to a tumor of the cerebellum.

Dr. Putnam Jacobi referred to the recent collection of cases by Bernhardt. All cases published previous to 1884 had been collected by Nothnagel. Dr. Seguin's cases tended to confirm Nothnagel's laws. There were many resemblances between the symptoms of cerebellar tumor and those of tumor in other parts of the brain. The peculiar violence of the headache and the choked disc found in most cases of cerebellar disease might, she thought, be due to the increased pressure of a tumor confined by the tentorium. This element had not been commented upon, and she would like Dr. Seguin's opinion upon it.

Another point referred to the fact that the laws formulated by Nothnagel recognize the possibility of complete latency of the tumor, no symptoms at all being present when but one lobe of the cerebellum is affected, such symptoms appearing only when the tumor encroaches upon the central lobe. In one of Dr. Seguin's cases the tumor only occupied the lateral lobe. Of course an indirect affection of the central lobe might be present even in such a case.

Dr. Leszinsky referred to a case to which he was called in consultation by Dr. Alexander. The boy had the typical gait of spastic paraplegia; any attempt to stand caused spastic contractures in the limbs, ankle clonus was present, and the knee-jerk was exaggerated. There were no cerebral symptoms; the fundus was normal in both eyes. The father and mother were both alcoholic and unworthy people. Finally the child became unable to walk, but there were still no cerebral signs; no vomiting. Two months before death the fundus was still normal. Later tremor developed, and paralysis of the abducens, and of the fifth and of the third nerves. Total blindness occurred. The nurse, a graduate of Bellevue, was positive that the child could see nothing. It died in a convulsion. Unfortunately, the body was immediatly frozen, and the specimen was unfit for sections. The tumor was found occupying one side of the cerebellum. The spinal cord was not fit for examination. There was a well developed meningitis, and the paralysis was accounted for by considerable exudation about the cerebral nerves. One peculiarity has been a subnormal temperature during one stage of the case.

Dr. Starr had had occasion some time ago to make a collection of cortical lesions from American literature. He had at the same time made a collection of cases of cerebellar disease from the same sources. As the data obtained but corroborated Nothnagel's results, he never published them. But Dr. Seguin having remarked upon the value of corroborative evidence, he would briefly refer to them now. From 1860 to 1884 one hundred and sixty cases of cerebellar disease were reported in American literature. In only forty of these were the symptoms and the autopsies described with sufficient accuracy to warrant conclusions. These forty the speaker had quite thoroughly analyzed. In four there were no symptoms; in one of these there was congenital atrophy of the cerebellum, in two abscess, and in one a large cyst. Of the remaining 36 presenting symptoms there was headache in 36; incoördination in 25; vertigo in 20; vomiting in 18; blindness in 14; dim vision in 6; diplopia or strabismus in seven; deafness in 7; facial spasm or paresis in 4; hemiplegia in 9; general paralysis in 4; mental symptoms in 8 (stupid 7, mania 1); convulsions in 7; sexual desire increased in 2. Males, 23; females, 17. Ages: between one and twenty years, 11 cases; between twenty and forty years, 16 cases; between forty and sixty years, 9 cases; over sixty years, 1 case; age not stated in three.

In two of the eleven cases in which incoördination did not occur, the lesion probably involved the middle lobe. In cases where incoördination occurred various parts of the cerebellum were involved, but the probability was that the middle lobe was affected in the majority. There were only two instances of increased sexual desire. Bernhardt had found but one instance in ninety cases of cerebellar tumor, and Nothnagel but two cases. The speaker thought that it might be thrown out as a symptom of cerebellar disease, and regarded as one of accidental occurrence. The escape from vertigo in Dr. Seguin's case was explained perhaps by the recent discoveries in the anatomy of the course of the acoustic nerve. This nerve served for the sense of hearing and the sense of space. The centre for hearing is in the pons. Edinger finds the centre for equilibrium in the cerebellum, to which acoustic fibres pass by way of the middle peduncle. From this centre the central tract probably passes onward to the superior peduncle. Dr. Seguin says that the superior peduncle escaped in his case. It is therefore natural that vertigo should not have occurred.

The tendency to rotation was an interesting feature in these cases. There was a tendency to fall or turn forward in two cases; the lesion was in both a tumor in the vermis, in the anterior part. There was a tendency to fall to the right in two cases, in one there being a tumor in the left middle peduncle, and in the other an abscess in the same part. There was a tendency to fall to the left in two cases, in one there being an abscess in the right middle peduncle, and in the other a tumor in the left middle peduncle. A patient of Nothnagel, whom the speaker had seen in Vienna, when getting up in bed, had always a tendency to turn to the right side. Nothnagel considered this due to vertigo. It was only present when the patient was erect. The patient felt as though about to fall to the left side, and hence turned to the right. This case had a tubercle of the left middle peduncle of the cerebellum. Nothnagel considered this symptom only produced by affection of the middle peduncle. In the two cases in the table where the tendency was to turn to the right there was disease of the left middle peduncle, while in the two in which the tendency was to the left, in one the right peduncle and in the other the left peduncle was affected. No rule can, therefore, as yet be laid down as to the cause of this symptom.

Dr. English had had charge of the case which formed the subject of Dr. Seguin's paper, and he congratulated the Society upon the progress which had been recently made in the diagnosis and treatment of cerebellar disease. Early in 1878, Dr. Seguin had written him a letter, accurately diagnosing this case, as seen on autopsy.

Dr. Seguin closed the discussion. He was not surprised to learn of the little boy's fall, as he was a firm believer in the traumatic origin of these conditions. It was very difficult to obtain a history of fall. He could not give an opinion upon the question propounded by Dr. Putnam Jacobi. In regard to ascribing the vertigo to the acoustic nerve, he was not yet certain that the acoustic nerve had cerebellar origin. He thought it would be difficult to trace fibres through the lateral peduncle of the cerebellum, the vermis, and the anterior peduncle.

He said Dr. Starr had probably made a mistake when he referred to Nothnagel connecting rotation with disease of the middle peduncle. Middle vermis he had probably meant to say.

Dr. Starr accepted the correction.

How He Released the Finger.

A Western contemporary tells a story illustrating the oft-repeated truth that the surgeon cannot afford to neglect applied mechanics and physics: A young lady had her finger caught in the valve of an air-gun. A physician being called, after careful consideration, decided that the only means of releasing the finger was to amputate it. This being done, the gunsmith arrived, and proceeded to release the amputated finger by boring a hole in the chamber of the gun.

EDITORIAL DEPARTMENT.

PERISCOPE.

Sudden Death from Nightmare; Some Reflections on the Cause, Treatment, and Prevention.

Dr. Matthew Turner thus writes in the *Alabama Medical and Surgical Journal:*

S. B. C., aged thirty-five years; male; white; married. Native of Alabama. By occupation a farmer.

The subject of this sketch was a young man in full health, of steady habits, used no narcotics or stimulants, and took a great deal of out-door exercise; was seldom "ailing," and, except a mild attack of dysentery and an occasional chill during the summer, was never sick. He was one of a pair or twins, the stouter and more handsome of the two, and was a perfect type of a healthy man in mind and body. He was of nervous temperament.

About the latter part of August, Mr. C. was surveying some land on the river for the purpose of settling a boundary line between him and some neighbors, when he discovered, near the line, a mine of some mineral, supposed to be of immense value. and, like most men under such circumstances, saw visions of fabulous wealth almost within his grasp. Fearing a difficulty about the division, he spent the next day in visiting parties interested, and underwent a great deal of fatigue and a proportionate amount of anxiety. About 8 p. m., he held an interview with the last party concerned, and greatly to his relief found no obstacle in his way to a big fortune—the land was his, and no one was disposed to dispute his title.

Instead of remaining that night, as he expected, from home, he was so much elated at his success that he rode home, ten miles, to communicate his good fortune to his family, who shared in his anxiety.

On reaching home, his wife, not expecting him at that hour, had retired and made no provision for his supper, but told him there were some cold dishes in the closet. Of these he made a hearty meal, having gone without his dinner, and, after talking over the events of the day with his wife, still under great excitement, he retired.

This was about 11:30 p. m., and about thirty-six hours from the time the excitement commenced about the mine. About 5 o'clock the next morning his wife was awakened by his distressed groaning, and, supposing that he was suffering from "nightmare," shook him and aroused him sufficiently to cause him to move himself in bed, and the groaning ceased, and he seemed to drop into a quiet slumber.

Knowing that her husband had been unusually excited and fatigued, his wife quietly got out of bed and adjusted the bed-clothing, with the hope that he might have a quiet nap while she was preparing breakfast. Passing through the room in about a half hour she noticed one foot uncovered, and, in readjusting the covering, perceived that the foot was very cold. Here she discovered her fatal mistake. He was dead, and perhaps breathed his last when she first left him. Had she known his danger, and persevered in her efforts to arouse him at that time, she would in all probability have been successful, and he perhaps would have laughed at the recollections of a dreadful dream, and never have realized how near the portals of eternity he had been.

Now, what are the chief factors in "nightmare?" In somnambulism we have the power of motion unimpaired, but memory and judgment seem entirely suspended. In "nightmare" sensation and memory are active, but the power of motion is lost. Hence we would infer that the kinesodic area of the medulla oblongata is paralyzed, and that the patient dies from asphyxia or heart-failure.

We are all familiar with the sympathy existing between the stomach and the heart, as well as the physical disturbances resulting from indigestion. The child who habitually screams out at night from frightful dreams will often, when put to bed hungry, with only a cracker and a cup of tea, sleep soundly without any terrors, whereas, if allowed to fill the stomach with heavy, indigestible food, he will not only dream, but may have convulsions added to the regular matinee.

We know that fatal syncope has been brought about by taking a heavy draught of cold water, and that the same result may ensue from purely emotional causes.

It is not so much the object of this paper to discuss the causes and the "modus operandi" in these cases, as to call the attention of the profession to the fact that, notwithstanding they are generally regarded as trivial and attributed to an imprudent supper, etc., they do sometimes become serious, and terminate fatally.

As a preventive measure, the general health should be looked after, and especially indigestion should receive our first attention. Treatment during the paroxysm is simple. A slap, rude shake, or douche of cold water in the face, will usually arouse the consciousness of the patient, and, under the efforts of the will, respiration and circulation are restored.

I would suggest that such subjects should not sleep alone, but always in hearing of some friend or attendant, who will be on the *qui vive* for the first manifestations of an attack, and apply the means of restoration immediately and effectually.

Ammonia, belladonna, digitalis, *et id omne genus,* hypodermically or otherwise, would naturally suggest themselves to the mind; but in the usual course of the attack the physician would seldom be in at the right time for their application, and only in cases where complete restoration is tardy and the organs hesitate in the full resumption of their functions, would they be of any avail.

Congenital Stricture of the Urethra in an Infant.

To the Academy of Medicine, in Ireland, Dr. Macan submitted a case of congenital stricture of the orifice of the urethra, hypertrophy of the bladder, and cystic degeneration of the kidneys. The specimen was the first of the kind he had met with, and was taken from a full-grown child in the Rotunda Hospital about a fortnight before. The child was suffering from imperforate anus, and soon died. On examining the abdomen over the pubes, after death, a movable tumor was detected, reaching as far as the umbilicus. From the gristly feeling of it, he first thought it was malignant disease of the bladder. The penis was very much distorted in shape, and œdematous. On opening the tumor, it was found to be the bladder, with thick hypertrophied walls. Fœtal urine, clear and limpid in character, flowed out, and, after the gush, the bladder seemed to fill again, and another gush took place. He searched for some diverticulum in the bladder that might be filled with urine, but found none; but, on cutting down more into the bladder, he found that the fresh flows of urine came through the ureters. It was then apparent that there must be a collection of urine in the kidneys. There was great contraction of the urethral orifice, and great dilatation of the urethra. The right kidney was blown out into a cyst, and contained a considerable quantity of urine. The left kidney was also disorganized. The intestine ended in a blind sac at the lower portion of the bladder. He thought the primary source of disease was the occlusion of the orifice of the urethra. The accumulation of the liquor amnii during the later stages of pregnancy was a proof that that fluid was, in fact, the secretion from the kidneys of the fœtus. The child in question presented another curious anomaly. On one side of the spinal column there was a depression of the skin, with a cicatrix on the outside, which was proved to be caused by a spina bifida. There was also a deformity in one of the legs.

The President said the specimen was evidence of a well-known pathological law, in accordance with which several different malformations had a tendency to be associated. He did not gather from Dr. Macan whether he held the opinion that liquor amnii was to be looked on as so much diluted urine, or that it was a different fluid, only contaminated by the fœtal urine. The presence of urea in it was not enough to settle the question.

Professor Bennett said Dr. Macan had not mentioned the condition of the urachus. Urinary fistula at the umbilicus was not uncommonly met with without any other deformity; and imperforate anus also occurred independently of the other things seen in the present specimen. The most important point connected with the specimen in a surgical aspect was that of the limb deformity being associated with an indication of damage to the spinal cord. It would be interesting if an examination of the specimen could be made in order to ascertain the extent of the nervous supply to the muscles of the deformed limb, for at the present day the exact nature of the lesions known as "club-foot," and congenital deformity of the hip, were vexed questions. In the present specimen there was club-foot with a distinct lesion, which might involve the nerves that passed into the limb.

Dr. Wheeler expressed regret that the intestine in the present case had not been dissected further up, in order to ascertain where the closure was. Some years ago he brought forward a case of imperforate anus with an opening in the gut at the side of a spina bifida.

Dr. Thornley Stoker said the occurrence of cystoid degeneration of the kidneys in the fœtus, though rare, was not altogether unknown. The degenerate kidney sometimes attained a considerable size, pressed up the diaphragm, and displaced the liver into the thorax. It was now a matter of considerable interest to surgeons to arrive at a conclusion as to where the bowel could be best looked for in cases of imperforate anus. The most modern plan was to perform laparotomy, or a lumbar operation, and not to attempt any procedure involving the peritoneum.

The President remarked that in some of the islands of the South Pacific nearly all the natives were afflicted with congenital phimosis, and many of them had a preputial orifice no larger than a pin's head.

Dr. Macan, in reply, said he would hardly recommend that a child's abdomen should be opened in a case of imperforate anus. There were cases in which the operation should obviously be a rectal one. In the present specimen, the end of the gut was at the bottom of the bladder. There was no atresia—only a stricture. A very considerable quantity of the liquor amnii must have been urine, unless the child passed a very small amount of water and drank the fluid. Fœtal urine seemed to be the only known source of liquor amnii, and the fact that the quantity of urea in that fluid was known to increase towards the end of pregnancy seemed to show that fœtal urine was at all events a considerable source of it.

Iodide of Potassium in the Treatment of Diphtheria.

Dr. L. Stepp (*Deutsche Med. Wochenschrift*) recommends mercury and iodine in diphtheria. Mercury has been given in various forms and doses in diphtheria and croup, though without any good results, as, owing to its poisonous properties, sufficiently large doses cannot be given to destroy bacteria in the blood. Its action is only efficacious in syphilis. In diphtheria, on the other hand, the incubation-period is from two to five days, and serious symptoms develop rapidly. Iodine seems to be the only suitable medicine; and probably still larger doses are required in diphtheria than in syphilis. These two diseases resemble each other, in that they both have a tendency to encroach on the bucco-pharyngeal mucous membrane, and thereby affect the neighboring glands. Iodide of potassium is decomposed in the organism, and iodine remains in the blood and other liquid elements, and in the glands, where it amalgamates with albuminoid molecules, and possibly with bacteria; in any case, it sterilizes media in which bacteria develop. Dr. Stepp mentions one case of diphtheria out of many which he has treated with iodide of potassium. The patient, a girl aged 7, who had been ill for three days, had a very thick false membrane in the pharynx, the glands of the neck were involved, the pulse was weak, and the temperature high. Three grammes of iodide of potassium were given in 120 grammes of water. At the end of a week, the child was completely cured. A boy, aged 7, in whom diphtheria had come on three days previously, was treated in the same way. A teaspoonful of the solution was given every hour; two days after the treatment was begun, the temperature was lower, and the general condition better, though there was no apparent change in the state of the pharynx. Twenty-four hours later, the child's condition became alarming; there was cyanosis of the cheeks and lips, the pulse was 140 to 160, and the little patient fell into a condition of complete apathy. No medicine had been given for fifteen hours, as the smell of the iodine had caused nausea. The following mixture was then ordered:

R.	Iodide of potassium,	100 grammes.
	Water,	20 grammes.
	Syrup of orange peel.	20 grammes.

A teaspoonful every hour night and day. Tokay wine was also ordered at intervals.

On the fourth day of the new treatment, the patient's condition was greatly improved, and the pulse was stronger. A teaspoonful of the solution of 5 grammes of iodide of potassium in 120 grammes of water was given. On the fifth day, the temperature was lower, but the swelling of the neck and the false membrane in the pharynx remained unchanged. Eight grammes of iodide in 120 grammes of water were then given in doses of a teaspoonful every hour; on the following day the dose was increased to 10 grammes of iodide. On the seventh day, the false membrane became detached, the cough was looser, and there was less hoarseness, whilst the infiltration of the neck had disappeared. The pulse was 132, the temperature 38.3° C., and the general condition satisfactory. On the eighth day, the temperature rose to 39° C. towards evening, but fell again on the ninth day; the false membranes had disappeared, and the cough was not so hard, though the voice remained rather hoarse. Complete convalescence was established on the tenth day. In the course of one week the child had taken 50 grammes of iodide of potassium. There have been no subsequent symptoms, either as regards the digestive organs or the nervous system.

The Pathological Anatomy of Chorea.

Fatal cases of chorea are not very common, so that every carefully conducted post-mortem examination is of value in aiding to discover the morbid conditions present, and to decipher the pathology of the disease. The opinion is becoming more and more general that chorea is not an entity as a disease; that there are, indeed, several forms, varying in their etiology, to some extent in their symptoms, and in their sequelæ. In a case of chorea minor, which ended fatally by an attack of apyretic pneumonia, Nauwerck made a careful examination of the nervous system, both central and peripheral. He found that the peripheral nerves were normal, but that in the central nervous system there were many changes, all of which were microscopic. He divides these changes into three classes. In the first he includes patches, here and there, of infiltration of the perivascular sheaths by round cells, extending sometimes into the surrounding tissues. This infiltration was most marked in the medulla and pons; there was none to be observed in the spinal cord, the cerebellum, the basal ganglia, or the cortex of the brain. In the second class of changes, Nauwerck describes points of hemorrhage, one to two millimetres long, situated in the cerebral peduncles, the inner capsules, and in the medulla and pons. No capillary emboli were found. In the third class, changes in the nerve-fibres are described; these consisted chiefly in a degeneration which was most marked in the white substance of the cervical spinal cord, gradually diminishing downwards to the lumbar region. Microscopically, the axis-cylinders of the fibres were seen irregularly swollen, in the condition which is known as "hypertrophy;" they stained badly with neutral carmine, and osmic acid showed fatty granules in their interior. In some fibres, the place of the axis-cylinder was wholly occupied by fat-globules. The degeneration of the fibres did not occupy any particular tract of the cord, but was scattered irregularly. Nauwerck considers that the perivascular infiltration of round cells is to be taken as a sign of inflammation; and that it is probable that the degeneration of the nerve-fibres would explain the incoördination of movement in the case recorded by him. A strict search was made for micro-organisms, but none were found in any part of the nervous system. He thinks that there is a group of cases of cholera which may be called infectious, the poison being exclusively localized in the central nervous system.

Uterine Tents and their Effectual Disinfection.

Dr. Dirner, of Buda-Pesth, has recently written in the *Centralblatt für Gynäkologie* on the effectual disinfection of tents used for gynæcological purposes. He observes how, after the greatest precautions, serious pelvic inflammation may follow the introduction of sponge or laminaria tents. This accident is clearly due, not to the mere ulceration of the dilated structures, but to the introduction of septic material through the wounded mucous surface. The preparation of tents by soaking or coating in antiseptic media is insufficient. Septic matter may be introduced with the aseptic tent; surgeons handle and throw about samples at the shops, nor is the process of manufacture always properly superintended. Fritsch's method of coating tents with wax requires warm water to be at hand when the wax has to be melted, and that water may be septic. Dr. Dirner has detected cracks in the wax, allowing the admission of dust. The most carefully prepared dry tents can convey septic germs on their surfaces. For a year Dr. Dirner has employed in Professor Tauffer's wards a special system of disinfecting laminaria tents. He immerses them in a 1 per cent. solution of corrosive sublimate in absolute alcohol contained in a wide-mouthed bottle. When required, a tent is taken straight out of the solution and passed into the canal of the cervix, the patient being previously placed in the semi-prone position, and the vagina disinfected. He takes care to inspect hollow stems before introduction, and should any crystals of sublimate be detected in the channel of a stem, it is dissolved with pure water. The results of this practice have been admirable, and he has seen no bad effects follow the introduction of the disinfected tents; provided that absolute alcohol be employed, the expansive power of the laminaria is in no way damaged.

Koeberle on the Treatment of Uterine Cancer by Hysterectomy.

Professor Koeberlé, of Strasburg, has recently given his views on this subject in the *Nouvelles Archives d'Obstétrique et de Gynécologie*, and they have been ably summarized in the *American Journal of Obstetrics*. He points out that primary cancer of the body of the uterus is very rare. When it occurs, the cervix is not affected for a long time. Cancer of the cervix generally begins near the os externum, and spread thence over the tissues of the cervix, involving the vagina and adjoining organs, before it passes beyond the level of the os. As long as the disease has not extended to the broad ligaments, or to the lymphatic glands which communicate with the uterine lymphatics, the body of the uterus will be free from malignant disease. Under these circumstances it is not necessary to remove it. When the body of the uterus is the seat of primary cancer, the cervix being sound, it is useless to remove it. Thus, total extirpation of the uterus, whether by abdominal section or through the vagina, is more dangerous and difficult than removal of either the cervix or the body alone. Hence that operation should be reserved for cases in which partial amputation will not suffice for the complete removal of the disease. Supravaginal amputation of the body by abdominal section is applicable to cases of primary cancer of the body not involving the cervix: supravaginal amputation of the cervix through the vagina should be reserved for cases where the cervix to the level of the os internum is alone diseased. Total extirpation, or hysterectomy, is allowable only in cases where that operation is rendered relatively simple and safe, by the existence of complete prolapse of the uterus. There can be little doubt that all these operations are complicated and dangerous, and that in any one case it is always extremely difficult to make sure of the extent of the disease. Early amputation of the vaginal part of the cervix, by means of the galvanocautery, is likely to become a more popular method of treating cervical cancer in this country. Supravaginal amputation of the body of the uterus, the stump being secured by Koeberlé's *serre-nœud*, has proved very satisfactory in cases of fibroid, and appears to be the best manner of treating cancer confined to the body.

Case of Displacement of the Hip after Fever.

Mr. T. Pickering Pick exhibited to the Medical Society of London a boy with dislocation of the heads of both thigh-bones, the result of softening and yielding of the capsular ligaments. The right thigh-bone was dislocated forwards on to the front of the pelvis, and the left upwards and backwards on to the dorsum of the ilium. Twelve months before the boy had suffered from acute necrosis of the right tibia, probably followed by pyæmic synovitis of both hip-joints, with rapid effusion into the articulations and softening of the capsule. Owing to the position which the boy assumed, the heads of the thigh-bones pressed on this softened structure, which yielded and allowed the heads of the bones to slip out of the acetabular cavities. When admitted into hospital the right thigh was everted, rotated outwards, and flexed on the pelvis, and the left thigh was adducted and rotated inwards and also flexed, and the limbs fixed in this position. Mr. Pick performed osteotomy on both sides, dividing the neck of the femur on the right side and the shaft of the bone just below the trochanters on the left. This had the effect of bringing the limbs into a much better position, though some slight amount of inward rotation and adduction still remained on the left side. The boy could, however, walk with a certain amount of support.

Mr. Adams asked whether, in cases of dislocation after fever the capsular ligament was ruptured or distended.

Mr. Morgan related a similar case in a lad in which he had cut down and examined the condition of the parts. He found the capsular ligament distended and tense over the head of the femur; on cutting through it the latter was found perfectly healthy, but the acetabulum was almost filled with granulation tissue.

Inoculation of Tuberculosis by Circumcision.

In the *Berlin. klin. Wochensch.*, No. 35, 1886, Dr. A. Eisenberg reports a case of the inoculation of tuberculosis in a child during the operation of circumcision. It is well known that in the lower classes among the Jews, circumcision is followed by suction of the wound, either by the operator or by some other person. Syphilis has been communicated in this way in many cases, and Dr. Eisenberg's observation shows that the same may be the case with tuberculosis. The parasites at first proliferate on the surface of the wound, then reach the lymphatic glands, from which they spread throughout the organism, giving rise to lesions which sooner or later cause death. In the case referred to, the inguinal glands become swollen, and abscesses formed. Tubercle-bacilli were found in the glands, but no *post-mortem* examination was allowed. The child was born of healthy parents. Lindmann observed two similar cases in 1873, and Lehman reported ten others in 1879. In every instance, suction was performed by a phthisical operator. In all these cases the glands of the groin became inflamed within three weeks after the operation. Later on, scrofulous swellings were seen in the lower limbs, in which large abscesses formed. In other cases, the children died of tubercular meningitis. In one case a phagedænic ulcer destroyed the glans penis. Three of the children are still alive, and have a very characteristic scrofulous aspect. With regard to these cases, however, no positive statement can be made, as the bacillus of tubercle had not been discovered at the date of the supposed inoculation, and consequently no microscopic examination was made.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. L. H. Luce publishes through D. C. Heath & Co., Boston, a partial, one-sided, prejudiced pamphlet, entitled "A Synopsis of the Nature and Effects of Alcohol and Narcotics." (8vo., pp. 28.)

——In the antiseptic treatment of summer diarrhœa, Dr. L. E. Holt regards naphthalin and the salts of salicylic acid as the most valuable antiseptics for the intestinal tract (reprint from the *N. Y. Med. Journal*).

——A valuable study is that by Dr. John J. Reese, of Philadelphia, on "Live Birth in its Medico-Legal Relations." It is printed by the Medical Jurisprudence Society of Philadelphia.

——A number of cases of poisoning from the eating of dried beef are reported in an article by Dr. R. Harvey Reed, of Mansfield, Ohio. They were apparently brought about by the presence of ptomaines.

——The subject of follicular amygdalitis is treated by Dr. A. Jacobi, of New York, in a reprint before us. It is written with his customary thoroughness of study.

——The local causes of vesical irritation in women are emphasized in a reprint by Dr. Virgil O. Hardon, of Atlanta, Ga. He very justly observes: "Many a patient has been dosed with buchu, cubebs, nitre, citrate of potash, and the like, for a supposed cystitis, when a simple examination would have revealed a fissure of the anus, a stricture of the urethra, or a displacement of the womb, as the cause of all the trouble. If the possibility of such an origin of frequent micturition be borne in mind, one will not be apt to be led into error, for the differential diagnosis will be easy."

BOOK NOTICES.

Leçons sur les Maladies du Systeme Nerveux. Par J. M. Charcot, Professeur, etc., Paris. A. Delahaye et Cie, 1887.

The name of the distinguished Professor at the Salpetriere is familiar to medical readers the world over, and the admirable lectures which are contained in this work are well calculated to increase his renown. They are well reported by different hands, and cover a great variety of topics. To illustrate their scope, we quote the titles of some of them:

"On Muscular Atrophy following Certain Articular Lesions."

"The Hysteria of Young Boys."

"Special Affection following Injury of the Sciatic Nerve."

"The Different Forms of Aphasia."

"Rhythmic Chorea and Choreiform Movements."

"The Relations of Spiritualism to Hysteria."

"Six Cases of Hysteria in Adult Males."

"Hysterical Deafness in Men."

"On the Muscular Sense and Voluntary Motion."

"On Muscular Atrophy in Hysterical Palsies."

It will be seen that such subjects as these, treated by the master alienist of the age, are eminently attractive reading. The work is illustrated by numerous wood-cuts, and is neatly printed.

A Compend of Obstetrics. By Henry G. Landis, A. M., M. D., etc. Third edition. Pp. 113. Illustrated. P. Blakiston, Son & Co., 1884.

The "Quiz-Compends," issued by the Blakistons, have proved of much utility to medical students, and are generally well prepared. The one before us by Dr. Landis, on Obstetrics, is an excellent summary, arranged in the form of question and answer, and fairly merits its popularity.

A Compend of Electricity and its Medical and Surgical Uses. By C. F. Mason, M. D., with an Introduction by C. H. May, M. D. Pp. 108. Illustrated. P. Blakiston, Son & Co., Philadelphia, 1887. Price, $1.00.

The author has aimed to present in this small volume a clear, short, and comprehensive view of medical electricity, suitable to the needs of the medical student. He may be considered to have accomplished his task in a satisfactory manner.

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POLYURIA AND DISEASES OF THE BRAIN.

In traumatic affections of the skull, the prolonged pressure of polyuria has always been looked upon as a symptom indicating the existence of some morbid condition of the brain. To determine, if possible, the exact seat of the lesion, Dr. O. Kahler (*Prager Ztsch. f. Heilkunde* vii., p. 106.) has made a series of studies.

From 25 cases of polyuria after injuries reported in literature, and from 21 of the same where the symptom accompanied diseases of the encephalon not caused by a trauma, and from two cases (one of each kind) of his own, he draws the conclusion that polyuria always indicates some affection of the parts of the brain situated in or near the posterior fossæ, the cerebellum, pons, and medulla oblongata, but that the material on hand does not permit a more exact localization.

He then experimented on numerous rabbits, and he found the same, viz., that a change in the urinary secretion results from lesions of the medulla oblongata, the pons and the cerebellum, but that the vermiform appendix has no special connection with a morbid alteration in the functions of the kidneys. Polyuria was caused most frequently when the lateral parts of the posterior end of the pons and the adjoining portions of the medulla oblongata were injured. It is a symptom showing an irritation of the cerebral parts concerned, but it is never only a functional disturbance. Polyuria, especially if not permanent, might, therefore, indicate a passing hyperæmia, or an otherwise transiently irritated state of the portions of brain-tissue mentioned, but if continuous and not amenable to treatment, the same symptom would be an evidence of some organic lesion of the same cerebral parts. This theory is confirmed by the empirical observation, that ergot is the only remedy which has thus far resulted in a cure of polyuria. This drug was first tried in a case of that kind by Prof. Da Costa, where it was successful. Since then many similar observations have been recorded in medical literature. Ergot, as well known, causes a contraction of the capillaries and, therefore, a diminished blood supply mainly in regions specially rich in capillaries, as the brain and spinal cord. A transient hyperæmia will thus be relieved, and the polyuria, when due to the latter, disappear under the influence of ergot. But when the prolonged administration of this remedy does not diminish the flow of urine, the suspicion is warranted of an organic change in the parts mentioned of the brain being responsible for the polyuria. In such cases the symptom is of grave import, and usually predicts the fatal issue of the case. The fact that polyuria, if of long duration, occasionally ends in diabetes, sugar being added to the augmented urine, also is explained by the statements above made, for the morbid seat of polyuria in these cases is situated near to the floor of the fourth ventricle, and the morbid process might well extend to these parts, irritation of which in animals has always been followed by the appearance of sugar in the urine.

THE EFFECTS OF SEWER POISON.

The eminent Dr. W. S. Playfair, of London, recently delivered an address on defective sanitary household arrangements as a cause of puerperal disease.

It was devoted especially to the poisoning of lying-in women by sewer-gas. He justly states that this source of puerperal disease has received scarcely any attention at all, and is hardly alluded to in the text-books. But he brought forward a number of cases which can leave no doubt but that it is a frequent and serious cause of septic poisoning.

He also made the important suggestion that these poisons may be absorbed and remain latent in the system, and only show their malific influence after delivery. Instances of this kind were adduced, which must challenge the careful attention of all obstetricians.

The common use of stationary wash-stands, of bath-rooms and water-closets in the centre of the house, of a congeries of pipes connected with a foul well or common sewer—all these so-called "modern conveniences" are a standing menace to the health and life of women in parturition.

Doubtless the health of households would be better if all such were banished from the dwelling, and that, like our ancestors, we removed such necessities from our residences to the grounds adjacent.

* * *

NOTES AND COMMENTS.

Catalepsy in a Mother and Child.

Dr. Van Schoot discusses in a Dutch medical journal a case of convulsive seizures of a peculiar kind in a woman in the seventh month of pregnancy. When he first saw her she was motionless, her face being cyanotic, but her temperature, respiration, and pulse normal. She was quite unconscious, and the slightly dilated pupils did not react to light. The arms were flexed at right angles, requiring some force to move the forearms. By means of chloroform all the contracted muscles relaxed, and some hours' sleep was obtained. Afterwards she remembered nothing of the fit, but she stated that all movements of the fœtus seemed to have ceased, and no heart sounds could be detected. These attacks were repeated frequently for a fortnight, the urine being quite normal all the time. Large doses of bromide were given without effect, but some amelioration was produced by sulphate of atropine. Latterly the attacks were associated with considerable movements of the abdominal muscles. Some temporary benefit was obtained by subcutaneous injections of pilocarpine. At the conclusion of a fortnight from the first attack labor came on, a female child being born alive, which, however, died in a week's time, after repeated convulsions similar to those affecting the mother. The mother had no attack till the fifth day (the same day that the child's first attack occurred). After this there was only one more attack two days later, complete recovery ultimately taking place. The author, referring to the diagnosis, is disposed to exclude eclampsia, because, although there were clonic contractions of the abdominal muscles, the main spasm—indeed, at first the only kind of spasm—was tonic. The entire absence of albuminuria, too, tends to exclude eclampsia. Again, epilepsy may be excluded, as after the tonic no clonic spasms occurred, and as the limbs remained fixed in a certain position for one or two hours. He therefore considers that the attacks were of a cataleptic nature, both in the mother and child.

The Use and Abuse of Pessaries.

Dr. Fitzgerald read a paper on the use and abuse of pessaries before an English medical society, in which he said it was a matter of common sense that when a body, be it uterus, humerus, or intestine, was dislocated, it should be restored to its place as soon as possible. The case was, of course, different when an organ, such as the uterus, was bound down by inflammatory adhesions, and grave consequences had followed forcible attempts at replacement, and the routine use of pessaries in such cases. The normal position of the uterus was more or less one of anteversion; he was disposed to consider congenital retroflexion, or even retroversion, extremely rare. In cases of acute flexion, pessaries were not, as a rule, of much service. The causes which tended to push the uterus backward in women were very numerous. He considered it a mistake to keep women so long on their back after child-birth, as the heavy uterus was thereby allowed constantly to gravitate back into the hollow of the sacrum. The patient should be advised to sit up occasionally, and to lie alternately on her side and chest. He differed from those who regarded stenosis of the cervix as of no importance in producing dysmenorrhœa, for although this condition might not matter as long as the flow was fluid, yet it produced almost complete stoppage as soon as clots were formed, and uterine spasm or colic was the consequence. Dr. Fitzgerald then related several cases illustrating the relief often given by the replacement of a dislocated uterus.

Artificial Alimentation.

Dr. D. G. Hays, in an article on this subject in the *N. Y. Med. Jour.*, arrives at the following conclusions:

1. Many pathological processes arise from an improper dietary, and many others may be controlled by a proper dietary. There is a celebrated proposition by M. Broussais: "He who does not know how to manage the stomach will never know how to treat disease."

2. Mal-assimilation is a cause of disease. Peptones in the general circulation being poisons, when from any cause metabolism is interrupted, the system is prone to take on pathological conditions.

3. In pyrexia: *a.* The digestive juices, being less in quantity and impaired in quality, should be re-enforced by the artificial digestive ferments. *b.* The stomach is feeble in a muscular sense, and incapable of dealing with large quantities. Hence concentrated or predigested foods should be furnished it. *c.* The process is one of tissue destruction (histolytic). Hence we must furnish the materials for repair (histolysis). How and when to furnish these is still a disputed question. *d.* Feeding is not the cause of pyrexia, nor starvation its cure. Though the former augments it and the latter decreases it, we gain most by keeping up nutrition. *e.* The excess of urea excreted is not proof of nitrogenous waste in the blood.

An Experimental Research upon Rabies.

At the stated meeting of the Philadelphia Academy of Surgery, February 7, 1887, Dr. H. C. Ernst, of Boston, Mass., read an interesting paper on this subject, which embraced the following conclusions:

1. That there exists in the cords and brains of animals inoculated in Pasteur's laboratory a *specific virus* capable of the production of similar symptoms through a long series of animals.

2. That these symptoms are produced with absolute certainty when the method of inoculation is by trephining the skull and injection under the dura mater; with less certainty when the inoculation is by subcutaneous injection.

3. That the strength of this virus is lessened when the cords containing it are removed from the animals, and placed in a dry atmosphere at an even temperature.

4. That the symptoms produced by the inoculation of this virus only appear at a certain period of incubation, distinctly shorter when the inoculation has been done by trephining than when done by subcutaneous injection.

5. That injections of the virus modified in strength by drying, and in the manner prescribed by Pasteur, exert a very marked protective influence against an inoculation with virus of full strength.

6. That a very moderate degree of heat destroys the power of the virus entirely, whilst prolonged freezing does not injure it.

Right Hemianæsthesia of Cerebral Origin: Trephining.

The *Brit. Med. Jour.* of March 5 says:

A case of much interest is at present under the care of Professor Grainger Stewart in the Edinburgh Royal Infirmary. The patient, an elderly man, received an injury to the back of his head on the 1st of January last. The accident was not immediately followed by serious symptoms. Since then, however, he has complained of gradully advancing anæsthesia of the right side, especially of the arm and leg. On admission, the anæsthesia was precisely determined, and he was found to be suffering from double optic neuritis. During the last few days, signs of an advancing condition of torpor manifested themselves. Accompanying this, there was evidence of motor paralysis in the anæsthetic limbs. The temperature was subnormal. Professor Grainger Stewart concluded that the symptoms were due to pressure, either cortical or the result of cerebral abscess; and, as the symptoms were progressive, he requested Professor Annandale to operate. Accordingly, on February 22, Mr. Annandale trephined the frontal bone, immediately in front of the left anterior parietal angle. About two ounces of a dark-colored, grumous fluid escaped, and it was found that the finger could be passed freely beneath the dura mater into a large cavity, which separated the surface of the brain from the dural covering. The surface of the brain appeared healthy. The cavity was gently syringed. and the patient, so far, is doing well.

Death from Whitlow.

Dr. R. H. A. Hunter thus writes to the *Brit. Med. Jour.:*

W. P., aged 7, was brought to my consulting-room on the evening of October 6, 1886, suffering from a small whitlow on the ring-finger of his left hand. On examination, I found the whole left hand and forearm œdematous, and inflamed in patches. The temperature was 101°, the pulse 120, and the tongue was thickly coated. Having made an incision on either side of the distal phalanx down to the bone, and ordered linseed poultices with frequent warm water bathing, I prescribed a calomel and compound jalap powder, with a saline mixture containing small doses of aconite. On the 9th, the temperature and pulse became normal. The patient was then put upon quinine, steel, and port wine. On the 10th, the œdema of the hand and arm had disappeared, and the finger looked comparatively healthy. On the 11th, retching and vomiting set in, without any increase of either pulse or temperature, and continued unabated in spite of the use of such remedies as bismuth, cerium, hydrocyanic acid, opium, etc., until the morning of the 12th, when death took place from exhaustion, although beef-tea and port wine were frequently administered by enema. From first to last there was neither swelling nor tenderness of any part of the abdomen, and head-symptoms were entirely absent, the child being conscious to the last.

Arm and Shoulder Presentation; "Spontaneous Expulsion" (Douglas).

Dr. Penruddocke (*Brit. Med. Jour.*) was called, on December 12th, at 1 p. m., to see a Mrs. W., who was in labor with her second child. On arrival, he found the right arm of the fœtus already in the world, with the right shoulder firmly fixed against the arch of the pubes, and was informed by the nurse that it had been in this position for the last two hours, the liquor amnii having been discharged at 10 a. m. The pains had been regular and severe, but were becoming weaker; he therefore decided to turn, but found great difficulty in introducing his hand, the fœtus being so firmly fixed and low in the pelvis. He had nearly succeeded in reaching a foot, when the uterus commenced acting very forcibly, compelling him to withdraw his hand.

The pains continued, and the shoulder still remaining fixed beneath the pubes; the spine and body of the fœtus became flexed upon itself; the nates descended and swept over the perineum, being followed by the lower extremities. The other arm now came down, and the head was delivered as in cases of breech presentation. The child, a girl, appeared to have been dead some hours; it was quite mature, but thin, and the funis was twisted twice round its neck. The placenta followed immediately, and when he left the house, his patient was feeling very comfortable.

Inherited Phthisis.

Professor Firket (*Revue de Méd.*, January, 1887), writing upon the subject of heredity in tuberculosis, points out certain difficulties in the acceptance of the doctrine of direct transmission from parent to offspring. Such transmission may conceivably take place before conception, the tubercular bacilli being associated with the sperm or germ—a purely hypothetical idea—or through the medium of the placenta, and therefore solely by the maternal blood. He contends that there is not such positive proof of infection of the maternal blood, and thereby of transmission of disease to the fœtus in the case of tuberculosis, as there is in anthrax, or syphilis, or variola and other affections. Moreover, he shows that in ordinary phthisis fully one-half of the cases do not exhibit, in the presence of remote secondary lesions, evidence of blood infection. It is for the most part a local disease of the lung, and such secondary lesions as do occur may be explained in many cases apart from general blood contamination. How different, it may be said, from the old notion of phthisis! But the fact of the lung being the primary seat of tubercular disease in inherited cases (says the *Lancet*) is almost conclusive against the congenital theory; for if the fœtus were infected through the blood, the chances are that the lungs would not suffer more than any other organ.

The Cure of Boils by Injections.

Dr. Bidder described, at a recent meeting of the Berlin Medical Society, a new method of treating furuncles by parenchymatous injections of carbolic acid. If the boil is a small one, he gives one injection of a few drops of a solution of carbolic acid (2 per cent.); if it is of medium size, two injections are given, the half or the whole of a Pravaz-syringeful of the solution being used on each occasion. In the case of large furuncles, for example, half the size of a man's hand, Dr. Bidder injects at four different spots the contents of four Pravaz syringes half or wholly filled with a solution of 2 per cent. of carbolic acid. These injections are given only once. This treatment is strikingly successful. There is some smarting at the seat of injection at first, but the pain soon disappears, and the next day there is a marked improvement in the patient's condition. The inflammatory swelling subsides very quickly, and in eight or ten days even the largest furuncle is dispersed. By this plan no unsightly scars are left, a circumstance which in many cases is of considerable importance. The success of the treatment is probably to be accounted for by the fact that either the microbes which cause the disease are killed, or the medium in which they flourish is destroyed.

Penetrating Abdominal Wound.

At a meeting of the Lucerne Medical Society, Drs. Steigers (senior and junior) showed a man who, in a brawl, had been stabbed in the hepatic region with a jack-knife. From the wound, which measured eight centimetres in length, there protruded four intestinal loops about eight or ten feet long, and perforated in seven places. Having sewn up the holes, the authors enlarged the abdominal wound, and returned the bowels through it, closing it afterwards with an *étage* suture. The operation lasted two and a half hours, and was performed under the internal administration of tincture of opium (140 minims), chloroform being contra-indicated by the extreme prostration of the patient. The temperature never rose above 38.2° C. For the first four days the patient was allowed neither food nor drink; on the fifth day, 150 grammes of water and the yolk of two eggs were given. The bowels were opened with an enema on the eighth day, and, on the tenth day the patient was allowed to get up.

Physical and Chemical Properties of Antipyrin.

Professor V. A. Tikhomïroff, of Moscow, says (*Proceedings of the Moscow Physico-Medical Society*, Nos. 5 and 6, 1886,) that a pure preparation of antipyrin is rapidly and completely dissolved in water, the solution having a neutral reaction. The most characteristic reaction of the drug is that a very weak, slightly yellowish, solution of perchloride of iron becomes dark reddish-brown in color when a small quantity of antipyrin is added to it. On the subsequent addition of a drop of sulphuric acid, the mixture becomes completely discolored. Another characteristic property of the drug is that, on mixing a watery solution of it with an excess of nitrous acid (or, rather, with a mixture of KNO_2 and HCl), a green precipitate, bearing the name of "iso-nitroso-antipyrin," appears, and forms spherical masses, which, as seen under the microscope, closely resemble colonies of yeast-fungi (*saccharo-myces cerevisiæ*). This appearance is produced by the aggregation of extremely minute crystals, having a double refraction. The precipitate is soluble in caustic alkalies and ammonia, the solution being of a greenish-yellow color.

Extirpation of the Spleen.

At the recent congress of Russian medical practitioners, Dr. A. G. Podrez, privat-docent in Kharkoff, read a paper on extirpation of spleen, including the notes of a case in which he himself had recently performed this operation. The patient was a woman with ague-cake, associated with ascites and extreme cachexia. The operation was performed on the 22d of November last; the patient subsequently went on well, being able to get up on December 10. The weight increased and the ascites disappeared. On the 16th, however, she had a rigor, and the urine contained a large quantity of albumen and hyaline casts. Death occurred on the 27th, and was due, as shown by the necropsy, to diffuse parenchymatous nephritis. The total number of cases of extirpation of the spleen collected by Dr. Podrez (including his own) is forty-two. Of these one was performed in 1549 by Saccharelli, and one in 1711. The rest all belong to the present century. If his own case is reckoned as a recovery, the mortality is 73 per cent.; if otherwise, the mortality is 76.

Endoscopy of the Male Bladder.

Dr. Nitze recently exhibited his electric apparatus for the examination of the male bladder to the members of the Berlin Medical Society. This endoscope is not altogether new, but it has lately been so much improved that a short account of it may not be out of place. Endoscopic exploration is often useful in leading to the discovery of small stones or tumors, and in revealing the cause of the bleeding in certain obscure cases of hæmaturia. Sir H. Thompson's perineal incision does not always allow of a satisfactory examination being made with the finger, while Guyon's "high operation" is dangerous, as compared with the mere introduction of a tube by the natural passage. Dr. von Bergmann related a case of vesical tumor on which he had operated after examination with Nitze's "cystoscope," and dwelt on the advantage, in a procedure of such gravity as opening the bladder, of being perfectly acquainted with the exact site and size of the tumor.

Tracheotomy in Diphtheria.

After discussing the time at which this operation should be resorted to, in the *Brit. Med. Jour.*, March 5, Dr. W. Watson Cheyne thus concludes: "It will be evident that the object of this paper is not to recommend the application of any particular antiseptic substance in this disease, but to raise the question of the indications for performing tracheotomy in diphtheria. And I believe more lives will be saved by opening the trachea early, as soon as the larynx is evidently attacked, and by attempting to prevent the spread of the membrane downwards than by delaying the operation till symptoms of obstruction are marked. The probable advantages, I think, more than counterbalance the possible dangers, for, apart from the advantages generally admitted to attend early tracheotomy, there is the further advantage that there is a possibility of arresting the spread of the disease, and also of applying medicaments to the larynx."

Multiple Neuritis after Diphtheria.

Dr. Campbell Pope presents notes of a case under this title in the *Brit. Med. Jour.* A young man was admitted into the Queen's Hospital, Birmingham, three months ago, with almost complete paralysis, which had commenced in the legs, and later on had affected the forearms. Ten weeks previously he had had a sore throat. His sister, living in the same house died of diphtheria, and his larynx was anæsthetic on admission. There were well marked dropping of the hands and feet, emaciation, marked tenderness in the calf muscles and along the nerve trunks. He suffered from shooting pains before admission. A prick of a pin caused two sensations, touch being first perceived, and pain after. The reaction of degeneration was present in the extensor muscles of the legs and forearms. He was now improving gradually, taking 40 minims of the liquor strychniæ three times daily, and being galvanized and rubbed.

The Curability of Cancer by Operation.

In a paper on this subject published in the *Medical Record*, Dr. George F. Shrady arrives at the following conclusions:

1. Cancer is essentially a local disease, and can be cured by operation in spite of recurrence.
2. Operation, when it does not cure, prolongs life and diminishes the total amount of suffering.
3. Operations should be repeated as often as there is any chance of entirely removing recurrent growths.
4. The earlier and the more thoroughly the operation is performed the better.
5. The disease, when it recurs, is generally of a milder type than that of the original growth, less painful and less exhausting.
6. Antiseptic surgery makes more radical operations possible, with better ultimate results than formerly obtained.

Antiseptic Collodion.

The *Journal de Médecine* of December 26 contains an account of a new kind of "collodion," which is antiseptic and promotes cicatrization. It does not cause inflammation, and may be substituted for collodion made from gun-cotton, in the treatment of wounds and bruises. Like traumaticine, it is efficacious in relieving neuralgic pains, and acute or chronic rheumatism. The affected parts should be sponged with it every twenty-four hours, and in serious cases every six hours. If strips of linen or silk be soaked in this collodion, an excellent sticking plaster is obtained, which quite equals English court-plaster. The following is the formula: Mastic in globules, 3 grammes; balsam of Peru, 1 gramme; narcotine, 1 gramme. Each ingredient should be ground separately, and 5 grammes of chloroform added thereto.

Gunshot Wound of Vertebræ.

Before an English Medical Society, Mr. J. T. J. Morrison showed a man, aged 25, who nine weeks ago shot himself in the mouth, discharging a No. 7 conical Eley bullet from an ordinary revolver. On admission there was some shock, but no loss of consciousness. The tongue and palate were blackened with powder; the soft palate presented a round perforation, through which the tip of the finger could feel an opening in the bony wall of the pharynx. A probe passed through this aperture, traversed a canal in the bone about an inch in length, and impinged on a hard substance at the bottom. There were no signs of spinal concussion or hemorrhage. No attempt was made to extract the bullet. The patient was now in excellent health, the hole in the vertebral column having closed, and its place being indicated only by a slight elevation.

An Example of Abortive Treatment.

Dr. C. R. Illingsworth thus concludes a paper in the *Med. Press:*

"To give examples of abortive treatment by germicidal remedies, I might mention that of scarlet fever and diphtheria, where, by the administration of the biniodide of mercury every two hours, in solution of potassic iodide, those germs which have found an entrance to the circulation, and whose presence there is indicated by the scarlatinal rash and enlarged cervical and submaxillary glands, are rapidly followed and destroyed, with the grand result of rapid restoration to health, and the prevention of those fearful sequelæ to which multltudes have fallen victims."

Tuberculosis of Pharynx.

To the Medical Society of London, Mr. Lennox Browne showed a young woman, aged 20, married, and the mother of three children, who was the subject of tuberculosis of the fauces and pharynx, extending to the posterior wall of the larynx, and slightly involving the right arytenoid cartilage. The lung showed only incipient phthisis, but tubercle bacilli were plentiful at the seat of ulceration. The patient had been unable to swallow, but the dysphagia was cured by scraping the diseased surface, previously anæsthetized by cocaine, and then applying the solutions of lactic acid (20, 40, and 60 per cent.) to it daily for three weeks. This plan had been recommended by Krause, of Berlin.

Antifebrin in the Royal Infirmary. Edinburgh.

Antifebrin has now been used for several months in the Royal Infirmary, Edinburgh. It was introduced by Professor Grainger Stewart shortly after the first account of its properties was published, and since then it has been used largely in more than one ward. The antipyretic qualtities of the acetanilide have been most thoroughly tested, and it now occupies a high place among the febrifuge resources of the Infirmary. More especially it has been proved superior to antipyrin, kairin, and thallin, in its freedom from accompanying disadvantages, such as the production of vomiting, rigors, and other discomfort, at the various stages of its action.

Trephining for Supposed Abscess of Brain.

Mr. James Black relates in the *Brit. Med. Jour.* the case of a young man who had had symptoms pointing to abscess connected with disease of the ear. Puncture of the mastoid cells having failed to relieve him, the skull was trephined one inch and a quarter above and behind the external auditory meatus, and the brain explored for the abscess. The wound was subsequently reopened, and further search made with a trocar and canula, but with no better result. In spite of severe constitutional symptoms, the wound healed well with the exception of a small sinus, and the patient ultimately made a good recovery.

Chronic Cocaine Poisoning.

Dr. Buebler, of Lucerne, describes (*Brit. Med. Jour.*) two cases of chronic cocaine poisoning. The patients were a man and his wife, who had formerly been morphinists, and who took to cocaine by way of antidote. They gradually reached a daily hypodermic dose of the latter equal to 2 or 2.5 grammes. The prominent symptoms were incoherence of ideas and optical delusions. They saw everywhere (on their hands, beds, walls, etc.,) small spots, worms, and the like, presenting incessant movements and changes in form. Absolute discontinuance of the drug was followed by complete recovery.

Calculus as the Cause of Peritpyhlitis.

A Swedish surgeon, Dr. Sigurd Lovén, has published the notes of a case of perityphlitis, followed by a tumor in the ileocæcal region, and abscesses opening over the coccyx through the abdominal walls and rectal walls. Ultimately a calculus was passed through the abdominal wound, weighing 79 centigrammes, and measuring 2.5 centimetres by 1.3 centimetres. It was composed of alkaline phosphate of lime. Dr. Lovén believes this had existed for a considerable period, and that its situation had been in the vermiform appendix.

A Pleasant Vehicle for Cod-Liver Oil.

The following formula, as given by "Heder" in the *Chemist and Druggist*, is said to give a delicious emulsion:

Yolks of two eggs.	
Powdered sugar,	4 ounces.
Oil of bitter almonds,	2 drops.
Orange flower water,	2 ounces.

Mix carefully, and add to this gradually an equal bulk of cod-liver oil.

A Hint in Dilatation of the Œsophagus.

In dilating strictures in the upper portion of the œsophagus, Dr. J. Solis-Cohen finds the passage of instruments much facilitated by forcibly drawing the larynx and trachea forward between the thumb and fingers of the disengaged hand, at the moment that the obstruction is reached by the dilating instrument.

"Rough on Rats."

It may be well to bear in mind, says Professor Bartholow, that the popular poison "Rough on Rats" owes its efficacy to phosphorus. Being an oily or fatty preparation, when taken into the stomach its action as a poison is very rapid.

NEWS AND MISCELLANY.

American Medical Association.

The thirty-eighth annual session will be held in Chicago, Ill., on Tuesday, Wednesday, Thursday, and Friday, June 7, 8, 9, and 10, commencing on Tuesday, at 11 a. m.

"The delegates shall receive their appointment from permanently organized State medical societies, and such county and district medical societies *as are recognized by representation in their respective State societies*, and from the Medical Department of the Army and Navy, and the Marine Hospital Service of the United States.

"Each State, county, and district medical society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: *Provided*, however, that the number of delegates for any particular State, territory, county, city, or town, shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association."

Secretaries of medical societies are requested to forward, *at once*, lists of their delegates.

Also, that the Permanent Secretary may be enabled to erase from the roll the names of those who have forfeited their membership, the Secretaries *are, by special resolution*, requested to send to him, annually, a corrected list of the membership of their respective societies.

SECTIONS.

"The chairmen of the several sections shall prepare and read, in the general sessions of the Association, papers on the advances and discoveries of the past year in the branches of science included in their respective sections. * * * *."—*By-Laws*, Art. II., Sec. 4.

Practice of Medicine, Materia Medica, and Physiology.—Dr. J. S. Lynch, Baltimore, Md., Chairman; Dr. J. B. Marvin, Louisville, Ky., Secretary.

Obstetrics and Diseases of Women and Children.—Dr. F. M. Johnson, Kansas City, Iowa, Chairman; Dr. W. W. Jaggard, Chicago, Ill., Secretary.

Surgery and Anatomy.—Dr. H. H. Mudd, St. Louis, Mo., Chairman; Dr. A. M. Pollock, Pittsburgh, Pa., Secretary.

State Medicine.—Dr. Geo. H. Rohe, Baltimore, Md., Chairman; Dr. Walter Wyman, U. S. Marine Hospital, New York, Secretary.

Ophthalmology, Otology, and Laryngology.—Dr. X. C. Scott, Cleveland, Ohio, Chairman; Dr. J. H. Thompson, Kansas City, Mo., Secretary.

Diseases of Children.—Dr. DeLaskie Miller, Chicago, Ill., Chairman; Dr. W. B. Lawrence, Batesville, Ark., Secretary.

Oral and Dental Surgery.—Dr. John S. Marshall, Chicago, Ill., Chairman: Dr. A. E. Baldwin, Chicago, Ill., Secretary.

Medical Jurisprudence.—Dr. I. N. Quimby, Jersey City, N. J., Chairman; Dr. H. H. Kimball, Minneapolis, Minn., Secretary.

A member desiring to read a paper before a Section should forward the paper, or its *title* and *length* (not to exceed twenty minutes in reading), to the Chairman of the Committee of Arrangements at least one month before the meeting.—*By-Laws.*

Committee of Arrangements.—Dr. Charles Gilman Smith, Chicago, Ill., Chairman.

Amendment to By-Laws.—Create a new Section, to be known as the Section on Dermatology and Venereal Diseases.

As it is required to issue the programme at least one month before the session of this body, all who desire to read papers at the session to be held at Bedford, June 29, should *at once* forward the title and a brief abstract of the same to W. S. H. Gump, Chairman Committee of Arrangements.

Wm. B. Atkinson,
Permanent Secretary.

A Colony of Lepers.

The Hawaiian letter in *Boston Bulletin* says:

"Touching at Molokai we were afforded an opportunity for inspecting the leper colony established there. Many of these unfortunates were found to be in the last stages of the disease. The sight of these poor creatures would serve to excite the curiosity of only the most morbid nature. Their cheerfulness, even when rendered incapable of locomotion by the ravages of the disease, is somewhat remarkable, while their number include many Europeans, the Chinese being by far in excess of all other nations.

"The disease is said to be rather constituent in character than the result of cutaneous inoculation, as might be erroneously supposed. Science, however, has not been enabled to do much toward relieving the sufferings of these people, although their wants appeared to be generously provided for through the liberality of the government and that of foreign residents. The disease is contagious, while the hopeless misery of many of its victims in Hawaii would justly excite the pity of any beholder. One feature of the disease is the fact that there are many persons now living at Molokai who for years prior to their arrival there as patients had been living in various parts of the kingdom in utter ignorance of the appalling fact that leprosy was insidiously attacking the system.

"One instance in point was that of an aged Catholic priest, who discovered his deplorable condition only after an accidental breaking of a lighted lamp. It followed in his case that while removing some of the hot fragments in his effort to prevent any further damage, he found that he had lost the sense of feeling in his right hand. Instantly divining that he was afflicted with the dread malady, he heroically sought refuge among others at the leper settlement on Molokai, where I believe he died several years since."

Scenes and Lessons of the Earthquake.

The *Brit. Med. Jour.* says:

The graphic accounts which refugees from the Riviera have brought to London of the scenes at Nice and Monte Carlo during the earthquake gave a vivid impression of the gruesome terror of the situation, and the tendency which all such panics have to bring out the brute element in man. *Sauve qui peut* was the prevailing sentiment; and "the devil take the hindmost" was only in too many cases the corollary which the impulse of panic added. The scenes to be witnessed were made up pretty equally of the painful, the disgusting, and the ludicrous. Such a stampede of respectable and distinguished half-naked fugitives of all ranks has not been witnessed in our time. Fear and a selfish impulse of self-preservation appear in too many instances to have been the ruling sentiments; but happily also some of the higher traits of character were shown, and amidst stories of the most brutal selfishness and unreasoning panic it is a relief to hear of a few Englishmen who spent their whole time in calming the fears, aiding the immediate necessities, and relieving the distresses of the women and children. It is painful to be told that the first train from Monte Carlo was wholly filled with men, carrying only one lady, and for her a seat was secured only by her husband, who knocked down some forcibly intruding claimants and defended by main force the seat which he secured for his wife. The invalids appear to have suffered much from the cold, and in some phthisical cases hæmoptysis occurred. The sad story of after-suffering remains to be told; meantime, the visitors have reason for congratulation that they have emerged from so terrible a situation with so little injury. It will be long before the Riviera will altogether recover from the shock to confidence which this disaster has given. In the reconstruction which must necessarily follow, it is to be hoped that scientific attention will be given to the system of drainage. In many places, it is stated, the drains and water-supplies will need to be partially reconstructed, and it is to be hoped that a better system will be adopted than that which at present exists.

A Physician's Disappearance.

A dispatch from Clifton Springs, N. Y., March 12, says:

"Dr. James McGammon, one of the physicians at Dr. Henry Foster's Sanitarium here, has disappeared in a very unaccountable way. He took a train for Rochester to see a sick friend, but inquiries show that the friend was not sick, nor had he seen the doctor. Dr. Gault, chief physician at the Sanitarium, received a letter from him last Sunday stating that he was then down the bay on his way to Europe, and that he would write his wife immediately on his arrival in London. Inquiries in New York show that Dr. McGammon's name was not on the register of any outgoing steamer.

"The doctor was young, of unquestioned truthfulness and integrity, cheerful, bright, kind, sympathetic, and beloved by the faculty, help, patients, and villagers. He was a leading member of the Young Men's Christian Association, and never drank a drop of liquor in his life. It is believed that he has been suddenly stricken with insanity."

Cholera in South America.

The *Press* editorially says that cholera at the last advices from South America was waning, and it is to be hoped that our comparatively limited commerce with the Eastern coast of the continent is not to be hampered by quarantine precautions unless they absolutely necessary. The disease appeared last autumn on the west coast of South America, and Chili quarantined against it, the California State Board of Health also considering precautions necessary. It has not traveled far to the North, but taking, as might be expected, a course the reverse of that which it follows in the Northern Hemisphere, passed southward, and in spite of the precautions of Chili has followed the currents of trade across the South American continent. Mendoza and Tucuman, in the interior of the Argentine Confederation, have suffered severely, but the quarantine of the States has checked its progress, and at points like San Luis, midway between Chili and Buenos Ayres, its ravages have been few. Business at Buenos Ayres has revived as the fears of an attack have lessened and unusual prosperity has attended the opening of the year.

A Young Epicure.

A Boston lady, whose sister lives in Georgia, and whose mansion there is overrun, like every other big Southern residence, with black servants, receives frequently from her odd stories of these always funny people. Her stout colored cook, a charmingly loquacious person, has two small boys, who serve as errand bearers and personal servants to the lady of the house. One of these boys, whose name is Ivy, has a devouring passion for molasses, and not only decorates his countenance with it on all possible occasions, but cannot possibly eat his food without it. One day lately Ivy was served with some bread and honey at his lunch in the kitchen, and promptly called for molasses. "Land sakes!" said his mother; "fo' to put on de bread 'n' honey?" "Sartin', mammy." "Lan' ob de livin ! ef dat boy Ivy had de Angel Gabr'el sarved up on de table, he's ask right off fo' de 'lasses to put on him!"

The International Medical Congress.

J. J. Chisolm, M. D., of Baltimore, Md., has been appointed President of the Section of Ophthalmology of the Ninth International Medical Congress, in the place of Dr. E. Williams, who was compelled to resign on account of ill health. Judson B. Andrews, M. D., Superintendent of the Hospital for the Insane, Buffalo, N. Y., has been appointed to the office of President of the Section of Psychological Medicine and Nervous Diseases, made vacant by the recent death of Dr. John P. Gray. These are excellent appointments, both parties being widely known and eminently well qualified for the respective positions assigned to them. No vacancies now remain in the list of chief officers of the preliminary organization of the Congress or of its Sections; and our information from all departments is of the most encouraging character.

Detection of Blood-Spots on Iron.

Dr. Dannenberg contributes some valuable data on detection of blood-spots on iron. Blood is easily proven on ordinary surfaces by means of the crystal of haemine, but when blood-spots on rusty iron are to be examined their detection is not so simple a matter, as the iron-rust seems to form a combination with it. Dr. Dannenberg, however, states that if a few drops of a 10 per cent. solution of caustic potash be placed on the spot, and thus loosened, the rust scraped off and treated with ammonium sulphide and water, and then handled according to the usual method, elegant extended rhombic crystals will be formed. He considers these as conclusive proof, and names them "Haemidin" crystals.

Official Representatives to the Ninth International Medical Congress.

It was announced several weeks since that Dr. Leopold Servais, of Antwerp, had been appointed by the Belgian Government as representative to the Congress at Washington. More recently we learn that Deputy Surgeon-General Jeffrey A. Marsten, M. D., of the British Army, has been designated a representative by his Government, and the Government of France, through the Academy of Medicine, has designated as representatives Drs. Charpentier, Dujardin-Beaumetz, Léon Le Fort, Trélat, and Vallin. From all directions, at home and abroad, the indications of a very large and interesting Congress are of the most gratifying character.

The Ear as a Criterion of Character.

According to the *Boston Medical and Surgical Journal*, the ear affords a better criterion in estimating human character than any of the other features. An ear without well defined elevations and depressions indicates selfishness and want of delicacy of perception ; the possessor of a thick, well-shaped, highly-tinted ear, set well forward, is usually ungrateful, grasping, and lacking in depth of feelings ; a thin ear indicates keen susceptibilities ; a projecting ear, alertness ; a broad ear is more coarsely practical. The perfect ear lies close to the head, is gracefully rounded with pretty curves, strong lines, and firm, delicately tinted cartilage.

A Simple Test for Butter.

There is a qualitative test for butter so simple that any housewife can put it into successful practice (*Scientific American*). A clean piece of white paper is smeared with a little of the suspected butter. The paper is then rolled up and set on fire. If the butter is pure, the smell of the burning paper is rather pleasant, but the odor is distinctly tallowy if the butter is made up wholly or in part of animal fat.

The International Medical Congress.

The item appropriating $50,000 for the Congress was placed in the Sundry Civil Appropriation Bill, and was therefore, we presume, passed. If so, this sum will be a great help in promoting the success of the Congress. Several steamship lines have reduced rates to $80, $90, and $100 for the round trip across the Atlantic.

Mr. Beecher on the Act of Dying.

Mr. Beecher was once asked by one of his myriad of correspondents: "How shall I feel when I come to die?" The great preacher replied, characteristically: "You will probably feel stupid," referring to the kindly provision of nature in benumbing the faculties when putting her children to their last sleep.

Personals.

—Dr. William Goodell resigned recently the post of Physician-in-Charge of the Preston Retreat, which he has held for twenty-two years. Dr. Joseph Price was elected as his successor.

—The late Rev. Henry Ward Beecher's body was placed in a vault in Greenwood Cemetery. The services were quiet. The dead preacher's will bequeathes his estate to his family.

—Dr. William A. Hammond will open the April *Popular Science Monthly* with an article entitled "Brain Forcing in Childhood." The paper gives a picture of the evils of the book-cramming process, and contains a plea for fewer studies, more direct contact with nature, and less of the intervention of books.

—Dr. Leeds, of Lincoln, Ill., offered $5 to the Ladies' Missionary Society if twenty or more young ladies would sit together two hours without speaking. Twenty-six won the money, in spite of efforts to make them talk.

Items.

—Senor Don Dr. Rodolfo del Castillo and several other practitionors in Cordova, are forming a local Spanish society of Hygiene.

—"Physician, heal thyself," jocularly said a rich man to the doctor as he came into his office. "Thanks; that is what I propose to do," replied the doctor, presenting a bill for $200. He went out well heeled.

—M. Courbarien, intern of the maternity department of La Charité, Paris, died recently from typhoid fever at the early age of twenty-eight years. He was a man of much promise, and was highly esteemed, as evidenced by the testimony given by Dr. Budin, in his speech on the occasion of the funeral.

—Mr. J. S. Morgan, the well-known American banker in London, has promised the munificent sum of $50,000 in aid of the funds of Guy's Hospital, on condition that the $500,000 required to put the institution into a state of thorough efficiency be secured by May 1.

—A case of myxœdema was exhibited at the Berlin Medical Society by Professor Senator on February 9. He remarked that this was only the second case observed in Berlin, the other having been reported by Dr. Riess at the end of last year. Together with two cases described by Professor Erb, of Heidelberg, this case made the fourth reported in Germany.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE USE OF HYDROBROMIC ACID AS A REMEDIAL AGENT.

BY J. M. ANDERS, M. D., PH. D.,
Of Philadelphia.

During the past five years the writer has been well nigh daily prescribing ac. hydrobromici dil. in a variety of affections, but chiefly in complaints calling for a neural sedative, with varying, though upon the whole, gratifying success.

Though this substance was discovered as early as 1826, by Ballard, it was first employed as a medicinal agent in 1875 by Wade, of Detroit, and was investigated by experiments upon lower animals so recently as 1881, by Dr. Reichert. According to the results obtained by the latter observer, the physiological effects of this drug are quite similar to those of the bromide of potassium, though they are more transient than the latter. "It was found to depress the reflex functions of the spinal cord, but its effects upon the brain were not observed." Already prior to the date of the experiments by Reichert, clinical experience had established the fact that this agent is very useful as a substitute for the bromides of sodium, ammonium, and potassium. There are, however, certain conditions in which this acid is more beneficial, and others in which it is less so, than the bromides. It has been especially recommended to prevent the headache, tinnitus aurium, and other disorders occasionally following the use of large doses of the sulphate of quinia. Now, my own experience, as well as that of Hammond and others, develops the fact that so far from being better adapted than the bromides to obviate these unpleasant symptoms, it is really less efficacious than they.

The chief condition in which the hydrobromic acid and the bromides are about equally serviceable, or, in other words, the conditions in which it forms an excellent substitute for the bromides are, according to my own conclusions, which are based on several trials of the drug in every complaint, to be enumerated, as follows: whooping-cough, neuralgia, troublesome coughs occasioned by laryngeal or bronchial irritation, and cerebral hyperæmia. As the result of a half dozen trials of this remedy in cases of functional irregularity of the action of the heart associated with an excited state of the general nervous system, it was found to be less serviceable than the bromides of sodium and potassium, which were employed in a series of a dozen cases of the same character.

I have acted upon the suggestion by Fothergill (MED. AND SURG. REPORTER, vol. xxxv., p. 317), viz., to prescribe it in combination with quinia in heart troubles such as above outlined, and found it to yield truly admirable results. During the last twelve months, I have chosen from among the frequent examples of organic heart disease coming under notice, a number of those in which the valvular lesions were connected with irregular cardiac contractions, and have exhibited to them this drug in combination with digitalis, arsenic, and iron, with really striking results. Under these conditions the drug appears to exert a tonic effect upon the cardiac muscle, and to bring about more regular contractions. As a substitute for the bromides, this acid may also be recommended in ovarian excitement and vesical irritation, when the latter is not due to excessive acidity of the urine. In a series of six cases of ovarian sensitiveness occurring in hysterical young females, two were promptly relieved by it, the remaining four only partially. My notes furnish the details of a case which appeared in a lady nearing the change of life.

Frequent desire to micturate was the most distressing symptom; urine contained no pus. An uterine examination revealed only a somewhat congested condition of the pelvic organs. She was practically cured within a fortnight by ac. hydrobromic dil. in doses of half a drachm given four times daily, and this after the bromides had failed of relieving her. From my experience with the drug in this and other cases of the same sort, I am inclined to believe that this acid is especially adapted to the treatment of excitability of the bladder or ovaries where associated with decided vascular congestion of these organs. Among the affections in whose treatment this drug possesses virtues surpassing those of its alkaline salts, are to be particularly mentioned, neurasthenia and post-hemiplegic spastic contractions of certain groups of muscles.

In two cases of neurasthenia of the sort so ably described by Prof. H. C. Wood (*Pepper's System of Medicine*, vol. v., page 354), excited, in one instance, by prolonged and strenuous application to business pursuits, and neither preceded by nor associated with any other discoverable disease; in the other excited by the presence of bleeding piles, lasting eight years, which latter condition is now rarely manifested. Both suffered at first from attacks of vertigo connected with temporary cerebral hyperæmia followed by apparent destruction of muscular strength. One of these subjects became, for a time, disinclined to maintain his reputation as an active business man; the other exhibited marked vaso-motor disturbances. But enough of the symptoms present have been related to show that both cases were typical instances of neurasthenia. For both patients, I had prescribed alternately the bromides of sodium and potassium, and also a pill composed of iron, quinia, and arsenic. As a result of this treatment, the attacks of vertigo became somewhat less frequent and less severe; but there was observed soon to be an increased prostration of nervous and muscular strength.

While reflecting upon my apparent dilemma, it occurred to me to replace the bromides with hydrobromic acid, which was done. The acid was found to be endowed with all of the favorable influences of the bromides, and not with any of their weakening effects upon the muscular system, which now seemed to improve in strength, an effect that was greatly to be desired. This plan was continued for two months, and at the end of this time a practical cure was obtained. It should be noted that an essential part of the treatment consisted in lessening the daily working hours and enjoining moderate exercise in the open air.

My experience with this drug in spastic contractions of certain groups of muscles in post-hemiplegia is limited to a single case. The patient, a male, aged 68 years, first applied to me in July, 1886, giving the following previous history: From his boyhood days up to the summer of 1884, he had always enjoyed good health; at that period, or two days before the date of his first visit, he had an attack of apoplexy, causing almost complete paralysis of the right side of the body. About six months later, after having sufficiently recovered to be enabled to walk without difficutly, he began to be seized with convulsive movements of the affected arm, the contractions commencing in the flexor muscles of the thumb, extending up the arm to the shoulder, and usually affecting the pectoral muscles of the same side. His attacks increased in violence, becoming soon quite painful. When I first saw him he had but little functional use of the right arm, but almost full use of the right leg. At this time the seizures occurred once daily.

I began the treatment of his case by giving the bromide of potassium (gr. xx. t. d.), and while this had the favorable effect to lessen the frequency and severity of the attacks, it also had the still more unfavorable effect to enfeeble muscular strength on the affected side, causing the foot actually to drag. Having pursued this method of treatment for one month, with the unhappy results before stated, I decided to use the hydrobromic acid. This measure had the immediate effect not only to control effectually the convulsive attacks, but also to allow of a return of the muscular strength to the point at which it was prior to the use of the bromide. While in this state of marked improvement, he contracted a case of diarrhœa, which an over-zealous friend undertook to treat by giving freely of a mixture containing opium. He at once became very drowsy, which state in the course of twelve hours was followed by apoplexy, and this at the end of another week proved fatal. The question here arises, what is the explanation of the difference between the results from the use of this acid and the bromides?

Squibb has pointed out the fact that bromide of potassium given for a long time weakens the muscular tissue, and sometimes produces other changes through undue alkalinity of the blood and secretions. (*Transactions* N. Y. State Med. Society.)

Since hydrobromic acid, not being associated with an alkaline base, is incapable of producing prostration of muscular strength, and since it has proved its virtues to be in some other respects even superior to the bromides in neurasthenia and post-hemiplegic conditions, the advisability of employing it in exchange for the bromides in these ailments is, to my thinking, free from all doubt. As has been the experience of other observers, so the writer has found this acid to be more highly serviceable than the bromides in gastric irritability.

Concerning the value of this drug as a remedy in the management of epilepsy, the opinions of clinical observers seem to be pretty evenly divided. My own experience tends to corroborate the view that this drug is decidedly less efficacious than the bromide of sodium in this disease. Thus in a marked case of epilepsia mitior which occurred in a female child 14 years old, and having a dolichocephalic head, this acid, in doses of half a drachm four times daily, as the contant result of several trials, greatly increased the number of the attacks. In a case of epilepsia major I prescribed it in drachm doses, given four times daily, with no perceptible influence. In a paper on "The Use of Hydrobromic Acid in Nervous Affections" (*Med. News*, June 20, 1883), Dr. C. L. Dana, after having used it in six cases, concludes that in epilepsy this remedy "cannot be used as a substitute for the bromides, except in the more controllable cases; yet that it undoubtedly has a controlling influence over the disease, and he does not feel certain that if given in equivalently large doses it might not be as efficient as the alkaline salts."

Prof. H. C. Wood (*Med. News*, February 23, 1884,) advocates in vigorous terms the dilute hydrobromic acid, after Wade's formulæ as modified by Fothergill in the treatment of an obstinate cases of epilepsy, though in enormous doses, not less than three ounces per diem, and claims for it better results than from the use of the bromides. In the hands of Allan MacLane Hamilton, ordinary doses of this drug gave negative results in these cases.

A word as to the administration of the drug. The observations by Randolph (MED. AND SURG. REPORTER, vol. l., page 123,) show the best time for administering it to be, after salivary digestion, which is arrested by the acid, is completed, and when free, acid begins to be formed in the stomach—about three-quarters of an hour after meals. I have given it in doses varying from one-half to one drachm at varying intervals. It should, of course, be well diluted, preferably with milk.

CONCLUSIONS.

1. Hydrobromic acid should be employed as an alternate substitute for the bromides in the treatment of diseases in which their effects have been shown to be parallel.

2. It should probably supersede the alkaline bromides in neurasthenia and post-hemiplegic disturbances of a convulsive character; also (as an arterial sedative) in congestions of the pelvic viscera.

3. Except when given in colossal doses—a method not practicable in private practice—it appears to be less efficacious than the bromides of sodium and potassium in epilepsy.

4. Owing to the fact that its action is more evanescent than that of the bromides, it should be administered at intervals of not more than four hours.

1529 *North Eighth Street.*

THE RATIONAL USES OF ALCOHOL IN PULMONARY PHTHISIS.

BY L. HUBER, M. D.,

Of Fort Scott, Kas.

So diverse and often so unphilosophical are the uses of alcohol in wasting diseases of the lungs that an effort to inculcate right ideas relative to this very useful agent becomes highly necessary. There is a gradual enlargement of our knowledge of this agent and its disposition in the economy. There is likewise a corresponding expansion of our views of consumption of the lungs. Certainly, with this unquestionable advance, medical men should display more judgment and care in the employment of this remedy, and should achieve far better results. With a view to formulate a few principles to guide the practitioner this discussion is ventured.

Alcohol when taken into the healthy human system pursues a certain course. Whether we agree that it is a food or not, it is a substance that ranks with hydrocarbons. Being highly diffusible, it soon finds its way through the system. Authorities argue pretty generally that it undergoes combustion in the lungs—that is, up to a certain limitation it is oxidized, and to that extent acts as a food. The average quantity of absolute alcohol that can be thus disposed of by the healthy organism is within two ounces for twenty-four hours. Knowing the percentage of pure alcohol in the different species of drink, one can readily calculate the respective amounts of each to give, to keep within the proper limitation.

Accepting the weight of authority which favors the views expressed above, let us consider the conditions that tend to modify the utilization of alcohol in the human economy. Evidently there must be modifying causes. Observation tells us that certain persons have a greater tolerance for the agent than others. It also shows that climatic conditions also influence the system. Then comes mode of life, disease conditions, habits, and kind of nutriments, etc. Also the purpose aimed at will have something to do with the amount to be prescribed.

The diseases engendered by the abuse of alcoholic stimulants gives us a key to a solution of part of the problem. Some persons have tendency to stomach troubles, to disease of the liver, to abnormal fatty growth in one or another of the organs, or rather a susceptibility to fatty degeneration of certain parts. Inasmuch as the brunt of injury falls upon the stomach, liver, heart, and brain, in even moderate use of alcoholics, it follows that in persons constitutionally weak in these parts a greater hurt will follow than in those constitutionally stronger, or if not a greater, certainly a morbid change will be earlier superinduced. Here then is one condition of tolerance of the agent.

Climatic conditions also favor the amount of alcoholics that the system can consume. In a temperate climate, with a high and dry atmosphere, where the drinking water has no tendency to engorge the liver and render it sluggish, where the atmosphere is rarefied so that the chest must expand to the fullest limitation in order to receive air enough to oxidize the system, where the mode of life is rustic and outdoor largely, alcoholics can be taken far more freely than under opposite circumstances. In certain mountain regions there is an almost absolute tolerance of the agent. Instead of an impression on the nervous system and consequent intoxication, there are improved nutrition and an inexhaustible feeling of comfort and well-being. Consider the country, climate, atmosphere, elevation above the sea, the mode of life incident to the Bible peoples, and it is easily understood how wine, not water, could become the emblem of life. Theorists may dispute the question of fermented and unfermented liquors, but the true solution of the problem is simply that the external surroundings of the race gave it impunity from many of the curses of alcoholic drink.

The kinds of food accessible to a person or habitually used by him will have something to do with the amount of alcohol he can safely consume. This proportion is easily demonstrated. Suppose an individual has healthy digestion; suppose also that he employs such foods that supply waste and demand in his system. Under ordinary circumstances tissue metamorphosis will proceed normally. Suppose, however, that he is forced upon a fat-producing diet somewhat exclusively, without much or any change in the other circumstances of his life. Evidently the liver will have extra work to perform. It will have its functions taxed perhaps to the fullest extent. Fat deposits will take place. Certain tissues will degenerate. Now the ingestion of a rich hydrocarbon like alcohol will be simply adding further trouble. Under these circumstances the more diffusible, combustible *ingestion* will be worked up, to the neglect of the more bulky. That the functions of the system should be thereby greatly disturbed, is not a matter of wonder.

Having specified the circumstances that modify the utilization or consumption of alcoholics in the economy, let us proceed to the application of the principles we have reached. Recently, the theory of pulmonary phthisis has undergone revolution. Of whatever kind, whether tubercular, pneumonic and non-tubercular, the weight of authority is in favor of the view that there is not only impoverishment of the blood and a lowering of the vital principle, but also a septic condition—a degree of blood-poisoning which leads to certain havoc in the system. The two great indications therefore in the treatment of pulmonary phthisis are increased nutrition and antisepsis. The latter indication is receiving earnest, united study by medical men the world over, and not without promising results. In a patient whose lungs are beset with chronic inflammation, due to a lingering pneumonia, in the majority of cases catarrhal, resulting in points of softening and breaking down (chronic interstitial pneumonia, caseous pneumonia, cheesy softening, of pathologists), antisepsis can fulfill two conditions:

1. It can destroy the infection of the morbid products until these are cast from the system; and,
2. It can preserve other portions of the

lung tissue from further invasion and by keeping down blood-poisoning lower the grade of waste, if not check the progress of the disease altogether.

If the antiseptic agent combines with itself the properties of a nutrient or food, it therein possesses a two-fold value.

Let us now consider our agent. In the lungs of a healthy person alcohol undergoes oxidation—is, in other words, consumed. The lungs are limited in their power to effect this change. In a diseased condition, before the other organs have materially lost their healthy functions, it must be supposed that about the same amount of alcohol will diffuse through the tissues and find its way to the pulmonary organs. The lungs being partially disabled in their functions, and the process of oxidation hindered to some degree, it evidently follows that a portion of the alcohol will remain unchanged. As unaltered alcohol diffused through the lung tissue, it must evidently have an influence much the same upon the infective, morbid products as it has when used as a preserving fluid in which animal tissue and insects are kept. This is certainly reasonable. Being antiseptic to some extent, being a preservative of animal tissue, it certainly follows that some of its good effects in certain cases are due to this property. Moreover, it is probable that owing to the diffusion of morbid products and the consequent interference with the respiratory function and attending oxidation of the system, the oxidation or consumption of alcohol is greatly increased. The system in want of a necessary supply grasps, as it were, after the subtile agent. The tolerance, so often observed in phthisical subjects, of alcohol, is probably due to this condition. We have an illustration of a similar kind in another agent. When iron is demanded by the system it is often noticed that a far greater quantity is consumed than under less favoring circumstances.

When the process of nutrition is lowered, it follows that an easily convertible food is better worked up than one of bulk and coarseness. In pulmonary phthisis, the fat deposits in the system are first exhausted. Alcohol as a nutrient is a fat-producer. Hence it is that, as a food, in cases to which it is suitable, there is often such a perceptible increase, not only of the bodily forces, but also of the bodily weight.

So far we have not spoken of alcohol as a stimulus pure and simple. The routine practice of the day often puts it forward as this alone. As such an agent it is grossly abused. It is strange how few physicians have well-defined ideas of it even in this application. It is the writer's belief that when pulmonary phthisis proceeds so far that alcohol can serve only as a stimulus, the case is beyond help, and must necessarily proceed to a fatal termination. Besides there may be other much more suitable agents to meet this indication.

From the foregoing discussion it follows that the rational uses of alcohol in pulmonary phthisis must be guided by the following conditions:

1. Begin early in the disease, when the first evidences of consolidation and subsequent softening of the lung tissue can be ascertained.

2. Ascertain the capacity of the system to consume alcohol. This will need close scrutiny into action of the liver and lungs. If there be a degree of tolerance greater than that of health, administer the agent to the extent of it, but do not carry it beyond. If no tolerance exists, and the functions of the system are disturbed by a careful administration of the remedy, examine into the external conditions of the patient—the food to which he has been, and perhaps yet is, habituated; the climate; the likely action of the drinking water on the powers of alimentation and the liver; the atmosphere and altitude. By changing these, which may often be radically done by a removal of the patient to another country, to a mountainous, elevated region, where an out-door life is endurable, this want of tolerance may be overcome. Indeed, it is known that persons have been thus saved from further progressive inroads of the disease. In certain mountain altitudes there is, as already remarked, such a degree of tolerance, that intoxication from alcohol could follow only the grossest abuse of the agent. The writer has the record of several cases removed from the low Atlantic seaboard to the table lands of the Rocky Mountains, in which the capacity to use alcohol as a nutrient increased from less than three ounces of good whisky daily, to the average quantity of twenty-six ounces in the twenty-four hours, accompanied by the most marked improvement of the patients in every respect.

3. When the appetite improves, the digestion is healthy, the cough and expectoration lessen, the frequently attending dyspnœa disappears, and the respiration is slower and deeper, under the use of alcohol, no better agent can be found for that particular case. In alcohol the patient will find a new lease of life, if not salvation from the disease. If, moreover, a cavity has formed in the lung

tissue, and the sputa therefrom lose their fetid character upon the ingestion of alcohol, there is the further evidence that the agent is keeping in check systemic infection, and thus preserving the system from the first rapid inroads of the disease.

With a few facts thus formulated, a physician should surely manage his cases of pulmonary phthisis far more satisfactorily than by pursuing the usual rountine method. Besides, it will be a serious matter with him to use indiscriminately this useful agent. There are some serious considerations to be recalled. It is not a trifling matter to insist upon the use of an enslaving agent like alcohol. The course must be justified by well-defined aims. How often under the indiscriminate use of the agent has a life of drunkenness been engrafted! This has never followed, the writer will venture to say, the scientific therapeutic administration of alcohol. The late Dr. Flint asserts that it is extremely rare for a taste of alcohol to be engrafted when its use is properly defined, and his experience has been extensive.

Thoroughly convinced by observation of the soundness of these views, the writer will submit them to the reading public for timely consideration.

MEDICO-LEGAL NOTES.

BY HENRY A. RILEY, ESQ.,
Of New York.

CURIOUS GRAVE ROBBERY CASE.

A curious grave robbery case has just been decided by the New York Supreme Court, General Term, at Syracuse. Some little time since Gen. William Irvine, an ex-Congressman and a prominent person in Central New York, died, leaving a large estate. Directly after his death, a Mrs. Fitzgerald stated that Gen. Irvine was indebted to her in a large sum for services rendered as a nurse during several years prior to his death, and that she had loaned him $2,400 on the day he died. She further stated that unless her demands were met she would make a public scandal. Nothing seems to have been done at the time to appease her, and about a year after Gen. Irvine's death, Mrs. Fitzgerald instituted an inquiry into the cause of his death, alleging poison administered by his wife or daughter. Dr. Edmund A. Reilly, a coroner of Chemung county, had the grave opened in the night time and the body taken to the receiving vault, where an examination was made. The coffin was also searched, and its lining was cut open in an effort to find a will which it was supposed to contain. The body, the physicians say, showed that one autopsy had already been made upon it. The coroner removed some of the viscera and carried them away with him. The body was then replaced in the coffin and returned to the grave. When these occurrences became known, Mrs. Fitzgerald was indicted for the desecration. It was shown on trial that the parts removed contained no poison, and the defendant was unable to show any valid reason for disinterring the body, and she was convicted and sentenced to two years imprisonment in the Monroe County penitentiary. An appeal was taken from the sentence, but Mrs. Fitzgerald was unable to secure bail, and accordingly had to go to jail. The sentence has about half expired, when the decision of the Appellate Court is announced, to the effect that the conviction was proper and legal.

HUMAN BONE.

The *Microscope*, in its latest issue, has a brief article upon the question, "Can human bone be told from other bone by aid of the microscope?" and says that a general negative must be given. The writer declares, however, that if two specimens are shown, and one is known to be from man and one from another animal, the microscope will show to which one each specimen belongs.

HEALTH COMMISSIONER FOR NEW YORK.

The Health Officers of New York city are in danger of being abolished, if the bills now introduced in the Legisture receive the attention they are expected to get. It is proposed to close out the present Board and appoint a single Health Commissioner, who shall serve for six years and receive a salary of $8,000. He is to have a Deputy at a salary of $5,000. The office of Attorney for the Board is abolished, and the Corporation Counsel is directed to assign one of his deputies to the new Commissioner. Corporation Counsel Lacomte has expressed himself in opposition to the bill, and says that the duties of the position can not be properly performed by any attaché of his office, unless an appropriation is made for the purpose.

One of the most important subjects of health legislation is child labor, and the safeguards which should be thrown by statute around the employment of minors. This matter was fully discussed in the annual report of the Bureau of Labor Statistics of Connecticut by Prof. Arthur T. Hadley, the very competent head of the Bureau. Prof. Hadley states that there is a law in Connecticut forbidding the employment of children under thirteen years of age. This law was framed in the interest of the working classes, and yet it is very strenuously resisted by them. The operatives, it was thought, were desirous of keeping their children out of the mills, yet they are the very ones to insist on their working. The secret of this is the need of the money which the children earn. As the report says, the opposition comes from those "to whom the twenty-five cents a day that a child can earn by working in the mills is a present consideration that will outweigh anything else; who will not merely connive at evasions of the law, but make every effort to obstruct its enforcement."

An instance is given of a twelve-year-old boy who was actually supporting a family on wages of five dollars a week. When the law came into force he was driven out of the factory by the State inspectors. Prof. Hadley says that the "general object to be obtained is so good that we must be prepared to enforce the law, even though it may create great hardship in individual cases." The law Prof. Hadley thinks can be enforced, and even a fourteen-year rule, but a higher rate it would probably be impossible to enforce.

OLEOMARGARINE.

The recent decision by the Pennsylvania Supreme Court that the law prohibiting the manufacture of oleomargarine is consitutional is in direct contrast to the decision by the New York Court of Appeals, but it will be very effective if public sentiment sustains it, as seems to be the case. In New York, notwithstanding the adverse decision of the courts, the law still requires oleomargarine to be branded, and the sale is very much diminished.

In New Jersey the law requires the dealer to inform the consumer that he is buying counterfeit butter, and as few persons buy the substitute intentionally, a vigorous enforcement of the law has made the sales much less. The federal law passed at the last session of Congress is helping very much in the general disaster attending the trade in oleomargarine.

"APPLICATION OF THE ANTISEPTIC PRINCIPLE IN PRIVATE PRACTICE."

BY GEO. H. KIRWAN, M. D.,

Of Wilkesbarre, Pa.

To those who are unbelievers as to suppuration being a form of bacterial fermentation which never takes place except by the growth and development of micro-organisms, what here follows will be of little interest.

The busy every-day practitioner cannot devote the time (even if he possess the necessary knowledge and skill) to deep microscopical investigations, micrococcal cultures, etc., pursued by the pathologist and microscopical student, investigations which must convince him, beyond all question, of the bacterial origin of all suppurative troubles, and by the contact and development of these organisms prevent the primary union of wounds.

To my mind there is nothing clearer than that (aside from the microscope, which gives ocular demonstrative proof of the bacterial origin of these troubles) simply drawing our conclusions from the results of their treatment by germicide solutions and dressings, the germ origin of suppurative troubles is demonstrated to be correct.

Let the medical man who doubts that a case of puerperal septicæmia could have resulted from the contact of his surgically unclean hand with the genital tract during parturition, take the precaution in the treatment of subsequent cases to render and keep his hands and instruments *surgically* clean, and observe the absence of such complications in the labors thus treated; or recognizing (as many fail to) that he may have caused the trouble by carrying germs to the seat of the disease, let him use (without any constitutional treatment whatever, if he will,) simple but thorough irrigation of the uterus and whole genital tract with a germicide solution, and observe the temperature drop at once to normal, and all serious symptoms subside, and his skepticism will vanish with the trouble he thus relieves.

Or, again: let him perform or witness almost any surgical operation, *e. g.*, a Teale amputation of the leg under proper antiseptic precautions and dressings, and see the primary dressing left undisturbed for two or three weeks, and then being removed, complete primary union without the formation of one drop of pus having taken place, and contrast this with results of former methods of wound treatment, and draw his own conclusions.

It is fast becoming a settled conviction in the more advanced minds in the profession, that the practitioner who to-day has septicæmia follow his wound treatment, or puerperal fever his accouchements, and resulting fatally, should be held criminally responsible for these preventable consequences.

Amongst the physicians with whom I have talked on the subject who have not adopted the antiseptic treatment, the reason almost invariably given is, "It's well enough for hospital treatment; if there is anything in it they get the benefit of it; but for or during private practice it is too expensive, and could not be carried out." Where the object is the saving of life or limb, nothing should be too onerous or expensive to the conscientious physician. But aside from this, the object of this paper is to prove this idea fallacious, viz., that antisepsis in private practice is both inexpensive and practicable,

With reference to the cost of dressings, antiseptic dressings are in reality cheaper than ordinary wound dressings, when we remember that one of the former properly applied answers frequently in lieu of twenty of the latter, and many physicians not heretofore practically familiar with the dressings will be surprised that the list here given contains all articles necessary for carrying out the principle and obtaining the extraordinary results claimed for antisepsis in wound treatment, and can be obtained at a cost of about five dollars.

1. Bottle compressed tablets bichloride mercury each containing 7.3 grains, so that one dissolved in pint of water will make the standard one to one-thousandth solution. These tablets are readily soluble, and are much more reliable and convenient than carrying a solution. I have always used those made by Jno. Wyeth & Bro., of Philadelphia. I do not know of any other manufacturers of them. They were first suggested by Dr. Chas. Meigs Wilson, of Philadelphia.

A soft rubber bag fountain syringe, capacity one gallon, with six or eight feet of hose attached with adjustable tubes. The one I use is made by Whitall, Tatum & Co., of Philadelphia, and has infant's, rectal, vaginal (large and small), urethral, and small irrigating tubes for attachment, to which I have added a stomach-tube attachment and a long flexible uterine tube, so that with this I have by gravity washed out the uterus, vagina, rectum, bladder, urethra, and stomach, besides using it for constant irrigation with the bichloride solution in the cleansing antiseptically of all wounds before dressing.

3. Violin strings; to be obtained from any musical dealer — four different sizes being all that is needed. They are prepared by saturating in oil juniper for twenty-four hours, which removes the animal oil; kept in a bottle of stronger alcohol, and saturated in the standard solution when required for use, and used for ligatures, sutures, and capillary drainage. When needed for the ligature of large vessels, they are made stronger and less readily absorbed by treatment with chromic acid.

4. Cheese-cloth, sold cheaply by all dry goods dealers, saturated in the standard solution, and used for compresses and bandages.

5. Absorbent cotton, saturated in the standard solution and dried. There are many good makes. I use and prefer Jno. Wyeth & Bros. A prepared wool, known as the Globe antiseptic wool, made by Henry Thayer & Co., Cambridgeport, Mass., though possibly less absorbent, never becomes lumpy, is more elastic, and perhaps is preferable to cotton for dressing large wounds.

6. An ounce or more of iodoform in an ordinary pepper box for dusting, or as I use and prefer, one of the cheap insect-powder guns sold in all drug stores.

Armed with the six articles I have just named, and which can all be carried in small compass in the ordinary bag, I am prepared to state from experience that for all ordinary uses in private practice the antiseptic principle can be successfully carried out, the entire practice after all only being surgical cleanliness. Carbolic acid solutions are never absolutely required. Cutting instruments cannot, it is true, be immersed in the bichloride solution, but they can be effectually sterilized by immersion in boiling water; the same is true of the needles used. I have omitted mention of the "protective" used by many, fearing irritation from the direct contact of the dressings, because I have never observed this, and do not use it, but it can be secured for a trifle if preferred. Capillary drainage is sufficient for nearly all wounds dressed antiseptically, and where tube drainage is desirable, the tubes are easily sterilized.

It is perhaps unnecessary to state that the hands must be thoroughly sterilized, and the hair removed from the field of operation, nothing on the surface being more tenacious of dirt, which always means micro-organisms. It will be found, too, that it is attention to what may appear trivial details that will make this treatment successful. Where I have failed with this treatment to prevent suppuration after operation, I have always been able to look back over the case and recall some apparently trivial neglect that defeat the object in view.

* * *

—At a recent meeting of the Académie de Médecine, M. Sagneau, the well-known statistician, stated that among the educated classes one-fourth more are unfit for military service than among the masses. In Prussia, the proportion is much greater.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated meeting, February 9, 1887. The President, J. Solis-Cohen, M. D., in the chair.

Dr. H. A. Kelly presented the

Results of Some General Work in Abdominal Surgery, with Cases and Specimens.

The notes of cases here offered for your consideration were collated at very short notice to fill a vacancy in the evening's programme. This explanation, however, I do not intend as an apology, for the subject is one of extreme importance, in which, as a specialist, all my own interest is concentrated; and I believe that I shall be able, in a few minutes this evening, to draw your attention to a list of cases remarkable for its variety, including one or two topics quite new.

Many here to-night remember the time when the large cystic ovarian tumor was considered the only indication for abdominal section, and, if other conditions were accidentally discovered, the incision was simply quietly closed. The dangers of the operation itself were so great that surgeons were loth to interfere until the patient's wretched condition seemed to warrant the risk.

As, however, our race cultivated a familiarity with the peritoneal sac, and learned its limits of toleration and intolerance, a bolder and more successful work was entered upon. With dropped pedicles, innumerable ligatures for hemorrhage, peritoneal toilet, drainage-tube, and, above all, an unremitting care to secure *microscopic* cleanliness throughout, we have become masters of the situation, and our failures, when they occur, are no longer *mysteries*. And with these improvements has come a recognition of a greater variety of indications for abdominal section, until, as to-night, I am able to present, out of twenty-eight successive cases, at least nineteen separate morbid conditions. Before calling your attention to the list of my cases (which shall be only cited briefly by name), I would ask you to consider with me a few important points bearing directly upon the work.

In the first place, as to *percentages*. While I have a personal pride in my work which induces me to say that it will bear the strictest criticism, yet I cannot but deprecate the bitter spirit which animates so much of the percentage discussion. The time *was* when, by this means alone, by means of the striking differences which existed, we were enabled to determine, in the absence of personal experience, the relative value of *methods*; but that time has *passed*, and with the closure of the chapter on ovariotomy, this spirit of emulation survives no longer in the interest of *science*, but is *personal* and unworthy of our cause. Further, it is manifestly absurd to compile statistics from a class of heterogeneous cases.

In the removal of small tumors in the pelvis, in the removal of ovaries and tubes not to the naked eye diseased, we are most often compelled to operate for *pain*. The patients themselves, *seeing* nothing amiss, are very loth to submit to "being opened" until their misery makes life a burden—at least this has been my own experience with women, to whom I always explain, in the fullest possible manner, the exact nature of what I propose to do, and its consequences. It is gratifying to the operator, who has finally been driven to this expedient, to find gross lesions suitable for class demonstration, but the most typical relief often comes where the disease cannot be so easily demonstrated; and in cases where there are palpable tumors, the surrounding infiltration and cellulitic inflammation are often serious enough to delay convalescence, for a long time defeating the operator.

Thus, if I were asked, in my own work, which of my cases had given the most gratification—that is, where had the relief been most typical and striking from a condition of suffering—I would point out a patient who was for more than two years unable to take a step on account of the great pain in the right ovarian region; in addition, she was a most wretched sufferer throughout the whole time. There were no gross lesions in the ovaries, and it was long a question with me whether she had not some other serious organic disease, which question I debated under the most varied and patient efforts at general and local treatment, until, with the removal of ovaries here shown, she rose up as if a great weight had been lifted off her, and went home to Barnesville to her parents and friends, a walking miracle.

Another case, well illustrating this point, is that of Mrs. W., here shown. She suffered, as she only can describe to you, ever since her first menstruation, from pains which left her a most degraded picture of misery when she came to my office. I found the remains of chronic ovaritis and the wiry tubes of a chronic salpingitis and perisalpingitis, which had contracted down so tight and adhered to so many surrounding structures that they were exposed and removed with the utmost difficulty. This patient has gained eighty pounds since the operation.

These results, and some others I might detail had I time, are undeniably brilliant; but cures are not always so typical, and I am still often satisfied in this, my work, if I can remove but one element (perhaps the most distressing) of my patient's sufferings. If my patient can only come back to me and say, "You have taken away that dreadful pain in my back and stomach; life is now bearable, before it was unbearable," I am well content.

Mrs. B. (here shown) exhibits this well. She had a rapidly growing tumor in the right ovarian region, which seemed, in a most unaccountable manner, to prostrate her general health. I decided this to be a case of extra-uterine pregnancy, and I believe my section proved it. She is now like another woman, though still under treatment for an induration of the left apex, undiscoverable before operation.

I do not, Mr. President, therefore, claim wonders for this field of work. I claim for it what is asked for other fields of our art—that the *results* justify the means. It is of *results* I wish now to speak, with a brief preliminary as to *difficulties.*

The difficulties encountered in handling small pelvic tumors are often very great, far exceeding that of removing an ordinary cystoma.

First, the abdominal walls, which have never been distended, press tightly down upon the contents, and the recti pinch the fingers like a vise, utterly defeating any effort to catch or raise pelvic viscera, and this in spite of ether and chloroform. I have been obliged twice to overstretch the recti before I could proceed.

Secondly, in case of chronic peritoneal inflammation, the bleeding from the more superficial vessels of the abdominal wall may be extreme.

Thirdly, the intestines, in this close sac, often cling to the fingers until they feel, as if they were clothed with several pairs of gloves, and just as useless.

Fourthly, when the patient is very obese, the embarrassment of the operator is greatly increased, requiring a much larger incision, prolonged manipulation, with difficulties of closure and subsequent dangers.

Fifthly. Cellulitis, so common a concomitant, so draws down and anchors everything in the pelvis that the structures are elevated with extreme difficulty, and only a pedicle, in the *technical* sense, can be secured. The danger of secondary hemorrhage from this kind of a tie is, I know, very vividly before the minds of all operators of experience. It is, at times, about like tying the apex of a broad-based pyramid. I tied off some broad ligament structures on a fibro-cystic tumor the other day which impressed me for all the world like putting a ligature on a paper wall.

Lastly. These smaller diseased structures often become parasitic on neighboring tissues and organs for their blood-supply, and when they are torn loose, the bleeding is alarming; and it may be deep down in the pelvis, possibly requiring an enlargement of the original incision, and then only seen with the utmost difficulty of exposure and illumination.

With this introductory, I will read a table of cases operated upon by me in 1886. All the operations were performed within the seven months and a half during which I was at home, and almost all in my private hospital in Kensington. The condition of the patients is either settled or weekly improving, so that I feel at liberty to speak of *results.*

In but two cases of the above list will I dwell any more in detail.

In one, James Dougherty, I did what has, I believe, never been done before: opened the abdomen upon a diagnosis of hypertrophic cirrhosis of the liver, with the intention of puncturing—hepato-phlebotomy.

The patient, about forty years of age, had a very large ascites, which had been treated for some weeks, but never tapped; and with full confidence in the safety of a simple incision, I make a free opening, large enough to admit two fingers, just below the umbilicus, thoroughly emptied the peritoneal cavity of two bucketfuls of fluid, and on reaching the liver found the organ contracted and hobnailed; I consequently closed the incision, which healed perfectly. The fluid reaccumulated very slowly until the man died, some weeks after, in the natural course of the disease. My friends, Dr. R. P. Harris, and Drs. Freeman and Bradford, residents of the Episcopal Hospital, were present. I had long intended to use this direct method of abstracting blood from the liver, in view of my experiences in hospital and private practice since, before Dr. George Harley recommended plunging a trocar into the liver through skin, subcutaneous tissues, and two coats of peritoneum, in the right hypochondrium, with the same end in view—hepato-phlebotomy. If, however, I am go-

No	Name.	Diagnosis.	Operation.	Date.	Result.	Remarks.
1	Mrs. B.	Cystic papilloma of broad ligament.	Incomplete removal.	Jan. 2, 1886.	Died.	Private hospital. Death in six days of peritonitis.
2	Mrs. D.	Menorrhagia.	Both ovaries and tubes removed.	Jan 31, 1886.	Recovered	Private hospital. Worn to a skeleton by hemorrhages which had lasted for years, two weeks at every menstrual period. Perityphlitis after operation; now in blooming health. Cured.
3	Mrs. C.	Ovarian tumor.	Removal.	Jan. 14, 1886.	Recovered.	Private hospital. Operation by Dr. C. B. Nancrede assisted by me. Fecal fistule six months. Recovered.
4	Mrs. H.	Cystic ovary.	Removal.	Jan. 23, 1886.	Recovered.	Private hospital. Ovary large and full of extensive hemorrhages. Cured.
5	Mrs, W.	Hæmatosalpinx.	Removal.	Feb. 17, 1886.	Died.	Private hospital. Peritonitis.
6	Mrs. B.	Hydrosalpinx.	Removal.	Feb. 24, 1886.	Recovered.	Private hospital. Tubes large as sausages Cured.
7	Miss S.	Menstrual epilepsy.	Removal of tubes and ovaries.	Feb. 24, 1886.	Recovered.	Private hospital. Remarkably improved after a temporary relapse. Condition yet doubtful.
8	Mrs. P.	Abscess of right ovary.	Removal by enucleation.	Mar. 27, 1886.	Died.	Private hospital. Found, post-mortem, large pus sac in pelvis.
9	Mrs. B.	Three months tubal pregnancy.	Removal.	Mar. 20, 1886.	Recovered.	Private hospital. Pregnant. Later delivered of a large female child.
10	Mrs. U.	Cellulitic adhesions of ovaries.	Adhesions freed.	Mar. 13, 1886.	Recovered.	Private hospital. Now well.
11	Mrs. W.	Ovaritis, salpingitis, and peri-salpingitis.	Removal tubes and ovaries.	Mar. 17, 1886.	Recovered.	Private hospital. Well; has gained eighty pounds.
12	Miss W.	Hydrosalpinx and stump of ovary.	Removal.	Apr. 20, 1886.	Recovered.	Private hospital. No pelvic pains whatever, but frequent headache. Improved.
13	Mrs. W.	Dermoid cyst.	Removal.	Apr. 25, 1886.	Recovered.	Private hospital. Patient operated on by Dr. T. R. Neilson, assisted by me.
14	Mrs. G.	Ovaritis chronica.	Removal tubes and ovaries.	Apr. 17, 1886.	Recovered.	Private hospital. Vastly improved.
15	Mrs. T.	Chronic cellulitis.	No attempt at removal.	Apr. —, 1886.	Recovered.	Private hospital. Improved.
16	Miss S.	Pelvic abscess.	Stitched to abdominal wall.	Mar. 21, 1886.	Recovered.	My home. Died in Pennsylvania Hospital in summer.
17	Mrs. W.	Pelvic cellulitic adhesions.	Separated; no removal.	Apr. 21, 188 .	Recovered.	Private hospital. Since bore child, and feels well.
18	Mrs. H.	Pyosalpinx and abscess of ovary.	Enucleation of large fetid abscess.	May 5, 1886.	Recovered.	Her own home. Cured.
19	Jas. D.	Cirrhotic liver.	Exploratory incision.	Oct 29. 1886.	Recovered.	His home. Improved from free tap. Died natural course of disease.
20	Mrs. G.	Pelvic abscess.	Abscesses opened into rectum.	Oct. 4, 1886.	Recovered.	Private hospital. Improved.
21	Mrs. M.	Tubercular peritonitis.	Opened; cleansed.	May 12. 1886.	Recovered.	Private hospital. Recovery apparently perfect, with relapse in eight months and again recovery.
22	Mrs. B.	Ovarian pregnancy.	Removal.	Nov. 4, 1886.	Recovered.	Private hospital. Cured.
23	Mrs. B.	Hydrosalpinx; metrorrhagia.	Removal.	Dec. 17, 1886.	Recovered.	Private hospital. Cured.
24	Mrs. B.	Racemose ovarian cyst.	Removal.	Nov. 13, 1886.	Recovered.	Private hospital. Cured.
25	Mrs. T.	Chronic metritis and endometritis.	Removal of appendages.	Nov. 18, 1886.	Recovered.	Private hospital. Cured.
26	Mrs. P.	Papillomatous monocyst of ovary.	Removal.	Nov. 18, 1886.	Recovered.	Private hospital. Cured.
27	Mrs. J.	Retro-peritoneal sarcoma.	Exploratory.	Oct. 4, 1886.	Recovered.	Her home. Now being tapped.
28	Mrs. S.	Papilloma of peritoneum.	Exploratory.	Dec. 24. 1887.	Recovered.	Private hospital. Temporary improvement.

ing to draw blood from this organ in a state of inflammation, I prefer an incision free enough to allow me to handle the organ, and, under full control of the eye and touch. to direct the trocar to the proper place, free from the danger of wounding other structures or large vessels. The incision should be made just above the umbilicus.

Regarding the last case, that of my office nurse here, number twenty-one in the table, I will content myself by briefly remarking that she suffered constantly for four years with a dragging pain in the left side, and two years ago last December she was tapped for what was believe to be a large ovarian tumor. The fluid was straw-colored and coagulated spontaneously in the bucket. She came to me from Ogdensburg, N. Y., twenty months ago. There had been no reaccumulation of the fluid, but she suffered constantly with dragging pains in the left side. I found here masses attached to the left cornu uteri, which I mapped out in my book; but, to my astonishment, I found, in the course of a few weeks, while under treatment, that the tumor diminished and seemed to have shifted its site. Bimanual examination, while still revealing well-defined masses in the neighborhood of the uterus, yet yielded such a different find that I was disposed to distrust my records. As her suffering increased, I made an incision last spring, and found the intestines universally adherent, like one great sac, but free from the abdominal wall; the pelvic structures were so bound up that I could define nothing. Some serous fluid oozed up into the incision and coagulated *in situ.* This was carefully cleaned out of the whole peritoneum, a piece of membrane, containing isolated tubercular granulations, snipped off for microscopic examination, and the incision closed. She apparently made a perfect recovery, and returned to New York, doing a great deal of hard work all summer (had not been so well for twelve years). She returned to me upon my return from Europe, and, until seven weeks ago, remained in perfect health. The old pain then began to distress her again, and with it was a continuous elevation of temperature. After waiting until it was impossible for her to drag herself around any more, I again made an abdominal section, by a smaller incision to the right of the old incision, for the purpose of cleaning out the cavity and dusting well with iodoform. She insisted upon preparing everything for the operation herself, and lay down upon the table and submitted to the section *without* a general *anæsthetic.* I made multiple hypodermatic injections of a few drops of a four per cent. solution of cocaine in the line of the incision. The pain of the incision was but slight. It increased with the introduction of two fingers within the peritoneum, but was easily bearable. In fact, once she warned Dr. R. P. Harris, who was present, not to make her laugh. The only severe pain felt was in handling the matted structures in the left side of the pelvis. Sixty-two grains of pure powdered iodoform were sprinkled over the peritoneal surfaces, the incision closed and the patient put to bed without the slightest shock or discomfort. She insisted on unbuttoning the jackets worn by the operator and assistant, and was as comfortable from that moment until she rose on the sixth day, to take a drive on the seventh day, as if there had been no operation. All trace of the induration has disappeared, and she has since felt perfectly well, although the ultimate result remains very doubtful.

Eleven of the cases referred to in the above table were exhibited to the Society, and showed the scars of their incisions.

DISCUSSION.

Dr. Addinell Hewson said: "I wish to express my opinion in reference to certain points in connection with the paper read. The speaker stated that he has resorted to the operation for the relief of pain in cases where the diagnosis was not definite and the existence of a tumor not positively made out. In an experience with over three hundred cases, I have not seen one in which relief of pain was not directly afforded by the application of clay.

"In reference to the stretching of the cicatrix, it has been my lot to see a good many cases of hernia following laparotomy. In one three or four large herniæ protruded. In this case I resorted to the use of a fifty per cent. solution of silicate of soda applied on strips of gauze, such as the late Dr. Paul Beck Goddard used in his collodion dressings."

Dr. J. M. Baldy said: "I would first refer to the case in which the uterine appendages were removed for metritis. This is a new indication for the operation, and it seems to me that it would be a unique case in which such a procedure would be justifiable. There are many men of large experience who have not seen an uterus which they were unable to reduce to a normal size without recourse to surgical procedure. In regard to cystomata, it is important that as soon as they are diagnosed they should be removed. It has been claimed that rupture of the cyst is followed in a shorter or longer time by malignant disease not only of the appendages and peritoneum, but also of other organs. It is important in pyosalpinx that the appendages be removed on both sides.

"I have seen a good many cases of pyosalpinx operated upon, and in some cases where the disease was unilateral the unaffected tube has been left. In a recent case operated on by Dr. J. Price this was done, and two months later the second tube became involved; on opening the abdomen, it was found impossible to remove it on account of the adhesions present.

"As a rule we should be aware of removing appendages in which, on examination, we can discover no disease. There are cases, however, which will tempt most of us to operate. Dr. Kelly's case of simple chronic salpingitis, in which he had such happy results, is a case in point. A case operated on by myself was just such a one, and terminated just as happily."

Dr. J. Price said: "In Dr. Kelly's cases it is as yet too early to speak positively with reference to hernia, but his incisions have been short. In the December number of the *Lancet*, Mr. Tait gives a review of this whole subject and of hæmatocele. I wish to argue against the removal of the appendages for defective involution. We have many other methods of treatment which will surely accomplish the same result without resorting to such bold measures. I consider this an unjustifiable procedure.

"At present, the surgeon simply presents numbers and percentages of recoveries as representing the exact measure of his skill in operating and care in the after-treatment. Too great importance has been given to bare statistics. The conditions inherent in the patient which determine the result beyond the control of the surgeon are barely considered, nor faults of omission or commission on his part. Perfect evacuation of pus, the utmost cleanliness, and perfect drainage—I mean a high degree of surgical cleanliness.

"The growing tendency to hold the surgeon strictly responsible for every unfavorable result has stimulated abdominal operators to great care and the most careful study of every detail. Hence the methods of abdominal surgery have become well-nigh perfect."

Dr. Kelly said: "I have had no practical experience in the treatment advocated by Dr. Hewson; if it can be shown to be practicable in such cases as I have detailed this evening, I will try it. My efforts, however, have been directed toward the establishment of a cure, and not palliation. With reference to the case of enlarged painful uterus, with endometritis, of which Dr. Price has spoken, I desire most emphatically to make the following statement, and at once prevent any further misconception upon so serious a subject.

"I hesitated in reporting this case lest I should be misunderstood. I do not wish to recommend a sectional operation for subinvolution or metritis in general. I am weekly treating many such cases without any idea of operative interference. In this particular instance the patient had not only been long under treatment in one of our first hospitals, but I had faithfully tried every means at my disposal for two years—counter-irritation, douches, packing, large wedge-shaped excision of the cervical lips, and an Emmet operation on the perineum, hoping by this support, free depletion, and rest in bed to secure a permanent advantage. She was only slightly benefited, remaining a miserable sufferer until I operated, removing tubes and ovaries. The uterus decreased *at once* in size, and is now three inches, with a small hard cervix, and reclines in the sacrum rocking-chair fashion. She has no local tenderness whatever. I attained here a perfect result, which I was unable to reach in any other way, and under similar circumstances I should repeat the procedure. If permanent, this will be one of the most gratifying of my cures."

THE CLINICAL SOCIETY OF MARYLAND.

Stated meeting, January 7, 1887.

The President, Randolph Winslow, M. D., in the chair.

Dr. Robert W. Johnson presented notes on three very interesting surgical cases.

Case 1. Excision of Hip-joint (Patient).

The first case which I have the pleasure of presenting to the Society is that of a boy on whom I did the operation of excision of the hip-joint in July last.

Early in that month, Dr. Platt, leaving town, turned him over to me, with the following history: W. M., 5 years of age, the oldest of three children, the others suffering with scrofulous glands, was first taken sick when 17 months old, when he began to limp, had the starting pains at night incident to hip disease, and was treated at that time for rheumatism, and after the proper diagnosis was made later was confined to his bed two years, and extension applied. The case progressed favorably under the treatment until, as is so often the fact in this class of life, improvement engendered carelessness, and the child was allowed by parents to lapse into his former condition.

When first seen by me his body was emaciated, temperature elevated, some hectic was present, the hip and pelvis on left side raised. Sinuses were discharging from the anterior and posterior aspect of thigh, but there was no marked pain except on pressure. A probe introduced in the direction of the joint disclosed unmistakably the presence of dead bone, a flake of which had been previously exfoliated. The boy was sent to the Church Home, and two weeks after admission, during which time he had the full benefit of comfortable surroundings and got acclimated to his new friends and improved diet (no small item in the treatment of children, for nothing is more depressing than homesickness in the repair of children's diseases)—after, as I say, he was satisfied, with theable assistance of Drs. Garvin, Moale, Lockwood, Gorter, Shippen, and Moseley, I, under ether administered satisfactorily by Dr. Murdock's inhaler, cut down on the joint on the left side by the semilunar incision above the great trochanter. I found it impossible to follow Sayre's advice, dangerous in the probable tubercular origin of most coxalgia in children, of detaching a periosteal cup, but was compelled after turning out the head of the bone to saw it off by a chain-saw immediately above the lesser trochanter. I found the acetabulum devoid of necrosis, though containing granulation tissue, as I was led to suspect when I had introduced my finger through the first incision of the capsule into the joint, and felt the worm-eaten remains of the head and neck. To prevent the accident of closing the acetabulum by the juxtaposition of the cut surface of the femur and the acetabulum, another piece of bone was removed. making the stump transverse and not oblique. The wound was thoroughly washed out with bichloride solution, dusted with iodoform, a drainage-tube through the thigh introduced and closed with adhesion strips, the limb being extended and between sand-bags.

The boy stood the operation quite well, and did not suffer greatly from shock. The next day the splint, as you see it, was applied, and the wound washed out daily with bichloride. The wound. except where the tube came out, united *per primam*, and nothing happened to mar success until a month later, when the youngster, anxious to hurry recovery, pulled the drainage-tube out. I then took off the splint lest the continual confinement should tell on his strength, and turned him loose on crutches, in order that he might retain as much movement as possible in the joint.

He has been improving in health since, has gotten fatter, sleeps well, suffers no pain, and, except the sinuses, is in excellent health. Whether they depend on tuberculous trouble in the bone or not, I cannot say. I have not found any bacilli in the discharge, though I have not inoculated a guinea-pig with any. He wears a high shoe on his well side to give the other the benefit of its own weight in extension, and has more movement than I expected.

I do not propose to operate further at present, as any excision below the lesser trochanter renders the limb so useless that amputation is almost preferable.

He must fight it out on the line of cod-liver oil and iodide of iron at present; and if he improves in the future as he has in the past, I think we shall score a victory.

By the kindness of Dr. Chambers, I can show you a specimen of bone on which a similar operation had been done. Those who wish to weigh the value of this operation by the statistical method will find useful papers by Yale and Van Arsdale in a recent number of the *Annals of Surgery*. It is not my object to go into the pros and cons of the operation to-night, but simply to show you a result, by no means a perfect success, but one on the whole I condsider as justifying the excision, in that the boy has now no pain, greater mobility, increased chance of recovery, and smaller sources for infection, with more likelihood of overcoming his present enemy than if left to the impossible exfoliation of the bone, the attempt at which, in the opinion of those who first saw him with me, was fast hurrying him to an early grave.

DISCUSSION.

Dr. John Chambers thought it would be of interest to show, in connection with Dr. Johnson's case, a portion of the femur from a colored boy. Some time since this case was reported to the Society, and the excised portion of the bone then shown. There was such an amount of suppuration following upon the operation that the boy's vital powers were at last exhausted. Autopsy revealed amyloid degeneration of the liver, kidneys and spleen, and acute miliary tuberculosis in the lungs. At the time of operation the case gave rather an unfavorable outlook.

The second case, reported by Dr. Chambers at that time, is of the same nature; but the patient is doing well, and is in apparently excellent health.

It is the opinion of Dr. Chambers that in these cases the prognosis is more favorable when the disease is confined to the femur, than when it has progressed to the acetabulum. He thinks death resulted in first case from a remnant of tubercular material left in the bone.

Dr. Randolph Winslow said that Schmidt has pointed out that where the disease has invaded the acetabulum, abscess formation can often be felt through the rectum.

Dr. Robert W. Johnson then read

Case 2. Resection of the Gut.

Mr. C., 59 years old, has had a reducible hernia for fourteen months, wore no truss, but on Tuesday, after jumping, was unable to restore it to his abdomen, his physician failed also, and after waiting until Friday night, consulted Dr. Miltenberger, who kindly suggested calling me in. I saw the case Saturday morning, and found the patient showing the influence of opium he had taken, vomiting yellow offensive fecal matter, limbs drawn up, belly tympanitic, pulse and respiration rapid, a cold sweat on forehead—in fact collapsed. Seeking the cause of the trouble, I found a potato-like tumor, irregular and somewhat nodular, over which a dusky lurid skin was tensely stretched, with its long axis transverse to the body, and lying over Poupart's ligament on the right side. The tumor was tender to the touch, and tympanitic, and the diagnosis admitted of no doubt, a strangulated indirect hernia lying in the inguinal canal, and not so far down as the external ring, which could be felt free by invaginating the scrotum.

Having shaved and washed with all antiseptic precaution but the spray, using the bichlor. hyd. solution, with the assistance of Drs. Gavin and Claude Van Bibber, I cut down on the axis of tumor, using a grooved director after penetrating the skin. No vessels of any moment spouted, and soon the sac, looking like a ripe purple plum, dark effusion, and in some places ashy, showed itself in the wound. Carefully separating adhesions, I nicked the internal ring without effect at reduction. The only place left for constriction was the neck of the sac; when on opening the sac it was found, as well as gut and omentum, both sphacelated, and from cribriform puncta in the intestines the slightest pressure forced out liquid fæces. There were no adhesions in the sac, and but little fluid. The only thing to do was to exsect as much of the gut as looked unable to be replaced. Healthy gut at either end of the gangrenous portion was stitched to the side of the wound and to each other, the mesentery intervening was ligated, and all the necrosed tissue excised. A gush of fecal matter showed the improbability of a twist high up. The omentum and sac after ligation with catgut were removed. The stump dusted with iodoform after washing and iodoform gauze dressing applied over drainage-tube, all covered in by a spica, finished the operation.

Hot bottles, injection of brandy, and digitalis did not rally him and he died in a few hours, never recovering from the shock of his lesion.

To show how desperate I considered the case when I first saw it, I stated the facts and the probabilities, and only operated at their solicitation. The priest administered extreme unction before I began, and I operated more to let the family console themselves that all had been done than from any hope I entertained of success.

I believe in operating in strangulated hernia as I would in tracheotomy, for sometimes it resurrects.

I did not attempt a reunion of gut, as I did not care to have the man exposed to a longer operation than was necessary, nor did I care to have him die under my hand.

A suggestion, though homely, occurred to me then. One has great trouble in bringing the ends of the gut in apposition, and we do not always have cones of cocoa butter or gelatine at hand to act as lasts to draw the gut over.

A piece of link sausage out of which the meat has been turned and filled with butter or lard makes a good cone or basis to draw the ends of the gut over prior to uniting them. Just before the last stitch is drawn up a tenotome can cut the sausage sack, and the gradual warmth of the body will melt the butter, allowing it to empty itself into the bowel at the seat of suture, thus filling up any little openings made by the needle. The sausage sac may pass out with the fæces.

Water or air will not do to fill the sac with, since a puncture of the needle would let out its contents before one is through with them. One other point before leaving this case, and that is the immense importance of early operation in strangulated hernia.

Were I to gauge the value of time, I would say hours are worth years in inguinal hernia; moments are worth months in femoral.

I believe there are more deaths due to the complacent, let-alone policy engendered by a few recorded cases of recovery when the patient was on the table for operation than can be laid to the door of any surgeon who operates early. Divest your mind of prejudice born in a suppurative age, and instead of being appalled at death-rate due to late interference, fully appreciate the triumphs of other departments of peritoneal surgery, and apply them to herniotomy.

DISCUSSION.

Dr. L. McLane Tiffany thinks the case interesting from two standpoints.

1. The attempt to divide the stricture external to the sac.
2. The formation of an artificial anus.

As to the attempt to divide the stricture external to the sac, this may be good treatment in some very recent cases, but it is questionable in very many others. By this operation the orifice remains patent, and the patient is liable to recurrence of the hernia. In his opinion, the proper treatment in these cases is to open the sac, reduce the hernia, and stitch together the edges of the ring, in short, to attempt radical cure. With our our present antiseptic methods there is but little risk in opening the peritoneum. Resection is doubtless successful in some cases, but he thinks many patients die as a result of shock consequent upon the manipulation of the intestines. Where a portion of the gut is sphacelated, he advocates resection of the gangrenous portion, sewing together side by side the cut ends, and leading them to an artificial anus.

Dr. John Chambers thinks handling the

intestines no doubt gives rise to trouble. He thinks it better, however, to cut down upon a gangrenous gut, relieve the constriction, and let the adhesions, already formed, remain undisturbed. Don't believe in attempting to resect the sphacelation portion.

Dr. Robert Johnson cannot agree with Dr. Chambers, that it is proper to simply cut down upon a gangrenous gut and leave this dead tissue in the wound. Thinks this dead tissue should all be removed.

Dr. John Chambers thinks statistics will show that a second anus formed by nature under the circumstances, is accompanied by less mortality than when an artificial anus is made by the surgeon.

Dr. Randolph Winslow said, for temporary relief he thought Dr. Chambers' plan a good one, but for permanent benefit it is better to make an anus as described by Dr. Tiffany, and subsequently repair the broken gut. This is the plan now adopted by the English surgeons.

Dr. J. H. Branham knows of no English surgeons who advocate this plan of operation.

Dr. Winslow cannot recall the names of the surgeons referred to, but thinks if Dr. Branham will look through the journals for the past twelve months, he will find him correct in his statement.

Dr. S. T. Earle said, if Dr. Winslow would permit him he would say that Treeves is among the most prominent advocates of the operation under discussion.

Dr. Robert W. Johnson then read the notes on his third case.

(To be continued.)

EDITORIAL DEPARTMENT.

PERISCOPE.

The Therapeutic Value of Mountain-Climbing.

Dr. L. Barkan, of Brooklyn, writes as follows (*N. Y. Med. Jour.*):

Although the strengthening and invigorating effect of exercise, and especially of mountain-climbing, is well recognized, yet it would seem not to be superfluous to examine a little more closely this most precious of remedies, which, by the relief it gives from the cares of business, combined with residence in a healthful locality, active respiration of pure air, and drinking of pure water, exerts not only a transitory beneficial effect, but even, in most cases, leads to a permanent cure, and also tends to prevent disease. Among the most active of disinfectant agents belong a good soil and also, in my humble opinion, good air. The more thickly settled a place, the less potent for good are the hygienic influences of the soil and air; and the smaller the settlement, the more active, *ceteris paribus*, are these two factors; they attain their greatest efficacy in elevated regions.

According to Professors Senator and Fluegge, one volume of good sandy soil can render innocuous two hundred and fifty volumes of ordinary sewage; but as regards the disinfecting power of air we are still in the dark. I believe that the oxygen present in pure air is able, probably by means of combustion, to render more or less innocuous the disease germs received into the blood—that is, to act as a disinfectant. Perhaps the therapeutic efficacy of permanganate of potassium lies in the fact that it favors the reception of oxygen by the blood-corpuscles, while the toxic action of strychnine would seem, according to Rossbach, to be due to the fact that it retards this union of the blood-corpuscles with oxygen.

There are floating in the air numberless germs, many of them of a harmful nature, and it would seem possible that the injurious germs which, especially in large places, are received into the human organism, might be rendered innocuous by the oxygen of the air (and, perhaps, also by air-currents acting in a mechanical way), while in stagnant air—as, for example, in a badly ventilated apartment, where the exhalations from the lungs and skin are constantly accumulating—there is less disinfectant action because of the diminished quantity of oxygen. We seek to get rid as quickly as possible of the other excretory products while, strangely enough, the same amount of zeal in disposing of the exhalations—that is, the excretions—of the lungs and skin is comparatively seldom exhibited. And, indeed, thorough and effective ventilation of the living-room is not so readily obtained. As nature purifies the atmosphere partly in an electrochemical way, by means of thunder-storms, and partly in a mechanical way, by means of high winds, so must we, upon occasion, purify the atmosphere of our dwellings by means of fumigation and the use of disinfectants, but especially by constant ventilation, and sometimes by the production of artificial currents of air. At whatever cost, the air must be thoroughly changed in every corner and crevice of the room. While serving in the Turco-Servian war, I kept the windows in almost every room in my hospital constantly open, even during the night; and I had the satisfaction of observing that, while in other hospitals small-pox and other contagious diseases prevailed, in my hospital they seemed to find no suitable soil for their further development, and, notwithstanding that, from want of room, I was often obliged to put patients suffering from small-pox, typhus, erysipelas, diphtheria, etc., together with other patients in the same ward, these diseases did not spread.

A favorite experiment of mine, and one from which I never saw any but favorable results, was to send patients suffering from grave diseases a distance of six miles to another and more roomy hospital. They were removed even in winter, when the weather was not excessively cold, but were, of course, well wrapped up, and every precaution was observed to prevent them from receiving any injury on the way.

It is well known that not every one exposed to a contagious disease acquires that disease; and may it not be that those escape entirely or suffer from a mild form of the disease who, after exposure, spend a considerable time in the open air? I leave out of consideration the fact that the danger of contagion depends also somewhat upon the position that the visitor occupies when at the sick-bed.

So much as to the value of pure air. It is of especial efficacy in elevated regions, and its good effects are the more evident the higher the climber ascends, and the more muscular effort he puts forth in the ascent. The best inhalation apparatus, baths, and medicaments are of but temporary value if no compensation is made for the loss of vitality and of muscular tone, especially that of the heart and vessels; if the blood stasis in the glands and other organs does not yield to an increased flow of blood in the arteries and veins; if the thinned blood does not become thicker and more rich in albumen; if the accumulating carbonic acid is not expelled by a more plentiful supply of oxygen; if the fat deposited in the body is not more rapidly oxidized; and if the kidneys are not made to act more efficiently. But all these effects are produced, according to Jacobi, Loomis, Voit, Oertel, and other authorities, more certainly and more generally by mountain-climbing than in any other way whatever. After several weeks spent in mountain excursions, the condition of the patient is radically changed for the better. There is an elasticity in the mental processes in place of the former hebetude; will, thought and impulse seem to move on wings; the formerly dull senses are sharpened; the formerly half-closed eyes sparkle, and the flabby cheeks become fuller and rosy; the formerly prominent abdomen is reduced to more seemly dimensions, notwithstanding that food and drink are taken with greater relish, and the chest is expanded. These changes, it is true, are not without their inconveniences to the patient as regards his apparel, for his unmentionables are found to have become too wide around the waist, while his coat, collar, and shirt are too small. The one who was before so heavy and dull now feels as elastic and springy as if the burden of earthly existence had been lifted from his shoulders, and, almost as in his childhood days, he goes running and springing along, and covers a distance of ten or twelve miles a day. He is no longer in the shape of a discontented and surly creature; a parody on man, but fits better in the ranks of other strong and happy beings; he is possessed of a new spirit, the pulse beats more strongly, and the tone of the entire circulatory system is better.

I will now instance a few cases showing the good results obtained by patients whom I have accompanied in various mountain tours in Europe and other parts of the world.

Case 1. J. B., forty years of age, weight 230 pounds. Circumference of the waist, 120 ctm.; of the chest, 116 ctm. The first walk caused him to gasp for breath, so that he was almost snorting. The tired heart, with its faint pulsations, seemed hardly adequate to the task imposed upon it, and the patient was forced to stop every three minutes. On the second day the breathing was a little more easy; instead of the snorting respirations, the breath came in quick panting jerks, as in pneumonia. He was obliged to rest every five minutes. The secretions were increased in amount, and the torpid condition of the bowels was corrected. The distance covered in the walk was lengthened a little each day. At the end of a month, climbing caused but slight acceleration of the respirations, which were almost inaudible; there was only moderate perspiration, and the patient was able to continue for at least a quarter of an hour without stopping to rest; and he could soon climb for four hours a day, whereas on the first day he could barely continue for a single hour. The cardiac contractions were now full and strong, and the patient had long since lost the feeling of oppression of the chest and dyspnœa. At the end of the trip his weight was 208 pounds, the circumference of the waist 107 ctm., and of the chest 121 ctm.

Case 2. T. R. had suffered from paralysis of the left facial nerve. In 1879, when he was thirty-four years old, he had had another attack, and, although under the best of medical care, his physician would not promise a perfect cure. The treatment had consisted in the application of a strong galvanic current. At the conclusion of his treatment the patient still had had a feeling of numbness in the affected cheek. After an excursion of three weeks' duration, this numbness had entirely disappeared, and there has been no return since that time. On one occasion the patient objected to taking the walk, on account of a severe and painful attack of diarrhœa; but he finally yielded to my advice and went, and two hours later all the symptoms had disappeared.

Case 3. E. F. S., fifty years old, had suffered for thirteen years from rheumatism. At first I let him ride a part of the way and walk a part on level ground. At the end of two weeks he could climb hills. After doing this for a week and a half his rheumatism had permanently disappeared. The patient indulges in this mode of treatment now every summer.

Case 4. C. W., thirty-nine years of age, was plethoric and hypochondriacal, and suffered from hæmorrhoids. An improvement was noticeable at the end of two weeks; and at the expiration of four weeks the hæmorrhoids had entirely disappeared, and the patient began to enjoy life. His weight at the beginning was 211 pounds, at the end of the trip it was 185 pounds; the measurements around the abdomen and chest were 108 ctm. and 104 ctm. respectively at the commencement of the tour, and 98 and 109 ctm. at its termination.

Case 5. H. L., thirty-two years old, was suffering from chronic catarrh of the stomach. There was a noticeable improvement at the end of one week, and after three weeks the stomach was in good condition, and the patient was obliged to observe but little care in his diet. A bronchial catarrh, which had given him constant trouble, was much improved the first day, and had disappeared by the end of the third day. His weight was at the commencement 145 pounds, and at the termination of the trip 160 pounds.

Case 6. L. S., twenty-five years old, suffered from psoriasis. At the end of twenty-four days this had permanently disappeared.

Case 7. J. B., eighteen years of age, had trouble at both apices, and complained of a poor appetite. At the end of five weeks the patient had gained nine pounds in weight and felt very well.

Case 8. Miss A. O., nineteen years old, had chlorosis, amenorrhœa, and suffered from a miserable appetite. After seven days there was a marked improvement, and at the end of two weeks the patient presented the appearance of a healthy girl with an excellent appetite.

Case 9. Mrs. L. P., forty-eight years old, was weak, hysterical, and had not menstruated for two years. At the expiration of eight weeks she was much stronger, had no more hysterical attacks, and menstruation had commenced again.

In organizing parties for mountain-climbing, it is necessary to have everything arranged and to attend to certain preliminary details. Regulations should be established as to the gradual increase in the extent of the daily ascents, the periods for rest, the choice of food, the permission to drink, the regulation of time for stool, the protection of the feet, legs, and nates against chafing and the formation of blisters, the protection of the neck, and finally the selection of the mountain up which the ascent is to be made; these are all points which require careful consideration. The European mountains, where there is a better climate, and, as rule, better paths than are to be found in the mountains of America, are to be preferred. An exception is, however, to be made in favor of the Adirondacks and some other mountains in the Eastern States, which might answer as places for exercise for American youths in search of health. It is necessary to take into consideration the individuality of the patient; and, in order to avoid monotony, which may be wearisome to the patient, it will be advisable to change from one mountain or one locality to another, so that the patient will not be tempted to discontinue the treatment.

The Diagnosis of Uræmia from Apoplexy.

Dr. C. W. Suckling thus writes in the *Brit. Med. Jour.:*

Chauternesse and Tenneson, in the *Revue de Médecine*, November, 1885, relate cases of partial epilepsy and hemiplegia in Bright's disease, which they have, by post-mortem examination, proved to be due to local œdemas of the brain.

I believe that it is not generally known that hemiplegia occurs in uræmia, thus occasionally making the diagnosis between uræmia and apoplexy an extremely difficult one—as in uræmia the treatment must be one of active interference, while in apoplexy the opposite holds good, the diagnosis is of the utmost importance.

I have recently met with two cases similar to those reported by Chauternesse and Teneson. A man aged 40 was recently admitted into the workhouse infirmary in a comatose condition, with right hemiplegia and without convulsions. The pulse was of high tension, the heart considerably hypertrophied, and there was a trace of albumen in the urine.

All these symptoms were compatible with the diagnosis of cerebral hemorrhage. To my astonishment, he recovered consciousness immediately after being bled, the hemiplegia passing off in a few hours.

During his stay in the infirmary, he had five other attacks, which were always preceded by delirium and restlessness, together with violent convulsion of the right side of the face, right arm and leg, and conjugate deviation of the eyes to the right, giving place to hemiplegia, the eyes then being turned to the left. Each attack was cured by a small bleeding. The urine in this case was free for days from albumen, though it was tested at various periods of the day.

The other case was that of a woman, aged 63, brought in one evening completely comatose. There was right hemiplegia, conjugate deviation of the eyes to the left, dilatation of the right pupil, and abolition of the right conjunctival reflex.

The breathing was of the "Cheyne-Stokes" type, the heart a little enlarged, but the pulse of low tension. Clonic spasm of the facial muscles occurring at short intervals, the case was suspected to be uræmic, though the urine apparently was not albuminous, and I ordered her to be bled. One ounce and a quarter were drawn, and she became conscious almost immediately after.

The next day the hemiplegia had disappeared, but she had sensory aphasia, there being "word-blindness" and "word-deafness." Free purgation was kept up, and within two days she was perfectly well.

On testing the urine by daylight, I found there was a slight trace of albumen present, the quantity of urea being only one per cent., and the average daily quantity of of urine passed being forty ounces. I could discover no casts, and there was no change in the fundus oculi.

In both the above cases the temperature was a little below normal; and in both no history of the onset of the attack could be obtained, the patients being brought in from the street by the police. In the diagnosis of these cases, the occurrence of convulsions is of great assistance. A convulsion occasionally occurs at the onset of apoplexy, but is rarely repeated, while in uræmia convulsions are common, and usually frequently repeated; any elevation of temperature would be strongly in favor of apoplexy. In all cases, when in doubt between apoplexy and uræmia, I should bleed.

Eruptive Eccentricities.

Dr. J. G. Marshall thus writes in the *Lancet:*

Mrs. Q., aged forty-eight, married, living alone, had been a sufferer from chronic rheumatism for several years. She had an attack of facial erysipelas some time back, but could not fix the date. She was subject to occasional severe attacks of neuralgia, for which I could find no visible cause. About two months ago she presented the symptoms of erythema nodosum, and went through the illness in a severe and typical form, the patches being very large and painful, leaving the shins, back of forearms, and inside of thighs covered with livid marks, as if she had undergone a beating. At the end of a fortnight this eruption seemed to have run its course; but the patient still seemed very unwell, and complained of stiffness about the neck and jaws, with continual pain in the head. She maintained that she had been suffering from erysipelas, though she acknowledged that she had not been like it before. Two days after the last crop of erythematous lumps had disappeared, she was seized with erysipelas of the head and face, and had it very severely, with high fever and extensive swelling of the face and neck.

She was for two or three days in a very critical condition, the features being almost obliterated, and the infiltration of the tissues of the neck deep and extensive. One morning when she was getting better she complained of intense itching of the back of the forearms and hands, which on examination presented the unmistakable white "wheals" of urticaria. There was little or no redness of the skin; the eruption was confined to the extensor surface, did not reach above the elbow, and died away in forty-eight hours. There had not been a trace of erysipelatous rash on the body during the attack of that disorder. A short time ago I congratulated her on getting on so well, when she said that she had another attack of erysipelas at the bend of the elbow. On examination of each elbow-joint, on the flexor side, and nowhere else, I found a patch of typical eczema, the vesicles being perfectly unmistakable, with watery exudation and shiny redness. She had been scratching with her nails, which she had not done before. Fresh patches of eruption appeared at the wrist. Both yielded readily to treatment, and now nothing is left but a little branny desquamation.

The case is such a remarkable one that I think it deserves publication. I have not the smallest doubt as to the several characters of the eruptions, which I observed most carefully. Unfortunately, I am at a disadvantage in being at a distance from any of my own profession, or I should have exhibited the case. I am quite prepared to see this lady shortly with a fine development of herpes zoster, or exhibiting patches of psoriasis to complete the series. She is of a highly nervous temperament, and occasionally subject to fits of great excitability.

Peculiar Effect of Cocaine.

Dr. J. W. Stickler, of Orange, N. J., reports the following to the *Med. Record :*

" On January 21, 1887, a patient came to me presenting a small cyst in connection with the extensor tendon of the middle finger of the left hand.

" After introducing into the cyst about five drops of a twenty per cent. solution of cocaine, I opened the sac and evacuated its semi-fluid contents. In less than half an hour the finger began to swell, and in less than two hours the swelling was extreme. Very soon systemic disturbance became manifest in the following symptoms: dizziness, headache, pallor of skin, nausea, and diarrhœa. During the first night the patient slept but little.

January 23. Finger swollen, tender to touch, somewhat painful, red and hot, but not œdematous. Same constitutional condition as previous day.

" January 24. Finger has same appearance as on the 23d ; no œdema ; the hand somewhat swollen and slightly œdematous. Diarrhœa has ceased. Nausea slight when patient sits up or walks. Still complains of dizziness.

" January 25. No change in the appearance of the finger, but the hand is more swollen. No evidence of suppuration. Patient able to sit up without suffering from either nausea or dizziness.

" January 26. The swelling of the finger is somewhat diminished, although it is still tender, and somewhat painful. The general disturbance has disappeared, but the appetite is greatly impaired. After the last date the swelling subsided quite rapidly, so that by the last of the month the use of the joint was regained.

" As has been said by others who have written concerning the effect of cocaine, congestion is of frequent occurrence, but I have witnessed only this one instance of alarming congestion following the hypodermatic use of the drug. I call the condition 'congestion,' because the enlargement of the finger reached its utmost limit in about two hours after the use of the cocaine, and the finger had about the same appearance as would have been produced by constriction of the part with an elastic band.

" The systemic disturbamce was also more pronounced than is usual. I am therefore led to believe that the hypodermatic use of strong solutions of cocaine is attended with considerable risk, unless it is known prior to its employment just how susceptible the patient may be to its influence."

Hyoscine in Kidney Disease.

After relating a case in *The Practitioner*, Dr. Nestor Girard thus concludes his observations on this case:

Hydriodate of hyoscine is a drug which can be used with perfect safety in cases of kidney disease where morphine is inadmissible. It is a drug which may give rest when other sedatives fail.

If used in two-minim doses subcutaneously it may give more satisfaction to the patient than to the attendants, since the unconsciousness may be accompanied by angry and combative delirium; should this occur it will probably be sufficient to diminish the amount employed.

It is very rapid in its action, unconsciousness following in from ten to twenty minutes, and the after-effects are of a soothing character.

Even when delirium is present in a violent form, it is followed by quiet sleep, and the patient being unconscious, is much more refreshed than by a night of short snatches of sleep produced by chloral or bromide, and the result is a marked improvement in both aspect and temper. And lastly, no irritation is produced around the site of injection.

I believe that hydriodate of hyoscine will probably take a firmly established position as a sedative in cases where morphine cannot be employed.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. J. W. McLaughlin, of Austin, Texas, read an article before the American Medical Association, containing his researches on the etiology of Dengue. In the reprint of it before us he gives his reason for believing that this disease is the product of a low organism, and will in time—before another ten years—"be as certainly prevented by inoculation as small-pox now is."

——In a reprinted article on the treatment of vaginismus, Dr. Thomas More Madden finds occasion to differ with Sims' statement that it is an easily curable disease. Mechanical dilatation and stretching the pudic nerve succeed sometimes, but not always. Each case has to be treated on its own merits.

——"Two Obstetrical Heresies" is the title of a reprint by Dr. S. F. Starley, of Tyler, Texas. The author states his opposition to the following two obstetrical canons: "The first is the part that the membranes containing the amniotic fluid and the fœtus play in effecting dilatation of the os uteri in the first stage of labor. The second is the supposed necessity for waiting for their rupture and the escape of the waters before applying the forceps, in every case, without exception."

——The subject of periostitis is discussed in a lecture by Dr. N. Senn, of Milwaukee, Wis., recently reprinted.

——Messrs. Baker & Co., of Dorchester, Mass., manufacturers of chocolate, have issued a neat little volume, entitled "Cocoa and Chocolate, a Short History of their Production and Use, with the Various Methods of Preparing them for Use." It may be had on application to them.

BOOK NOTICES.

Granular Lids and Contagious Ophthalmia. By W. F. Mittendorff, M. D. Pp. 110.

On the Determination of the Necessity for Wearing Glasses. By D. B. St. John Roosa, M. D. Pp. 75. Geo. S. Davis, Detroit, Mich.

Both these volumes are members of the series entitled "The Physician's Leisure Library," published by G. S. Davis. They are offered at the very moderate price of 25 cents each, and are more than worth the money. The subjects are every-day ones, and are treated by the competent authors in a straight-forward, practical manner, very satisfactory to the reader. A half dollar cannot be better invested than in purchasing them.

Tenth Annual Report of the Board of Health of the State of New Jersey for 1886. 8vo., pp, 464. Trenton, 1887.

The Biennial Report of the Board of Health of West Virginia, for 1885, 1886. Pp. 75. Charleston, 1887.

It is gratifying to witness the steady progress which is making toward a completer sanitary supervision of life. The work of State Boards of Health, as illustrated in the publications above mentioned, is such that it cannot fail to be appreciated by the public before many years. It touches so closely on all the dearest interests of social existence, that the time must soon come when it will be awarded commensurate aid.

The reports of the Boards indicate how extensive is the field of public sanitation, and also how earnest are many of the workers in it.

Hand-Book of Materia Medica, Pharmacy and Therapeutics. By Samuel O. L. Potter, M. D., etc. Cloth 8vo., pp. 828. Price, $3.00. Philadelphia: P. Blakiston, Son & Co. 1887.

The firm of Messrs. Blakiston & Co. are issuing a series of manuals of medical science, at the price of $3.00 each, cloth, of which the above is one of the volumes. The author is Professor of Practice in the Cooper Medical College, San Francisco, and has already appeared before the profession in some smaller works. He includes in his survey not merely materia medica, but also the physiological action of drugs, the special therapeutics of disease, official and extemporaneous pharmacy, and minute directions for prescription writing. His aim is to make the young practitioner and the country doctor independent of the drug store, if either wishes to be.

The book cannot be called an original production. It is made up from the current leading treatises on materia medica and practice, and from the author's lecture notes; the selection and arrangement, however, are judicious, and though it were easy to criticize the plan, its execution must be admitted to be excellent. There is an appendix with numerous tables, and a carefully prepared index.

THE

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OF

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OPHTHALMOLOGY AND DISEASES OF THE NERVOUS SYSTEM.

The Bowman lecture of J. Hughlings Jackson bearing the above title has just appeared in the *Transactions of the Ophthalmological Society of the United Kingdom*, 1885–86. It is characteristically brilliant and suggestive, more especially to one who has not perused the more exhaustive statement of the author's psychological and neurological philosophy set forth in the famous Croonian lectures of 1884, (published in *Brit. Med. Jour.* of that year). In this year's address the general position taken in the Croonian lectures on the Evolution and Dissolution of the Nervous System is reaffirmed. The "organ of mind" is considered to be "simply a series of sensori-motor centers re-re-representing impressions and movements of all, literally, all parts of the body." The frontal lobes of the brain, preponderatingly motor in character, are the agent of this third stage of abstraction or representation; the middle convolutions, Ferrier's motor region, intermediate the re-re-representative stage; whilst the simple representative phase is given by the nuclei of the cranial nerves and anterior horns of the cord. The whole conception of cerebral function and disease is confessedly based upon the evolution philosophy, set forth particularly in Herbert Spencer's psychology, and derives therefrom a striking reach and substantiality of reasonableness. The relations of ophthalmology and neurology are somewhat discursively touched upon, and one feels that it is the neurologist *par excellence* that speaks, and is paying that half-forced attention to ocular symptoms that his audience and his duty of the hour demands. Despite this, it goes without saying that the allusions are luminous and to the last degree suggestive. First of all, the specialist is justified as a factor in the universal trend of the law of evolution, which, while persistently bringing about differentiation, as absolutely necessitates increased definiteness, increased integration, and increased coöperation. "The neurologist ought at least to be able to suspect hypermetropia as a cause of head-troubles, but only the skilled ophthalmic surgeon can estimate it precisely and correct it accurately." Epilepsy is the illustration used throughout the lecture to exemplify the author's psychology. This affection is held to be of the nature of an excessive discharge in the highest centre, what he has elsewhere called "a physiological fulminate." From these complex centres the discharge proceeds towards the periphery according to the extent and power of the initial force and the anatomy of neural distribution. Like all other movements, the eye-symptoms, such as the apparent alteration in the size or distance of external objects, colors, ocular movements, etc., are the indirect reflex results arising during epileptic discharges of sensory elements. The coma or "paralysis" consequent upon epilepsy arises from the exhaustion of the lower centres; hence, *inter alia*, the diminutive size of the pupils in this state. The lecturer speaks of the visual centre according to Ferrier, as located in a space supplied by the middle cerebral artery. In Ferrier's last edition, however, Ferrier admits that this centre is "*also*" in the occipital lobes as well as in the angular gyri. That it is pretty certainly delimited to the cunei of the occipital lobes is quite beyond doubt at present. As to optic neuritis and its value as indicating brain tumor, the author is quite decided in the body of the lecture, that operation is only to be advised when optic neuritis is present; but in a post-scriptum note he recants, and gives an instance of successful operation when no neuritis or headache were present. The epileptiform seizures in this case began in the patient's left thumb, and to the uninitiated it seems almost ludicrous to hear the lecturer gravely assert that he advised the excision of "a *part* of the thumb centre," and testify to the patient's complete recovery. From a case where optic neuritis had disappeared under treatment the dictum is adduced and italicized that "*a man with optic neuritis is to be considered as being in imminent danger of death.*"

That the neurologist and ophthalmic surgeon have a common ground is strikingly exemplified in the following excerpt: "It is well known that with destructive lesions of the brachial plexus we have smallness of the pupil on the side of the injury. Ferrier finds that in the monkey, and presumably it is so in the man, the dilator fibres of the iris, contained in the cervical sympathetic are derived from the anterior root of the *second* dorsal nerve. In the monkey the second dorsal sends a communicating branch to the brachial plexus, and so it does in most cases in man. Now the second dorsal root supplies also the intrinsic muscles of the hand. In one case I have observed a small pupil (inability to dilate when shaded) in a case of progressive muscular atrophy at a stage when the hand muscles were almost solely those atrophic."

From the deductions of Ferrier and Yeo that movements of the eyes and head are represented in the frontal lobes, the lecturer adds another proof to the many that seem to meet one everywhere, of the superlatively important rôle of the eye in the development of the intellect. "Ocular movements are the most representative of all movements. Most mentation is carried on in visual perceptions and ideas; and as there is an element of, or symbolizing, shape in all visual perceptions and ideas, there is of necesity a representation of ocular movements in the physical bases of these perceptions and ideas, that is, in the highest centre." G. M. G.

POISONING BY BELLADONNA.

A peculiar and very instructive case of poisoning is reported by Dr. Hermanidez (*Weekblad van het Nederl. Fijdsch. voor Gen.*, 1886, p. 484). In a peasant family consisting of eight persons, shortly after a meal, consisting of codfish, potatoes, and a sauce made of butter, peculiar phenomena of illness developed, which at once indicated intoxication by atropia. As a great number of chickens owned by the peasant had died a week previous under analogous symptoms, and as it was well known that the family had had a bitter dispute and fight with some neighbors, the public prosecutor ordered an examination of the dead chickens, though all the members of the family were sure of not having eaten of the flesh of the chickens. The animal, which was handed to Dr. H. for examination, had been lying in a swamp for over a week. H. found an alkaloid in the flesh, but it was one formed by the process of decomposition—a ptomaine. Besides, he convinced himself by experiments, that chickens can take as much as 150 mgrms. of atropia, and that the animals referred to would have had to have eaten large quantities of the drug to have caused their death. The most careful examination revealed no trace of atropia in the chicken given to H. for analysis, and the family could not have died of the flesh of these birds. Finally, a piece of the codfish was found, and in it considerable quantity of the alkaloid. Further investigations demonstrated the fact, that while the peasant's wife, who is nearly completely deaf, was alone in the house, a neighbor entered, unseen, the kitchen, and emptied an ounce vial containing a two-grain atropia solution, which had been prescribed by his physician for some eye disease, over the codfish—his intention being revenge for some imaginary wrong. Happily a large part of the fluid had been previously used and spilled, otherwise the result would have been a fatal one.

The discovery concerning the criminal was brought about in this way. In Europe it is very difficult for anybody to obtain poison without the prescription of a physician. As soon as the court had been informed of the presence of the deadly alkaloid in the piece of codfish accidentally left over and preserved, they started an inquiry amongst all the physicians and apothecaries in the neighborhood, to find out, whether any of them had written such a prescription or put up the same. No information was thus obtained, but one of the physicians remembered, that half a year previous, the revengeful neighbor had suffered from eye.disease and consulted him, and that he advised him to go to the city to be treated by a specialist. When the latter was asked, he admitted having prescribed the atropia-solution, which was put up by an apothecary in the city. On being confronted with the circumstantial evidence, the man admitted his having done the deed, but denied having aimed at the death of the parties.

NOTES AND COMMENTS.

Syphilis During Pregnancy.

A series of very remarkable clinical observations on syphilis in pregnancy have recently been made by M. Hirigoyen, at the Maternity Hospital in Bordeaux, from which he concludes that, from an obstetric point of view, both abortion and natural labor take place in syphilitic patients exactly as in healthy women. In certain exceptional cases, however, difficulties attributable to syphilis may arise, such as hemorrhage from partial adherence of the placenta, rigidity of the os, etc. Finally, women suffering from primary or secondary syphilitic lesions in the genital organs are rather predisposed to puerperal accidents, and require more attention on the part of the attendant than other women. The following is a summary of the observations, which extended over a period of two years:

1. In the lying-in wards, in Bordeaux, the proportion of syphilitic to other patients was 5 per cent.
2. Five-sixths of them were unmarried.
3. Syphilis in a pregnant woman tends to bring about premature labor.
4. The duration of the disease seemed to have a very decided influence.
5. In eight cases of pregnancy in syphilitic women who had had the disease for one or more years, only two children were born alive, and these were very puny.
6. In twelve cases, in which the mother had contracted the disease during the first four months of pregnancy, the fœtus was in every case still-born.
7. When the mothers had become affected between the fourth and the sixth months of pregnancy, the fœtus died in about half the cases.
8. When syphilis had been contracted during the three last months of gestation, the proportion of living children was a little more than one-half—four out of seven.
9. Out of thirty-three cases of pregnancy in syphilitic women, living children were born in eight.
10. Syphilis may give rise to difficulties during labor, and also to subsequent complications; but this is rare.
11. To be effectual, anti-syphilitic treatment should be administered from the very beginning of pregnancy, and continued throughout. The treatment should be perseveringly carried out, in order to prevent accidents in future pregnancies.

Total Extirpation of the Uterus and Nephrectomy.

Dr. Schmidt, of Cologne, relates in the *Münchener Medizinische Wochenschrift*, No. 33, 1886, a case in which these formidable operations were successfully performed at one sitting. The patient was 49 years old, and had given birth to four children, all still-born, and the menopause had occurred two years previously. For a year she had suffered from severe, irregular uterine hemorrhage. Carcinoma of the cervix, involving the vault of the vagina, was detected. The uterus was removed, but the operation was rendered very difficult by abundant cord-like adhesions between the fundus and the pelvic walls. The peritoneal cavity had to be very widely opened. On careful examination of the extirpated uterus, it was found that an inch of the right ureter had been cut away with that organ. The vagina was plugged with iodoform gauze, and the right kidney was removed through a lumbar incision. The patient made a good recovery. Dr. Schmidt states that the total extirpation of the uterus is quite inadmissible, when it appears at all probable that a ureter is likely to be injured, not that the necessary nephrectomy would greatly increase the risk, but rather because the extirpation of the uterus would be of little service in such a case, as the cancerous infiltration would be extensive, and rapid recurrence would be certain. Yet, when the ureter has been injured he thinks that nephrectomy is preferable to sewing of the proximal end of the ureter to the vaginal walls, as this leads to inflammation and sloughing, and renders nephrectomy necessary later on. In Dr. Schmidt's case it must be noted that the disease had distinctly involved the cellular tissue to the right of the cervix.

The Existence of Pepsine and Trypsine in Urine.

Dr. Vasilevski, at Professor Chudnovski's suggestion, recently undertook some observations on the urine of twenty patients suffering from various diseases, in order to confirm the statements made by a number of authors —Brücke, Grützner, Sahli, Leo, Mya, Belfanti, and others—as to the constant existence of pepsine and trypsine as urinary constituents. He found that in both healthy and diseased states pepsine in greater or less quantity was constantly present. The smallest quantity was found in patients who were badly nourished, the state of nutrition of the body having apparently more influence upon the amount of pepsine in the urine than the nature of the disease. The least quantity of pepsine was found in the urine of a patient with pulmonary phthisis four days before death, and in that of another who suffered from carcinoma of the pylorus. In this case the pepsine was greater in amount when the pylorus was pervious, and less when it was impassable, and the patient vomited matter in a high state of fermentation. A high body temperature appeared to lessen the pepsine. In three cases in which the urine contained albumen, the quantity of pepsine co-existing with it appeared to be much the same as might have been expected from the state of the patient's nutrition if there had been no albuminuria. In regard to trypsine, Dr. Vasilevski was unable to obtain definite results.

The Cold Affusion in Headache.

Sir Robert Christison, in his "Autobiography" (says the *Lancet*), bears emphatic witness to the efficacy of this treatment, citing in particular the case of his own mother, who suffered from headache of a peculiarly persistent character, and who cured herself effectually by the cold douche. It was the favorite remedy of the Romans, as may be inferred from more than one passage in the judicious compilation of Celsus: "Capiti nihil aeque prodest atque aqua frigida" (Nothing is so beneficial to the head as cold water), Lib. i., c. 4. Again (Lib. i., c. 5), when touching on the various inflammatory affections of the head and its cavities, he says: "Usus aquæ frigidæ prodest iis etiam quos assidue lippitudines gravedo, destillationes, tonsillaque male habent" (The cold affusion is of benefit to those also who suffer from chronic ophthalmia, from cold in the head, from catarrh, and from inflamed tonsils). Again, the lassitude and headache induced by the sirocco (*auster*), to which the British resident on the Mediterranean is so subject, and which no amount of acclimatization seems to lessen, has its appropriate remedy in cold water: "Præcipue omnibus eo auxilis utendum est ubi gravius caelum austri reddiderunt" (This remedy is of especial advantage to all when the atmosphere has become heavy by the sirocco), Lib. i., c. 5.

Caffeine in Heart Disease.

The *British and Colonial Druggist* says that a series of investigations into the therapeutics of caffeine citrate have been undertaken by Dr. Otto Seifert (Wurzburg) during the course of last year. He administered it to patients suffering from organic affections of the heart with imperfect compensation. In one case there was chronic nephritis, with generalized œdema. According to Lepine, the daily dose of caffeine should be from one to two grammes. The drug was given in seven cases, sometimes in repeated doses, at others all in one dose. The principal advantage which has been claimed for it is that it quickly improves the action of the heart and regulates the cardiac beats. It is also a diuretic. One to two grammes of caffeine should be given in twenty-four hours; it has no cumulative action; indeed, the speedy elimination of it, and consequently very temporary action constitutes one of its principal drawbacks. In those cases where compensation has been reestablished, the action of caffeine may be as prolonged as that of digitalis. The general condition is influenced in a striking manner; disappearance of the palpitations and dyspnœa being, as a rule, rapidly effected.

An Intermittent Form of Meningitis.

Dr. Henoch has described a moderate form of simple, non-tubercular meningitis, characterized by a protracted course and by alternations of exacerbation and improvement (*Centralbl. f. klin. Med.*, February 5th). The onset is sudden, the fever being more or less intense, with frontal headache, sometimes vomiting, and always marked rigidity of the muscles at the back of the neck, which may sometimes affect the muscles of one or other side. The fever abates, and improvement occurs after one and a-half to two weeks, to be followed by a renewed exacerbation after an interval varying from twenty-four hours to several days, without any apparent cause. These variations may be repeated frequently in the course of the next few weeks, cure resulting in from seven to ten weeks. Cases in which the remissions are not marked usually end fatally, especially when they occur during the first year of life. Treatment appears to have little or no effect on the disease, and its etiology is frequently obscure, although sometimes it seems to depend on some infectious cause. Flexion of the knee-joint, with the thigh at right angles to the trunk, as described by König, is not always present.

Poisoning from a Vaginal Injection of Sublimate.

The *Therapeutic Gazette* publishes the following instructive case, which originally appeared in the *Centralblatt für Gynäkologie*, by Fleischmann, of Prague. A perfectly healthy primipara, aged seventeen, exhibited no symptoms of kidney disease, or of any other complication of pregnancy. To disinfect the vagina before labor, two douches of 1 to 2,000 solution of sublimate were given, one before and one after examination by a midwife. It was noticed that a small amount of bloody mucus was expelled from the vagina after the douches. In a few hours abdominal pain, diarrhœa and a rise of temperature occurred, all the symptoms and lesions of mercurial poisoning developed, nephritis, salivation, and continued diarrhœa, and, after giving birth to a living child, the patient died in coma on the ninth day after the douches were given. The pathological anatomical diagnosis made at the autopsy was "corrosive sublimate intoxication, acute nephritis, dysentery, stomatitis, and pharyngitis in the stage of ulceration, parenchymatous degeneration of heart and liver, lobar and lobular pneumonia bilateral, acute cystitis."

Carbolic Acid in the Treatment of Vomiting, and Painful Dyspepsia.

The *Boston M. and S. Jour.* says that the well-known anæsthetic and analgesic effects of carbolic acid were first utilized in the treatment of vomiting by Dr. Edward Garroway, of England. He found doses of carbolic acid in some suitable vehicle to allay as by magic hysterical vomiting and the vomiting of pregnancy. Drs. Dixon and Beran afterwards employed the same remedy in the same dose for the relief of some forms of painful dyspepsia; the latter associated with it a certain proportion of the *acetum opii* (English black drops).

Recently Pacholier has essaped the combination recommended by Dr. Beran, in obstinate cases of chlorotic vomiting in the vomiting of pregnancy, in gastralgia from dilatation of the stomach, and from anæmic, nervous causes; and he reports remarkable success from this palliative treatment of these affections. His formula is as follows:

℞. Pure deliquescent carbolic acid, 1 part.
English black drops, 3 parts.

Mix. Dose.—Four drops in a little sweetened water three times a day, a few minutes after meals.

The Use of Iodol in Belgium.

Dr. Edouard de Smeth, in a clinical lecture on iodol given at the Hospital of St. Pierre, Brussels, details several cases of syphilis and soft chancres in which iodol proved very useful. In one of these, iodoform had first been used, but had to be abandoned because of the objection made to its smell by the landlord of the hotel in which the patient was staying. The lecturer also mentioned a case of very obstinate varicose ulcers which had been treated with great success by one of his colleagues by an ointment composed of five grammes of iodol in thirty grammes of lard. He says that iodol is prescribed in Belgium by Dr. Coppez in various ophthalmic cases, by Dr. Houzé in tubercular ulceration of the throat, and by Dr. Lebrun in the form of ethereal injections in endometritis, also by others in various affections under the forms of iodol-collodion, iodol-bougies, etc. In addition to the experiences of Belgian surgeons, those of foreign observers were mentioned, especially those of Marcus of Pyrmont, showing by injections of iodol and iodoform in animals that iodol is far less poisonous than iodoform.

Haschisch Purum and Cannabinon.

This is a preparation of cannabis indica prepared by treating the alcoholic extract of Indian hemp with caustic alkali, by which all acid ingredients are solved (*Pharmaceutical Journal*). The brown soft resinoid residue is "pure haschisch," and is composed of the soft resin cannabinon and the alkaloid tetanine. It is insoluble in water, but forms golden-yellow solutions in alcohol, ether, and chloroform. A third of a grain is said to act as a cerebral stimulant, and a larger dose causes all the symptoms, including sleep, of Indian hemp. The drug should be in a fine state of division, and may be given in pastile form, with powdered cacao or roasted coffee as a vehicle. Tannic acid dissolves out the alkaloid on which the stimulant action depends, whilst the remaining cannabinon has the narcotic property. Cannabinon is triturated with sugar of milk in the strength of 10 per cent. Made up with cocoa or coffee in pastile form, it may be given as a hypnotic, in doses of one half to one grain and a half, especially for hysterical or insane patients, but it is contraindicated when heart-disease exists.

Catharsis Produced by Hypodermic Medication.

The *Weekly Medical Review* says: "Drs. Dudley and Castle, in a recent communication, express their belief that one or more agents have been found which will produce free catharsis when administered hypodermically. One of these is cathartic acid, an amorphous substance nearly insoluble in water. Experiments were made with it on animals, and some of the results obtained led them to think that when a better knowledge of its solubility and dosage is acquired it will answer the purpose of a catharsis-producing agent when administered under the skin. As there are frequently cases in which a loss of time is sustained by the administration of cathartics by the mouth, and rectal injections fail to answer the purpose, the existence of some method as the above will be recognized as playing an important part in therapeutics."

A Practical Surgical Hint.

Dr. John F. Lockwood, of Batavia, Ill., writes to the *Med. Record* that a young man came into his office, having severed the radial artery in the wrist. His brother, who accompanied him, controlled the hemorrhage from the proximal end by means of pressure while the writer occupied himself with the distal end, and endeavored to seize the bleeding points. He was unable to find these readily, because of the constant oozing of blood which obscured the field of operation, and sponging was of little avail. It then occurred to him to blow away the blood, which he did, and found that by this means he could keep the wound so free that the ends of the arteries were readily found and tied. He says that with a little care there need be no spattering of blood, but that a well-directed stream of air simply clears it all away from the wound.

Aniline in Phthisis.

Dr. Kremjanskij, formerly Professor of Medicine in Charkow, has recently propounded a scheme for destroying the bacilli of phthisis in the living body by saturating the blood with aniline, which, he says, is poisonous, even in very dilute solutions, to the bacilli, but has never been known to kill a human being. Caution must, however, be used, and the inhalation of fresh air, turpentine, anise, and eucalyptus oils, ought also to be used. He suggests that the drug may be introduced into the system by inhalation of atomized aniline several times a day. The matter was discussed at the recent congress of Russian medical practitioners, and, though it of course evoked a considerable amount of unfavorable criticism, a commission was appointed to watch the carrying out of the plan by Prof. Kremjanskij, in one of the Moscow clinics.

An Explosive Mixture.

Signor A. Cavazzi, according to the *Gazetta Chimica*, has well nigh destroyed his pharmaceutical laboratory, and, indeed, narrowly escaped with his life, by heating together some hypophosphite of sodium and nitrate of sodium. The result might have been foreseen. Equal parts of these salts heated in a crucible explode with the utmost violence. We understand, says this magazine, that this chemist intended to test the purity of a supply of hypophosphite recently imported for pharmaceutical purposes, and with the view of oxidizing the compound in order to estimate the hypophosphorous acid as phosphoric acid, he heated it with nitrate of sodium, with the above-mentioned terrible result.

Vaseline for Hypodermic Medication.

This method of hypodermic medication is extending, especially in France, where it is advocated by M. Meunier, of Lyons, as a vehicle for the introduction of active principles into the system. It is contended that vaseline is absolutely harmless to the tissues, and may be employed in large doses without causing accidents. But the vaseline must be perfectly pure. Pure vaseline treated with warm sulphuric acid does not blacken, but any impure specimen would. Eucalyptol has been thus employed in phthisis, and turpentine in sciatica. Iodoform, phenol, iodine, and camphor may be injected in the strength of 1 per cent., and thymol in ½ per cent., or menthol 10 per cent.

Iodoform in Heart Disease.

M. Testa has employed iodoform in cases of organic lesion of the valves. The administration of small doses of iodoform (seven centigrammes—about a grain—in four pilules, one to be taken every two hours) rapidly dissipated the functional derangements dependent on the valvular disease. The experimental results obtained in dogs completely concur with those furnished by clinical experimentation in demonstrating that in dogs iodoform retards the cardiac contractions, and this delay increases the total duration of each cardiac cycle, and also the efficiency of the systole.

Rhus Aromatica for Nocturnal Enuresis.

A fluid extract has been sent into the market by Parke, Davis & Co. It is prepared from the cortex of the root of the rhus aromatica, sweet sumac. It acts on the plain muscular tissue of the bladder, uterus, and rectum, and may be employed to check hemorrhages in these situations. Atonic dyspepsia is said to have been relieved by it. Dr. Unna, after a trial of three years, believes the extract to be very efficacious in the nocturnal enuresis in children. Five drops may be given morning and evening to a boy two years old, and ten-drop doses to children of six.

Salicylate of Soda in Gonorrhœa.

Dr. Avsitidiski recommends salicylate of soda in gonorrhœa; the quantity he gives is thirty grains a day dissolved in linseed-tea. The way in which this acts is by being eliminated by the urine, and thus washing out the urethra with an antiseptic solution. Dr. Avsitidiski tried the effect of a 2 per cent. salicylate of soda solution as an injection, and found that it acted similarly to a solution of boracic acid of the same strength, rapidly changing the puriform secretion to one of a mucous character.

Excision of Chancres.

Dr. Andronico claims to have entirely eradicated the syphilitic virus in four cases by excising the primary chancre. He believes that if the sore is situated in a locality such as the nymphæ or the prepuce, where excision is possible, and if the operation is performed within forty-eight hours, or at the very latest three days, from the first appearance of the chancre, success may be hoped for. The excision is, he says, contra-indicated if a longer time than this has elapsed, or if the glands are enlarged.

Bicarbonate of Soda in Tonsillitis.

The treatment of tonsillitis by frequent local applications of carbonate of soda, which has been practiced and recommended by Dr. D. Juan Giné, has been put to a series of tests by another Spanish physician, Dr. D. Rovira y Olive, who deduces from them the opinion that, though it is often beneficial in cases where the parenchyma of the tonsil is affected, it is of much less value than many other applications in cases which are merely superficial and catarrhal.

Sulphur in Chlorosis.

Dr. Paul Strübing and Dr. Hugo Schulz, of Greifswald, state that in a certain class of cases of chlorosis, in which iron and arsenic fail, the continuous use of sulphur is efficacious. In those cases, however, in which there is a catarrhal condition of the digestive tract, it should not be used.

Prescription for Asthma.

Dr. Cazenave de la Roche has found iodide of potassium combined with cow's milk a very efficient remedy for asthma. It should be given as follows: Distilled water, 150 grammes; iodide of potassium, 8 grammes. One tablespoonful of the solution in a cup of milk twice a day.

◆

CORRESPONDENCE.

A Case of Gleet.

EDS. MED. AND SURG. REPORTER:

About two months ago a sailor consulted me about a gleety discharge from the penis, following gonorrhœa of five months duration, stating that he had received medical treatment both in this city and in Baltimore, consequently having used numerous remedies, without any perceptible benefit.

Feeling confident the man had a stricture, I began to get my instruments ready for an urethral exploration; this he cut short, however, by refusing to allow instrumentation. I afterwards ordered him potassii bromidum for his painful nocturnal erections, and an ordinary astringent injection, which he used for a couple of weeks without any diminution in the discharge. In the meantime, while reading the REPORTER, I saw the report of a case of gleet cured by the weak alkaline treatment, *i.e.*, a 2 per cent. solution, of sodii bicarbonas. I ordered this, and to my surprise and entire satisfaction, the discharge ceased. One swallow does not make a summer, nor one cure a specific; but it sometimes makes a practice.

J. NEELY RHOADS, M. D.,
Asst. Gynœcol. Depart., Jeff. Hospital.

NEWS AND MISCELLANY.

Leprosy in Norway.

Dr. Herman Mynter, in the *Western Medical Press*, gives an interesting account of a visit to St. Jurgens, the great hospital for lepers in Norway. Regarding the prevalence of this disease he writes: "While in the middle ages the gallows were erected outside walls of every city to hang every leper who dared to enter, large hospitals are now maintained to take care of these unhappy creatures. A new law has lately entered into force in Norway by which the government has the power to force all lepers into the hospitals, but the opinions about its necessity seem to be divided so far. Leprosy has for years been on the decrease in Norway, from 2,113 cases in 1856, to 1,630 in 1879; possibly on account of the greater civilization and the better knowledge in the population of the disease and of the necessity of its early treatment, possibly on account of the isolation of the infected. The people commence to understand that the earlier the treatment is commenced the better is the prospect of recovery, or, at any rate, such an amelioration of the symptoms that it may be called recovery till a relapse occurs."

Secretary Bayard at Work.

Mr. Bayard is a very hard and constant worker. He goes down to his office every morning at 9, and he seldom leaves for home before 5 in the afternoon. In the middle of the day he sends the messenger out to Ward's dairy for a glass of milk and a biscuit. That is the only meal he takes between morning breakfast and evening dinner. He hardly ever laughs and never really cracks a joke. When he talks it is always with an air of restraint and responsibility. What he prides himself on most is his superiority to other men in being better acquainted with books.

Secretary Bayard is not one of those who, like Fairchild, the assistant Secretary of the Treasury, always put on full dress to dine. When he dines out or when he has guests at home, he dresses in swallow-tail, but for his ordinary evening at home he dons a short quilted jacket, which is both warm and comfortable and neat. Bismarck is Bayard's favorite statesman, and photographs of Bismarck are set up on the mantel and all around the front parlor of Mr. Bayard's mansion.

The International Congress.

Among the list of gentlemen announced by Dr. J. B. Hamilton as intending to be present at the International Congress, we find among surgeons: Mr. T. Bryant, Mr. C. Heath, and Mr. Jonathan Hutchinson, of England. Among gynecologists and obstetricians: Mr. Lawson Tait, of England; Professor Gustav Braun, of Vienna; Professor Hegar, of Freiburg; J. Amédée Doleris, of Paris. Among neurologists and alienists: Drs. J. Althaus, G. H. Savage, D. Hack Tuke, D. Ferrier, H. C. Bastian, Sir J. C. Brown, William J. Mickle; A. Eulenburg, of Berlin. Among dermatologists: Dr. George Thin, of London; Hans von Hebra, Neumann and Kaposi, of Vienna; P. E. Unna, of Berlin. Among general physicians: Drs. B. W. Richardson, Charles West, Eustace Smith, George Johnson, Sir E. Sieveking, N. T. H. Waters, J. S. Bristowe, Pye-Smith, of England; Professor Dujardin-Beaumetz, of Paris; Drs. Lewin, Gusserow, and Veit, of Berlin. Chiari, of Vienna, is also down as intending to be present.

Earthquakes.

With regard to the injuries and deaths from surprise, or shock that have been produced by these commotions in the South of France, as well as to their phenomena generally, the following extract from Prof. Huxley's paper, "Scientific and Pseudo-Scientific Realism," in the *Nineteenth Century* for February, will help to remove some of the misconceptions that invest them: "It is, he says, to say the least, highly probable that this earth is a mass of extremely hot matter, invested by a cooled crust, through which the hot interior still continues to cool, though with extreme slowness. It is no less probable that the faults and dislocations, the foldings and fractures everywhere visible in the stratified crust, its large and slow movements through miles of elevation and depression, and its small and rapid movements which give rise to innumerable perceived and unperceived earthquakes which are constantly occurring, are due to the shrinkage of the crust on its cooling and contracting nucleus."

His Associates "Settled it."

A distinguished literary man of Oakland, says the *San Francisco Post*, stood up in the police court to answer to the usual charge of vagrancy. "I object, your Honor," he said with dignity, "to this persecution of gentlemen who follow the profession of letters, and ——" "I understand," interrupted the judge, "that you were found sleeping under a doorstep, that you have no visible means of support, and that you have been seen under the influence of liquor." "What of it?" cried the prisoner. "Though I am as poor as Richard Savage, when he made his bed in the ashes of a glass factory; as drunken as Dick Steele, who was full nine-tenths of his time; as ragged as Goldsmith when he was on his fiddling tour; as immoral as Byron; as dirty as Sam Johnson; as——" "There, there!" cried his Honor, impatiently, "I've no doubt your associates are a disreputable lot, and I shall deal with you in such a manner as to cause them to give Oakland a wide berth. Sixty days with hard labor. Mr. Clerk, furnish the constable with the names of the vagabonds mentioned by the prisoner."

Insane Chinamen in the United States.

Dr. Wilkins, of the Asylum for the Insane at Napa, California, speaking at the last annual meeting of medical superintendents of American asylums, (*American Journal of Insanity*) said that there were about a hundred insane Chinamen in California. Referring to a belief that there were no insane people in China, he stated that he had been told by some of the Chinese who speak English that when a man becomes insane in China he is put in confinement, and is left alone and dies. In his experience the proportion of Chinese who become insane is not so great as that of other nationalities. They eat rice and unstimulating food, and are less liable to be influenced by the excitements, speculations, and similar causes that serve to bring on insanity amongst others. There was, he said, nothing peculiar in the forms of insanity prevalent amongst the Chinese. They were affected with melancholia, mania, and dementia. Three cases of derangement amongst Chinese occurred during one of Moody and Sankey's revival campaigns.

Prosecuted for Skin-Grafting.

An extraordinary case of prosecution and persecution has recently occurred in the Atlanta, Ga., courts (*Atlanta Med. and Surg. Journal*). On August 30, 1886, in the presence of Drs. Hardon, Westmoreland, and Howell, Dr. Henry Wile, of that city, proposed to a boy of thirteen years to submit to the removal of some small skin-grafts from his arm to be placed upon an extensive ulcerated surface on the head of his cousin, a little girl somewhat younger, whom he had accompanied to the office. The boy readily consented, and minute grafts were excised without causing him any inconvenience. In the afternoon of the same day the father of the boy went to the office and charged Dr. Wile with having cut "his son's arm to pieces." He subsequently swore out a warrant charging him with assault and battery. Upon trial the case was promptly decided in favor of Dr. Wile.

Medical Degrees for London Students.

A large meeting of the students of the London Hospital was recently held to discuss the scheme for providing medical degrees for London students. Dr. Langdon Down, in the chair, was supported by Mr. Treves, Dr. Francis Warner, and Mr. Munro Scott (Warden). Mr. F. Treves proposed, and Mr. J. Moore seconded, "That a committee be formed to draw up a petition to the Royal Colleges, praying that they use their best endeavors to obtain the power of granting a degree in medicine, and that this committee take such steps as they may think fit to support this petition." Dr. Warner spoke in support of the proposition, which was carried unanimously, Messrs. H. Smith, Watts, Moore, Taylor, and Raynre were elected on the committee, the latter to act as secretary. The meeting was enthusiastic throughout.

An International Congress on Cremation.

An international congress of societies and persons interested in cremation is announced to take place at Milan in September of this year. The programme of the Congress comprises—

1. A general statement of the progress of cremation among different nations.
2. A proposal for constituting an international league of cremation societies.

3. A proposal for international legislation, regulating the removal of bodies from one country to another, and the methods of cremation and conservation of the ashes, from the point of view of public hygiene and legal medicine.

There will be an exhibition of models, plans and designs, books, etc., relating to and bearing on cremation.

A Babe Weighing Just One Pound.

A Lexington (Ind.) special to the New York *World* says:

"Utica, Clark county, a few miles south of here, numbers among its inhabitants probably the smallest baby in the world. It was born on Friday to the wife of Raymond Ferguson, a farmer, and it weighs just sixteen ounces. It is well formed and in very good health. The arms of the little stranger are just three inches long, while its legs measure four inches. Dr. Williams, the attending physician, says it will survive if nothing unforeseen happens. The mother and father of the midget each weigh over 150 pounds, and it is in the best of health."

Cleaning Hair-Brushes with Ammonia.

The best way in which to clean hair-brushes, says the *Popular Science News,* is with spirit of ammonia, as its effect is immediate. No rubbing is required, and cold water can be used just as successfully as warm. Take a teaspoonful of ammonia to a quart of water, dip the hair part of the brush without wetting the ivory, and in a moment the grease is removed; then rinse in cold water, shake well, and dry in the air, but not in the sun. Soda and soap soften the bristles, and invariably turn ivory yellow.

Vaccination in Africa.

Archdeacon Farrar, of Magila, writing from East Africa, says: "We have just saved the whole district of Magila from an invasion of small-pox, vaccinating everybody, at the rate of about fifty a day, until all have been vaccinated; so that while other districts have suffered considerably around us, there has not been a single case of small-pox in the Magila district, with its hundreds of villages, and thousands of people. This, of course, has commended our medical science to the people, and they come in numbers."

An Expensive Set of False Teeth.

Dr. Evans, the American dentist in Paris, made a set of teeth for an English lady, the ivories being carefully chosen from the mouths of twenty Breton girls, who submitted to the extraction for a pecuniary compensation. Shortly after the set was delivered, the lady traveled to Mentone, and was aroused from her bed by the recent earthquake. She is now back in Paris with sunken-in lips, having forgotten her teeth in the escape from the shaking Italian hotel. A fresh lot of peasant girls with sound teeth are now wanted.

New Hospital for Madrid.

El Siglo Médico states that the plans of the new hospital of San Juan de Dios, which is about to be erected by the corporation of Madrid, are most complete. The number of beds provided for is 644. The building is to be in ten pavilions, constructed of brick and iron on the Tollet system, and separated from one another. It is expected that the building will not be completed for four years.

Ferdinand Ward as a Laundryman.

Ferdinand Ward is the most cheerful man in Sing-Sing (says the *New York Sun*). "The only fault I can find," he said, "is with the food. I haven't got used to that yet, and I'm afraid I never shall get used to it. I am working in the laundry, and I tell you I'm a daisy handling shirts. I just sort the shirts out and do them up in packages of six, and I never make a mistake in the figures."

Vaccination against Snake-bites.

Professor Sewell, at the University of Michigan, Ann Arbor, has been carrying out some experiments in Pasteurization, taking for his subject the virus from the sacs of rattlesnakes. By attenuation and cultivation he has succeeded in protecting pigeons and rabbits by inoculation, so that they will withstand inoculation of five or six times the strength of uninoculated pigeons or rabbits.

The Wakley Convalescent Home.

The *Brit. Med. Journal* announces that the late Dr. Wakley bequeathed to the University College, of London, his residence at Longcross, together with eight acres of land, for the purposes of a convalescent home for patients from the hospital, as a memorial of his father, the founder of the *Lancet;* also $5,000 to be expended in the maintenance of the home, at the rate of $1,000 a year.

Trichinæ in Beef.

In his earlier years, the late Professor E. L. Youmans was very fond of rare roast beef; but on one occasion Professor Agassiz told him that trichinæ were as liable to be found in beef as in pork, and that the only way to avoid the risk of eating them was to have one's meat thoroughly cooked. Always afterwards Professor Youmans insisted upon having his beef "well done."

Disinfecting Bank Notes.

About $200,000 worth of one and two dollar Dominion notes were disinfected by the City Health Officer at Montreal recently. They had been called in by a local bank during the small-pox epidemic, and the Government officers declined to handle them unless they were first disinfected.

Death of Professor Beclard.

M. Béclard, dean of the Paris Medical Faculty, and Professor of Physiology, died on February 9, aged 70. Pneumonia was the cause of death. M. Béclard wrote a physiological treatise, which has long served as a text-book for students, and still holds its own among its younger rivals.

A Lively Death.

An oysterman whose "saloon" used to be on Maine street was the slowest man in the State. One day he died, and soon after a citizen said to Erastus, the oysterman's son: "Erastus, your father died rather sudden, didn't he?" "Well, yes," said Erastus, "sudden for him."

They Will Have to Pay Them All the Same.

Last summer men went through some New England towns leaving trial bottles of medicine, not to be paid for unless used. Recipients were asked only for a written acknowledgment. Several now find in the hands of third parties notes for $25, bearing their signature.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE WEEK ENDED MARCH 12, 1887.

Banks, C. E., Passed Assistant Surgeon. To proceed to Chicago, Illinois, and assume temporary charge of the Service, March 10, 1887.

Killed by the Receipt of a Pension Draft.

A colored woman near Oxford, Pa., recently received a draft from the Government for $3600 back-pay and pension for her husband, who died in the army. When the paper was put into her hands, she became so excited that she died suddeely.

Died from Diphtheria.

Dr. E. L. Andrews, a young physician of West Farms, N. Y., died last week of diphtheria contracted from a patient.

Items.

—Dr. Birdsall has been awarded a medal at the fair of the American Institute for his hitching strap.

—A 13-year-old girl, living in Jersey City, suffered last week with toothache, and one side of her face became swollen. The other night the abscess broke, and she bled to death before assistance arrived.

—Mlle. Magnier, the French actress, and four other ladies, paid $40 a day for shelter in an old omnibus in Mentone during the earthquake. A hackney coachman confessed to receiving $400 for a single night's use of his cab.

—A young man living in Ritchie county, West Va., was taken sick with measles. His grandmother, anxious to effect a speedy cure, placed him between two ticks of feathers, with hot stones at his feet and a live sheep alongside of him. He died soon afterwards.

—Pension Doctor—What battle were you in? Pension Fraud—Bull Run. Pension Doctor—Were you wounded there? Pension Fraud—I would have been if I had waited. Pension Doctor—For what do you claim a pension? Pension Fraud—For loss of wind.

—A young lady of Glenmeyer, Canada, was knitting the other day, and thoughtlessly put the point of her needle in her ear. It went further than she expected and touched the tympanum, and as it did so she started with the pain, and the needle pierced the tympanum, destroying the hearing of that ear.

—Arrangements have been made for holding this year a hygienic exhibition at Warsaw. The exhibition will be divided into five groups, comprising respectively the hygiene of food, of dress, of dwellings, of schools, work-shops, and hospitals, and, finally, statistics and meteorology. The opening is fixed for May 15, the closing for July 1.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A COUNTRY DOCTOR'S OBSTETRIC RECORD.

BY G. LAW, M. D.,
Of Greeley, Colorado.

May 19, 1872. Mrs. C., primipara. Called in consultation. Medical attendant had tried to apply forceps, but had not yet succeeded, for what reason I do not know, as the head was resting on the perineum. We gave ten grains of quinine in a little whisky and hot water. I then placed my hands on the patient's abdomen and manipulated the uterus during the pains, much in the manner since recommended by Credé for expression of the placenta. Result, a living child born in a few minutes. Recovery normal.

July 24, 1872. Mrs. M., IIpara. Vertex; normal in every respect.

October 4, 1872. S.; very small woman; primipara. Vertex; duration less than one hour. Male; weight seven pounds. Mother had mastitis ultimately; had to lance one breast.

October 12, 1872. Mrs. M., VIIpara. Vertex; normal; duration, two hours.

November 26, 1872. Mrs. DeV. Vertex; normal.

February 8, 1873. Mrs. H., aged thirty-nine, primipara, found in the care of a midwife; had been in labor near thirty hours. Found vertex presenting and almost resting on perineum; woman much exhausted; could scarcely be said to be having pains, uterine contractions had grown so feeble and far apart. Gave whisky and fluid extract ergot and applied forceps and delivered a large male child, alive and hearty, and slightly lacerated the perineum of the mother. Country doctors were not then generally careful to sew up small rents, and this was small in this structure, and I did not. The midwife sounded my infamy far and wide in that neighborhood for tearing my patient (or hers) "wide open" with my instruments, and I have done no obstetric work in that section since. Mother made a good recovery.

February 8, 1873. Same day, Mrs. T., aged nineteen, primipara, weight about 100 pounds. Vertex. Second stage became very tedious; patient's strength evidently failing. Fearing undue injury to her structures from the head lying so long wedged in the lower strait, I put on the forceps and delivered, alive, a boy that weighed fully twelve pounds. Placenta came in due time and uterus properly contracted. However, as I was about to leave the house I observed the patient suddenly turn pale and gasp. A quick examination revealed the cause—the most profuse and alarming flooding I ever witnessed either before or since. I was appalled. In an instant I remembered a pail of ice water standing in the shed-kitchen that I had passed through during the night. The nurse was in the next room washing the baby. I opened the door, seized the pail of ice-cold water, snatched the covering off the patient, and dashed the pailful of water on her abdomen. The flooding ceased instantly. I then gave ergot, fluid extract, in a teaspoonful-dose: followed it soon with one-half ounce of whisky in hot water, put on a dry bandage, got her on a dry bed, and had no further trouble from the flooding, and the infinite satisfaction of seeing my patient make as good a getting-up as could be wished.

May 1, 1873, Mrs. R., IVpara, rode twenty miles to this case, and normal in every respect. Patient lived in a sod house; nearest neighbor six miles off, and that neighbor an Indian squaw, the wife of a white man.

June 6, 1873. Mrs. S., primipara; vertex; very tedious second stage; finally delivered with forceps; good normal recovery.

June 12, 1873. Mrs. T., primipara and normal.

July 22, 1873. Mrs. P. IIpara; vertex; normal.

August 28, 1873. Mrs. A., IIIpara; vertex normal.

September 8, 1873. Mrs. W.; vertex; normal; mastitis; breasts lanced; child raised on bottle.

September 8, 1873. Mrs. R., III; vertex; normal in all respects.

September 25, 1873. Mrs. M.; vertex; labor normal; child male, very large; worst case of ophthalmia neonatorum I ever saw; treated with argent. nitras; perfect recovery. Mother had a very extensive prolapsus ani and prostatitis; returned the enormous protrusion under chloroform, tied in a not very well known instrument called a hemorrhodian by its inventor, and kept a stream of ice-water running through the instrument most of the time for four days. This gave great relief, at once effectually subduing the inflammation. This patient has had no trouble since from anal diseases.

October, 1873. Mrs. D.; short labor; twins; first one male, vertex; second, female, breech; both living; recovery normal in every respect. Mother only had milk enough for one; raised the other on bottle.

November 4, 1873. Mrs. L.; vertex; labor and getting up normal.

November 10, 1873. Mrs. B.; vertex; normal.

February 14, 1874. Mrs. B., primipara; vertex; labor short; child male, large; normal recovery.

March 7, 1874. Mrs. B., primipara; child male; vertex; normal.

April 4, 1874. Mrs. M., IIpara; vertex; very lingering second stage; forceps; alive; mother got up well in the usual time.

September 8, 1874. Mrs. N., IIpara; vertex; male; labor short; quick and normal recovery.

September 12, 1874. Mrs. N.; vertex; normal.

October 22, 1874. Mrs. H., primipara; vertex; normal.

December 11, 1874. Mrs. G.; vertex; normal; female; size, large.

March 17, 1873. Mrs. E.; vertex; normal.

March 25, 1875; vertex; normal.

April 28, 1875. Mrs. V.; vertex; normal.

May 4, 1875. Mrs. S.; vertex; child, 7 months, born alive, but died in a few days; mother's recovery normal.

May 10, 1875. Mrs. I.; vertex; normal; labor short.

May 14, 1875; vertex; normal.

May 17, 1875. Mrs. N.; breech; born alive, and followed by a mummified twin that had evidently developed to about the fourth month, died, and by the subsequent growth of its living mate became flattened out as if placed under a press; all parts of its body showed this flattening in a marked degree. The mother had noticed nothing unusual during her period of utero-gestation. She had already borne eight children. The family had always been very poor, and she had worked very hard all her life. Still she was a woman of quite fair intelligence, and would likely have noticed anything unusual if it had occurred. She made a good recovery. Placenta of shriveled ovum likewise mummified—dried.

June 22, 1875. Mrs. F., primipara; free presentation; anterior; forceps; did not tear perineum; child living; mother made a quick and good recovery.

July 10, 1875. Mrs. W., IIIpara; vertex; recovered in usual time.

August 11, 1875. Mrs. C., IVpara; vertex; recovery normal.

September 13, 1875. Mrs. W., primipara; vertex; normal.

October 19, 1875. Mrs. W., IIpara; vertex; lingering second stage; patient's strength obviously failing; forceps; child male, very large, with fontanelles almost closed; alive and hearty; mother's recovery normal; no injury to perineum.

November 2, 1875. Mrs. N., VIpara; vertex; normal.

November 11, 1875. Mrs. W.; vertex; normal.

January 15, 1876. Mrs. W.; vertex; normal.

January 31. Mrs. G.; lived eight miles in the country; child born an hour before I arrived; placenta still retained; flooding until blood had run through or off the bed and stood in pools of frightful size on the bare floor of the cold hovel in which she lived. Gave a teaspoonful fl. ext. ergot; removed placenta, which was found lying in the vagina; passed my hand, and turned immense clots out of the flaccid uterus, and had the satisfaction of finding it contract firmly and the flooding cease. The patient made a quick and good recovery.

February 4, 1876. Mrs. Q., IIIpara. Vertex; labor short; recovery normal.

February 20, 1876. Mrs. B., IIpara. Vertex normal.

March 6, 1876. Mrs. S. Vertex; normal.

March 16, 1876. Mrs. S., IIIpara. Vertex; normal.

March 21, 1876. Mrs. A. Vertex; normal.

April 6, 1876. Mrs. W., primipara. Vertex; duration thirty hours (twenty-five miles from town); finally put on forceps and was then two hours effecting a delivery. Child alive; weight full twelve pounds. Mother's pelvis of the decided masculine type; perineum uninjured. I have always made it a point to deliver slowly with forceps unless there is some over-mastering reason why I should hurry; generally slip them off when the perineum commences to bulge. Mrs. W. made a good recovery. I have attended her twice since—once using the forceps. Her first boy is now a fine lad.

April 9, 1876. Mrs. H. Vertex; normal.

April 11, 1876. Mrs. D. Child born when I arrived. Uterus contracted on placenta; had to pass hand to remove it. Recovery normal.

May 27, 1876. Mrs. G., primipara. Vertex; labor short and sharp. There is much being said about septic troubles, puerperal fever, etc., in the literature of the profession about this time—locally reinforced by a number of cases that had occurred in our own town under the care of my neighbor, Dr. ——. To some of these I had been called in consultation. The local alarm was great—amounting to almost a panic. Our learned city confréres were recommending hot carbolized vaginal douches as prophylactic and curative measures. My patient manifested some rise of temperature on my first visit and an alarmed and perturbed manner. I considered hers a case upon which to try the douching—hot carbolized water—and gave it myself, and know I did not introduce the nozzle of the syringe into the uterus, but nevertheless the liquid did get there, probably, for my patient had a most agonizing uterine colic, necessitating a hypodermic of morphia before I could leave the house. Nevertheless, she had a good getting up in the usual time. But I was not called as her obstetrician again until last summer—a period of about ten years—she, in the meantime, having to call some one to that service once every two years.

June 25, 1876. Mrs. N., primapara; lived twelve miles out in the country. Vertex. Nothing noteworthy as to the character of the labor. Saw and delivered her.

June 30. Milk established; lochia about ceased; temperature normal; bowels in good condition; appetite good; considered her safe.

Was recalled on the 3d of July. Found her with a high temperature; very sore abdomen, but not in much pain; milk suppressed.

History.—The weather was hot and the house small and uncomfortable, containing only three rooms; in one of these the cooking had to be done for her husband and two hired men working on the farm. To escape the heat, she took a comforter and went out under the shade of a tree, on ground damp from the contiguity of an irrigating ditch, spread it, and lay down on it and went to sleep. Awakened at the end of two hours in a chill, and sent for me. When I arrived, the chill had been succeeded by the condition above noted.

The case proved one of extensive peritonitis.

Thursday, July 6. Counsel was called. The abdomen was enormously distended with gas, which, as the woman seemed almost, if not quite, moribund, we drew off with an aspirator needle, finding it, evidently, in the peritoneal cavity—not in the lumen of the intestines. She scarcely complained of pain from first to last. Died on Friday night, July 7.

This was the first death to occur in my individual practice from or growing out of childbirth during the whole period in which I had been in civil practice—being ten full years, five of these years embracing a larger practice than the five narrated in this sketch. But of these first years I have preserved no written memoranda that is available. They were done in a country town in Michigan, in connection with an old and excellent practitioner for partner. Several interesting things happened that I would like to narrate if I had any written data. Nothing but careful notes can have any scientific weight with any save myself; hence I forbear.

August 10, 1875. Mrs. W., a feeble consumptive child, scarcely seven months; vertex; easy labor; mother did astonishingly well, and we kept the child alive for five months *on bottle-feeding.* It finally died from an attack of catarrhal pneumonia.

August 15, 1876. Mrs. E., primipara; vertex; normal.

September 1, 1876. Mrs. C., primipara; vertex; normal.

September 8, 1876. Mrs. N., VIIpara; vertex; normal.

September 21, 1876. Mrs. M., IIIpara; vertex; on the sixth developed metritis; dismissed well fourteen days after, twenty days from confinement.

October 14, 1875. Mrs. L., primipara; vertex; easy, getting up excellent; child had talipes varus of left foot.

October 24, 1875. Mrs. A., VIIpara; vertex; normal, although a Colorado cured consumptive.

October 21, 1875. Mrs. T.; vertex; labor easy followed by a moderate metritis, that yielded in twelve days completely.

December 7, 1876. Mrs. N., VIpara; vertex; labor easy; metritis ef ten days duration; final recovery good.

February 26, 1877. Mrs. W., primipara; vertex; labor short, normal.

March 9, 1877. Mrs. N.; vertex; normal.

April 19, 1877; Mrs. W., twins, boy and girl; boy vertex, girl breech; boy large for twins, eight pounds, girl five; amniotic fluid enormous; patient in a very debilitated condition; albumen in the urine; but finally made a good recovery, and raised both her children.

May 8, 1877. Mrs. W.; vertex: labor tedious; flooding severe, followed by some metritis, but eventually made good recovery.

May 22. Mrs. D.; vertex; normal.

June 26, 1877. Child born before I arrived; placenta embraced in a contracted uterus; hand passed and removed; recovery normal.

July 19, 1877. Mrs. J., primipara; vertex; duration 19 hours; female; normal.

August 5, 1877. vertex; duration 10 hours; male; normal.

August 28, 1877. Vertex; male; normal.

September 18, 1877. Mrs. R.; vertex; male; normal.

September 19, 1877. Mrs. P., primipara; weight (mother) 90 pounds; labor tedious—30 hours; no instrumentation; badly lacerated cervix was discovered two months afterwards, on making a speculum examination; to learn why she had not ceased flowing.

September 24, 1877. Mrs. W., IIIpara; short and sharp labor; boy; large; vertex; recovery normal.

September 27, 1877. Mrs. W., primipara; called in consultation after patient had been in labor twenty hours; breech presentation, *which her medical attendant had not discovered;* complete dilatation of uterine mouth; evidently a large child; pelvis of the so-called male type. Medical attendant was an old man; said he was so physically exhausted that he could not deliver. Gave chloroform, and passed my hand; brought down both feet and delivered body, but was compelled to turn child's body up over the mother's abdomen and extract the head with forceps, but was not able to effect this in time to save the life of the child, a male, weight thirteen pounds; very slight laceration of the perineum; mother had phlebitis, involving one limb from the toe-nails to the abdomen, the worst case I have ever seen; she, however, eventually made a good recovery.

October 2, 1877. Mrs. M., primipara; vertex; but an exceedingly short, sharp labor, with a stellate laceration of the cervix that I assisted her medical attendant to run up a few months afterward; child, boy.

October 25. Mrs. N.; vertex; normal; boy.

November 8, 1877. Mrs. J., primipara; vertex; tedious; girl; profuse flooding, checked by passing a lump of ice into the uterus; gave ergot; recovery normal.

December 11, 1877. Mrs. G.: vertex; female; normal.

December 27, 1877. Mrs. H.; vertex; female; normal.

February 19, 1878. Mrs. C.; vertex; female; seven months; lived three days; mother had pains during three days; tried to allay them with anodynes; failed; normal recovery.

April 5, 1878. Mrs. W.; vertex; duration four hours; recovery normal.

April 11, 1878. Mrs. C.; vertex; duration three hours; female; normal.

June 4, 1878. Mrs. P.; vertex; four hours; male; normal.

June 9, 1878. Mrs. T.; breech; six hours; female; alive; normal.

June 13, 1878. Mrs. M.: vertex; one hour; female; normal.

June 25, 1878. Mrs. W., primipara; six hours; male; normal.

June 27. Mrs. B., primipara; vertex; tedious second stage, head would not descend into pelvis; forceps; took two hours to deliver after forceps were locked; perineum badly torn; washed and sewed up at once; healed nicely; made a normal recovery.

July 20, 1878. Mrs. T.; vertex; duration 36 hours; thin, hard cervix; gave morphia, and suspended labor for ten hours, when pains returned in fine style, with condition of cervix entirely changed for the better; female; recovery normal, except that during four days the urine had to be drawn with the catheter, *which the patient did for herself after the first time.*

July 31, 1878. Mrs. H.: vertex R.; female; four hours; normal.

August 6, 1878. Mrs. R.: vertex L.; male; six hours; normal.

August 10. Mrs. B., primipara; vertex R.; six hours; female; normal.

August 14. Mrs. N.; breech; six hours; male; large; normal.

August 23. Mrs. L.; vertex R.; six hours; owing to the extreme nervousness of this patient, gave chloroform very freely; normal recovery.

September 8, 1878. Mrs. W.; vertex R.; six hours; male; normal.

September 8, 1878. Mrs. B.: vertex L.; tedious in second stage, forceps; got up a little more slowly than might be termed normal, but a good one finally.

November 10, 1878. Mrs. W., primipara; vertex R.: eighteen hours; male; normal.

November 15, 1878. Mrs. W., primipara. eighteen hours; female; normal.

December 3, 1878. Mrs. M,: face; anterior; nineteen hours; male, ten pounds; recovery normal.

December 30, 1878. Mrs. F.; vertex; three hours; female; normal, notwithstanding Mrs. F. had a very decided mitral regurgitation.

January 20, 1879. Mrs. W.; vertex R.; duration thirty-six hours; I was not called until thirty hours had passed; abdomen so ponderous that I am certain the uterus lay far outside of the pubic arch, with its fundus directed forward and the cervix directly toward the promontory of the sacrum. Fortunately the ostium vaginæ was so voluminous that I easily passed my rather small hand, else I could not possibly have made out the presentation. Liq. amnii excessive, the woman having most agonizing pains, but apparently making no progress. She was also excessively obese. I should have sent for counsel, only I was ten miles in the country, the night bitterly cold (30°—), the wind blowing a hurricane, the family too poor to pay for counsel, no one but the husband in reach whom I could send, and no one in the town at that moment for whose judgment I cared a straw. Ruptured the membranes; procured a long and large farmer's roller towel, pinned it firmly around the abdomen, and made the patient lie strictly on her back. I placed my hands under the uterus, and lifted during each pain, and finally had the satisfaction of having the head engage in the superior strait, after which the child, a moderate-sized female, came like a bolt from a catapult. The mother made as good a recovery as could be wished.

January 18, 1879. Mrs. B., primipara. Vertex; R.; thirty hours; male; large; recovery good.

April 2, 1879. Mrs. H., IIpara. Vertex; R.; four hours; female; had slight metritis; eventually good recovery.

April 19, 1879. Mrs. C., a feeble consumptive. Her child born before I arrived; placenta lying in vagina; flooding furiously; quickly removed placenta; checked hemorrhage by injecting water at temperature of 120°. Mrs. C. made a slow, but fairly good recovery.

April 29, 1879. Mrs. H. Vertex; R.; three hours, female; normal.

May 2, 1879. Mrs. R., primipara. Vertex; R.; seven hours; Female; recovery normal.

May 11, 1879. Mrs. W. Vertex; left; female; ten hours; normal.

June 8, 1879. Mrs. H. Vertex; R.; male; time not noted; normal.

June 19, 1879. Mrs. C., primipara. Vertex; R.; thirteen hours; male; large; normal.

August 6, 1879. Mrs. D. Vertex; R.; female; twelve hours; normal.

August 15, 1879. Mrs. R., primipara. Vertex; L.; thirteen hours; seemed an easy labor; child, a small, poorly-nourished male; placenta normally delivered. Nevertheless, I was apprehensive of trouble, because of the quite decided swelling of her limbs, dating from one month prior to confinement, with scanty and decidedly albuminous urine which I had failed to notably increase by, as I thought, appropriate medication. I was called away from the house to see another patient only two blocks away, and went soon after the completion of her labor. I had not been gone ten minutes when a messenger came to call me back, saying Mrs. R. was in a "fit." Hastened back and found her in a most violent convulsion, face purple with congestion, the bloody froth being hissed though her clenched teeth, and the whole body jerking with the spasms. Tied up an arm and quickly opened a vein and bled her at least sixteen ounces, when the spasms ceased. Tightened her bandage, examined to see if the uterus was well contracted, gave ten grains of calomel as soon as she could swallow, and a hypodermic of morphia, and at the end of two hours went home. Labor was completed at three o'clock in the morning. At 9 a. m. of the 18th, was called to go eight miles in the country to another obstetric case, so called on Dr. Hawes and asked him to watch Mrs. R. until I returned. At 5 p. m., 16th, he found her again in convulsions; bled again, and gave morphia hypodermically. The convulsions ceased under the influence of the venesection, and did not again recur. Nine days' attendance sufficed to see her fairly recovered, and in twenty days the albumen had entirely disappeared from her urine. Eighteen months afterward she was again confined, under the care of some physician in the State of Kansas, whither the family had gone—child, a large, well-nourished female, and no trouble whatever. In the spring of 1883 they moved back to Colorado. May 27, she again consulted me. Pregnant for the third time; limbs enormously swollen; œdematous urine scanty and half albumen; constant and agonizing headache, and most uncontrollable vomiting; could seemingly retain no food or medicine in the stomach whatever. June 3, I called counsel. By this time she was having slight convulsions occasionally; thought to be in about the fourth month; marked heart murmurs. My notes do not state more. We decided to sacrifice the ovum in the hope of saving the mother's life. I pushed a rubber No. 10 catheter four or five inches into the uterus between the membranes and uterine walls, and left it there on the night of the 4th. Labor pains came on, and in two hours she was delivered of a four-months' fœtus, secundines coming away without difficulty, and only a very moderate flowing. June 26 was the last visit. Albumen, only a trace; swelling and œdema gone from the limbs; appetite good; no nausea; strength being rapidly regained. The family soon moved back to Kansas, and I learn she has had two children since, and is at the present time in the enjoyment of fair health.

August 16, 1879. Mrs. M., primipara. Vertex; female; lingering; second stage; forceps; recovery normal.

September 1, 1879. Mrs. M. Vertex; short labor, under rather profound chloroform anæsthesia; child, a large male. This woman I had assisted in the operation of sewing up a stellate cervical rent a little less than two years before. Now used the chloroform quite freely, hoping to prevent a recurrence of the former accident. Whether the anæsthesia had the desired effect or not I cannot certainly tell; I do know the cervix was not torn. Recovered soon and perfectly.

September 6, 1879. Mrs. W. Vertex; male; normal.

September 28, 1879. Mrs. W., IIpara. Vertex; male; large; forceps because of prolonged second stage; excellent and quick getting-up. This lady had the breech presentation September 24, 1879, followed by phlebitis, etc., narrated in the preceding pages.

October 2, 1879. Mrs. DeV.; vertex; short labor; female; getting-up somewhat retarded by mastitis; lanced breast; final recovery good; has borne children since under my care without a recurrence of the mastitis.

October 4, 1879. Mrs. J.; vertex; female; normal.

October 9, 1879. Mrs. B.; vertex; female; normal.

October 10, 1879. Mrs. P.; vertex; normal.

November 16, 1879. Mrs. N.; vertex; normal.

November 23, 1879. Mrs. S.; vertex; normal; child female; born alive, but lived only one hour.

January 6, 1880. Mrs. C.; vertex; male; normal.

January 15, 1880. Mrs. S., primipara; consumptive; with a large cavity in left lung: much emaciated; family so poor as to almost lack the absolute necessaries of life; vertex; male; large and plump; labor easy and short; good recovery in the usual time; did not nurse her child. General health improved for over two years, when I waited on her again, after which she rapidly declined, and died from her lung troubles.

January 23, 1880. Mrs. P.; vertex; lingering second stage: forceps; female; normal recovery.

January 24, 1880. Mrs. W., primipara; vertex; male; very large; required the use of catheter for four days; had mastitis; lanced one breast; recovery ultimately good.

January 31, 1880. Mrs. P.; vertex; labor short and easy; female; small; normal.

February 19, 1880. Mrs. C., a very small woman, a bad hunchback, and a hæmophile; primipara; had flooded profusely at her former labor; vertex; labor slow; child male; weight ten pounds. Gave a teaspoonful fl. ex. ergot when the head reached the perineum, and filled hypodermic syringe for use if the emergency should come. After placenta came, flooded so frightfully that I gave the hypodermic of ergot in the thigh; injected hot water into the uterus quickly controlled the bleeding, but finally had a little abscess at the site of the hypodermic of ergot. She made a good and quick recovery; nursed her child.

February 21, 1880. Mrs. R., primipara; vertex; at the seventh month; child lived only a few days; patient made good recovery. She brought on the premature labor, as I am fully persuaded, by the persistent use of hot water, used by the vaginal douche instrument, and Davidson syringe. Some-lady friend told her that owing to her age, about 30, she would have a very "hard time," and to prevent it she must use the hot water. She had been putting in most of her spare time for about a week in that work. When I was called the mouth of the uterus was two inches wide and the waters drained off, but the pains very moderate. I am satisfied that she did not intend to bring on premature labor. I have often made use of the hint obtained by this case, and used hot water with excellent effect where dilatation was slow and unduly painful, with a thin and rigid os.

March 6, 1880. Mrs. L., primipara. Vertex; labor short and easy; male; normal.

April 6, 1880. Mrs. T., IIpara. Vertex; R.: male; normal.

May 2, 1880. Mrs. S., VIpara. Vertex; R.; two hours; male; normal.

April 29, 1880. Mrs. F., primipara. Vertex; female; mastitis; breast lanced; raised child on bottle; recovery eventually good.

May 3, 1880. Mrs. K. Vertex; female; normal.

June 21, 1880. Mrs. S., primipara, aged forty. Vertex: delay in second stage: forceps; placenta so firmly attached directly to fundus uteri that it had to be peeled off by my finger-nails; gave ether; perineum torn: washed and carefully stitched at once; united well: good recovery in two weeks.

July 13, 1880. Mrs. T. Vertex; male; normal.

August 9, 1880, Mrs. J. Vertex; female; normal.

September 12, 1880. Mrs. B. Vertex; easy labor; male; normal. The meatus urinaries in this child opened at the frænum preputialis beneath the glans penis; child died when two weeks old.

September 14, 1880. Mrs. W., primipara. Vertex; male; normal.

September 16, 1880. Mrs. T., primipara. Vertex; female; normal.

September 17, 1880. Mrs. M., primipara. Vertex; male; very large; labor tedious; very nervous woman; hardly sane; metritis and septicæmia; dismissed after an attendance of twenty days; eventually made good recovery.

September 25, 1880. Mrs. D., primipara. Vertex; male; normal.

September 30, 1880. Mrs. A., primipara. Vertex; female; normal.

October 6, 1880. Mrs. J., primipara. Vertex: male; normal.

October 19, 1880. Mrs. R., IIIpara. Vertex; female; normal.

October 21, 1880. Mrs. M. Vertex; male; normal.

October 21, 1880. Mrs. S. Vertex; male;

October 25, 1880. Mrs. N. Vertex; female; normal.

October 25, 1880. Mrs. J., primipara. Vertex; female; normal.

October 28, 1880. Mrs. W., primipara. Vertex; female; normal.

October 29, 1880. Mrs. W——c, IIIpara. Vertex; male; normal.

November 10, 1880. Mrs. K., primipara. Vertex: female; normal.

(*To be continued.*)

REPORT OF A CASE OF SICK-HEADACHE.

BY J. C. CUMMINGS, M. D.,

Of Beaver Creek, Minnesota.

Many are the victims of this much dreaded disease (or symptom), which, like many other diseases that the human race are subject to, are alike amenable to treatment by medication, although many of the almost innumerable remedies which are at the physician's command in this enlightened age of medical science, have and do fail to produce the desired effect, which effect we can attribute to many causes, as climate, constitution, and the preparation of the drug used. It should not only be the aim of the physician to procure the most reliable preparations of medicines, but to make climate and the constitutions of each and every patient a study of as much value as that of medicine, which I consider of as much importance or essential to success, and very much more than many of the fictitious problems on which the agitators of medical science are and have been filling the minds of the medical profession, which for the most part must inevitably fall, like many preparations of medicine, into disuse, and become one of the things of the past. Considering then the constitution, climate, condition, and carefully studying the case before you, your diagnosis made, you are ready to prescribe; and last, but not least, consider carefully the financial condition of your patient before you, as this is one of the most essential considerations, as no man is more worthy of a compensation for his services than a physician. Better had he do nothing, than to exhaust his energies and vital powers for naught. You will pardon me from deviating from the subject matter. Case as follows:

Mr. O. A. H. came under my care in April, 1885, age 36, weight 170 pounds, suffering from periodical attacks of sick-headache occurring about once in two weeks. He had been the subject of this loathsome affection for a period of twelve years, and the degree of severity was in proportion to the number of years affected. The subject was particularly temperate in all his habits, was a lumber dealer, led an active out-door life. Being compelled to abandon his business pursuits for five days each month, he anxiously sought relief, which he had previously sought in vain, and had almost given up in despair, and considered himself a subject doomed to suffer without relief. The attacks came on in the morning, and continued for a period of twenty-four hours with increased severity, until becoming so fatigued that he would pass into a profound sleep, which would last from two to six hours, awaking experiencing none of the symptoms of headache but a feeling of profound depression and lassitude, which continued correspondingly to that of incubation. After a thorough examination, I found him to be a subject of chronic liver trouble, in whom the usual train of symptoms peculiar to these cases were found which are so familiar to the practitioner. I shall not enumerate them. Prescribed nitro-muriatic acid in ʒj doses t. d. in ℥vj of aqua after eating, and the following to be taken as soon as the first symptoms of the headache appeared:

℞.	Morphiæ acetat.,	gr. iiiss.
	Caffeine citrate,	gr. iij.
	Ammoniæ muriat. "s.,"	ʒj.
	Spirits ammoniæ aromaticus,	℥jss.
	Comp. elixir sumbul,	℥ijss.
	Aqua menth. pip., ad. q. s.	℥iv.

M. Sig.—ʒij every ten or fifteen minutes until five doses were taken, if the symptoms continue unabated.

At the usual period the symptoms came on, and the above was administered at once, and I am happy to say the symptoms disappeared with the third dose, never again to appear.

The patient has been under my observation up to the present time. Using his own language: "I consider myself cured, and consider it (the medicine) of more value than the best farm in the northwest." As he begins to show signs of biliousness, I prescribe the mineral acids in doses above given.

I prescribed the same to one other patient, who had been a sufferer from the same disease (headache), but not of a bilious temperament, the fourth dose being sufficient to abort the attack, which has as yet failed to return (16 months ago), under constitutional treatment peculiar to the requirements of the case.

I take pleasure in recommending this formula to the profession for trial, as it has in these cases proved to be an efficient remedy with me.

MEDICAL SOCIETIES.

THE CLINICAL SOCIETY OF MARYLAND.

(*Continued from page 432.*)

Case 3. Sarcoma Substituting the Sixth Cervical Vertebra.

The last specimen I show you is an interesting one, taken from Mr. D., æt. 62 years, a native of South Carolina, who was sent to me from Norfolk, in the latter part of September last. In December, 1885, nine months prior to his coming, he fell from a raised platform, striking the back of his head and neck against a railing which surrounded the dais from which he fell. He was senseless a few moments, but recovered so as to walk to a carriage near by, and he was taken home, where any attempt at reclining caused for several days intense pain in the occipital region and nausea. Two weeks after he was able to move about with a cane, and early in March returned to his work of a machinist with a stiff neck and a tendency to nausea if he attempted to turn it.

In June there appeared on the left side of the neck what he called a kernel, very sensitive to pressure, and was accompanied by intense neuralgic pain in arms, and jerking of the brachial muscles, and as these symptoms increased a restlessness that could only be appeased by bringing him to Baltimore, as he felt confident of recovery if he could only reach there.

When I first saw him he was rather well nourished, was in excellent spirits and presented no abnormal aspect, except that his head projected forward and there was a slight rigidity of the scaleni on the left side simulating a spastic condition of these muscles, very sensitive to pressure. He was unable to move his head toward the left or bend it back. There was no disparity in his pupils or paralysis about his tongue. His grip was diminished more markedly on the left side, and great increase of patella reflex on the same. He was utterly unable to stand alone with his eyes closed, and had the uncertain gait of an ataxic. Soon he began to complain of a constriction about the abdomen and tingling in his feet and legs—the paralysis being much more marked at first in the upper extremity, and later absolute in lower extremity, bladder, and last of all in the rectum. The Faradic current showed a degenerative reaction in the muscles of the arms and legs, though much subjective relief was given by its employment. At no time was there priapism so common in lesions about the cervical cord. For one day there was inability to speak and trouble in deglutition, but this passed off.

At first I was inclined to suspect a myelitis due to injury, but as the prominence gradually increased in the cervical region I made the diagnosis of a foreign growth most likely sarcomatous. The treatment consisted in absolutely no medication except an occasional laxative (he could not take opium for his pain), and the drawing of his water, in which I am indebted to Dr. Clewell for his kindness in seeing him, alternately, as well as to Drs. Platt and H. Thomas for suggestions. I append the post-mortem examination of Dr. Councilman, who kindly made a most thorough one, and, I am glad to say, found my diagnosis correct. Unfortunately, the case was published throughout the country as a man living with his neck broken for eight months. As far as this can be corrected by this statement, I hope it will be so.

NOTES ON AUTOPSY.

Made by Dr. Johnson, November 1, 1886.

Body of medium size, strongly built, emaciated, slight icterus.

The thorax, arms, and entire posterior portion of the body emphysematous.

Post-mortem discoloration along surface veins.

Neck extensively emphysematous, more on left side.

On left side of neck, along the vertebral column, a hard swelling, apparently the size of a walnut, could be felt.

One of the cervical vertebræ, apparently fifth, very movable. The head rolled freely from side to side, in whatever position it was placed. Incision made along vertebral column from occiput to sacrum. In cervical region there was a space with dura mater of cord at bottom about an inch wide, occupying place of sixth cervical vertebra.

Cord examined from lumbar to cervical region showed no change.

Cervical vertebræ were removed and sawn through.

The entire sixth vertebra, with the exception of articular facets and some small pieces of the arch and spine, was missing. The intervertebral substance above and below thick and rough. The body of the seventh cervical vertebra was eroded, spongy, and reduced to half-normal size. The body of fifth also eroded, but not so much. There were also eroded surfaces on the arches and spines of fifth and seventh vertebræ, on left side.

On the left side, lying along the seventh vertebra, filling up the loss of substance in its body, and extending up alongside to the fifth vertebra, was an irregular, firm tumor mass, about the size of a small walnut.

Microscopic examination of this showed it to be a round-cell sarcoma of the large-celled variety.

Brain slightly hyperæmic, and meninges œdematous. Dura adherent along longitudinal sinus.

Heart soft and flabby.

Lungs œdematous.

Abdominal organs showed no change of any note.

The cord was soft and much altered from post-mortem changes. Absence of myelitis was shown by teasing fresh particles. No compound granular bodies were found.

W. T. Councilman.

DISCUSSION.

Dr. F. T. Miles said the paralysis in the arms in Dr. Johnson's case recalled a case in his practice which resulted from pachymengitis and compression in the cervical region. Paralysis in the upper extremities results from compression in this region.

Dr. L. McLane Tiffany then related a case of a woman æt. 32 years, married, and has a family. Four years ago, while carrying a child, the pain appeared, and increased until after the delivery of the child, which was six months. After another year, and before a second confinement, the pain in the knee again appeared, and after the birth of this child it disappeared. The knee then began to swell. Nine months ago she lost the power of extension, and the knee gradually became more and more fixed, until it finally became fixed at an angle of about 60°. She can bear no weight upon this extremity, and in consequence is obliged to use crutches.

Diagnosis of malignant growths within the condyles was made. There was no fluid within the joint. The *patella* lay flat upon the condyles, and, notwithstanding the leg was rigidly flexed at an angle of 60°, it was freely movable *laterally*. Malignancy is the only trouble with which he is acquainted that can so relax the tissues around the joint as to permit of lateral movement of the patella when the limb occupies such a position as in this case. It was upon this point that the diagnosis was made.

There was no history of injury. The leg was amputated.

Dr. Chambers thinks this case illustrates Hilton's theory of neurotic origin of the flexed knee without fluid in the joint. He don't think lateral movement of the patella in a flexed knee sufficient to justify a diagnosis of malignancy.

Dr. N. G. Keirle showed the skull from a case of gunshot wound. The bullet had penetrated the eye, passed through the ethmoid bone, and striking against the inner table of the vault of the skull near the junction of the saggital and lambdoid sutures, glanced off, and was found imbedded in the occipital lobe of the brain, two inches from its point of contact with the skull.

He showed a second skull that had been fractured in the line of the saggital suture. The force of the blow had caused the bones to be crushed in upon the longitudinal sinuses.

He has made a number of experiments upon the skull in dead subjects, and from his results is unable to sustain the theory of "increase of resistance acquired by dead tissues."

Dr. L. McLane Tiffany thinks Dr. Keirle's first case disproves the directions laid down by Flurhrer, of New York, who, from a single successful case, advocates trephining of the skull for the removal of bullets in the brain. He don't think success would have followed such a procedure in this case.

Dr. Keirle also exhibited an elbow with a lateral dislocation outward of radius and ulna. The epitrochlear had disappeared, and there was a fracture of the olecranon which had been repaired by firm fibrous union. At the coronoid fossa there was an osteophytic growth supposed to be the epitrochlear, which having become fractured, had attached itself to this position.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

Regular meeting, February 28, 1887. Laurence Johnson, M. D., President, in the chair.

Dr. P. Albert Morrow read a paper entitled

The Duration of Syphilogenic Influence in Relation to Marriage.

The following conclusions were drawn:

1. The facts of every-day observation show that there is nothing constant in contagion, nothing certain in heredity. Many men marry with a syphilis in full activity of secondary manifestation, and never infect their wives or transmit the disease to their offspring. These negative observations are, however, entirely valueless as a basis for estimating positive results.

2. The modern division of syphilis into secondary and tertiary periods, based upon anatomical forms and processes, does not furnish a safe criterion for determining the contagious or non-contagious character of the lesions.

3. The chronological completion of the secondary stage does not always mark the definite disappearance of the virulent principle; clinical experience shows that late lesions are exceptionally, but none the less certainly, the source of contagion.

4. While in the immense majority of cases the contagious activity of syphilis and its susceptibility of hereditary transmission cease after the third or fourth year, yet well-authenticated observations prove in the most positive manner that these qualities sometimes continue in force much longer, and may be manifest in the fifth and sixth year of the disease, and even later.

5. The aptitude of syphilitic parents to procreate diseased children may persist after the cessation of all specific manifestations; the contagious stage of syphilis is not, therefore, the exact measure of the duration of hereditary influence.

6. The precise date in the evolution of the diathesis when the syphilitic organism undergoes that radical transformation which marks the limit of its contagious or transmissive power, does not admit of mathematical expression.

7. It is probable that this limit varies in different cases, and that many circumstances contribute to advance or defer it.

8. The type of the syphilis, the constitutional peculiarities of the patient, the character of the treatment, the presence or absence of certain conditions which are recognized as factors of gravity in syphilis, all exert a modifying influence.

9. All these elements should be taken into consideration in deciding upon the admissibility of a syphilitic man to marriage; each case should be studied upon its individual merits.

10. The direct paternal transmission of syphilis, without preliminary infection of the mother, may be classed among the most conclusively established facts of medical science.

11. It is, therefore, a dangerous doctrine to teach that the sole risks a syphilitic man

introduces into marriage consist in the contagious accidents he may bear upon his person.

12. The arbitrary designation of a limit of three, or at most four years, as perfectly safe for a syphilitic man to marry, with or without treatment, and irrespective of the actual existence of specific lesions, is unwarranted by science or the teachings of experience.

The conditions of admissibility to marriage formulated by Fournier are much broader, more scientific, more safe. These demand a mild or medium type of the disease, an advanced age of the diathesis, three or four years as the minimum, and a prolonged immunity, eighteen months at least, from specific accidents; if these guarantees of safety are further fortified by sufficient specific treatment, a reluctant consent is given, marriage is tolerated rather than advised.

Dr. F. N. Otis, to whose paper Dr. Morrow had referred, replied at length, and said that he was not alone in claiming that there was a limit to the duration of the syphilitic contagion or its hereditary power; nearly or quite all writers admitted it; it was only a question of time. The majority indeed admitted that few cases of contagion or hereditary transmission took place after the fourth year, or even the third year. That was all he claimed. He did not think the inference could be drawn from his paper that he advocated marriage in all cases after the third year, although he had not known any evil results after that length of time had expired. Reported cases of transmission or inoculation of syphilis after the fifth year were very few, and were unreliable, because other sources of contagion had not been excluded. He claimed that the late lesions of syphilis, or so-called third stage, were sequelæ of syphilis, as nephritis might be a sequela of scarlet fever after the disease had ceased to be contagious.

After further discussion, F. R. Sturgis read a paper on

The Supposed Virus of Chancroid.

In answer to the question which he had propounded, "What is the virus of chancroid?" he answered, "There is none?" "Is it not the result of acute inflammation?" "I believe it is." "What are the sources of chancroid pus?" "They were secretions from different sores or inflammatory processes, provided they were applied to an irritated abraded surface." These were also capable of auto-inoculation, as in ordinary chancroid.

Dr. R. W. Taylor said these views were held almost alone by Dr. Bumstead in 1876. He was glad to see Dr. Sturgis change his ground.

Dr. Sturgis claimed this paper was only additional to another formerly published by him.

GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

Regular meeting, held February 8, 1887. First Vice-President, P. C. Williams, M. D., in the chair. Wm. E. Moseley, M. D., Secretary.

Dr. L. E. Neale exhibited a very interesting case of

Fœtal Monstrosity,

alive, and nearly one month old, which he thought was probably caused by maternal impressions received during the second month of pregnancy. The case occurred in the outdoor obstetric department of the University of Maryland, over which Dr. Neale has charge.

History.—Sarah Jefferson, mulatto, aged twenty-six years, married, Vpara. A well-developed, evenly-proportioned, rather fair-looking, perfectly healthy, and normal woman. She was married at the age of seventeen years, has always been healthy, has borne perfectly healthy children, and no physical abnormality can be found in her husband.

Her last menstruation was in June (latter part?), 1886. During the following August she visited Druid Hill Park and was very much interested with the sea lions, then on exhibition in their aquatic home in that public resort. Nothing unusual occurred during her gestation, which terminated in labor, January 16, 1887.

She was attended by Mr. W. P. Malone, medical student at the University of Maryland, through whose kindness I am supplied with the case and history, for which I am happy to make public acknowledgment. The labor was normal (L. O. A.), save that the placenta was retained and required the internal introduction of the hand for its removal. Puerperium normal. A rather small, puny male child was born alive, its size being about that of an ordinary eight months' fœtus, with the following peculiarities of development. All parts of the body are perfectly natural, except the two upper extremities.

The left arm is represented by a normal humerus and surrounding soft parts. The forearm is aborted in its development, the radius and ulna being indistinct, the elbow joint anchylosed, and the hand terminating in two fingers webbed together, with nails complete, and thumb freely movable. The arm is bent backwards, hand somewhat flexed and pronated (rotation at imperfectly formed wrist joint) with thumb downward, somewhat like the flap of a seal.

On the right side, both arm and forearm are wanting. An aborted hand, composed of an irregular finger with no nail and thumb with nail, springs directly from the shoulder joint, which is movable. This extremity, in appearance and motion, closely resembles the fore-flap of a seal. The child is otherwise natural and is thriving fairly well.

I shall not trespass upon the time of the Society by entering into a study of this subject, but will content myself at present by merely quoting a few explanatory remarks from the very recently published second volume of Tarnier's "Praité de l' Art des Accouchements," 1886, p. 419–20.

The Unitarian monsters of Autosites constitute the first order in the classification of Geoffroy Saint-Hilaire. This order comprises:

1. Deviations existing in the extremities.
2. Deviations existing in the trunk.
3. Deviations existing in the cranium.
4. Deviations existing in the face.

Each genus comprises several families, and each family several species.

1. *Ectromeles.*—According to Dareste, it appears that the cause of arrest of development of the limbs should be sought for in certain viscious disposition of the amnion, which in pressing upon the limbs impairs their development (?). According to the variety of the defect of development, ectromeli are subdivided into three classes of monsters.

A. *Pholocomeles.*—Here the want of development is confined to the two segments of the extremity, the terminals, viz., hands or feet having acquired their normal dimensions. Centrifugal defect.

B. *Hemimeles.*—Here it appears as if the arrest of development proceeded inversely to the above (A.), viz., from the periphery towards the trunk or as centripetal defect. The hands or feet, as well as forearms and legs, remain rudimentary, while the thighs and arms attain normal dimensions.

C. *Ectromeles.*—Where the arrest of development affects all the segments of the limb which is represented by a small stump in which may be recognized with difficulty the several segments.

Strictly speaking, I do not think that my case comes under any one or two of these types, hence I will leave its classification and nomenclature an open question.

Dr. P. C. Williams reported a case of

Placenta Prævia.

Late in the afternoon of June 16, 1886, Dr. M. called at my house and requested me to go with him to see his wife, who was about to be confined with her first child.

I went at once, and found Dr. E. R. Walker awaiting our arrival.

From these gentlemen I ascertained that Mrs. M. was 36 years of age, had been married about two years, and although not robust she had enjoyed reasonably good health. At times she suffered from neuralgia and other slight malarious symptoms incident to her residence upon the Eastern Shore of Maryland. With this exception her health continued good until the sixth month of her pregnancy, when she had occasional attacks of very severe headache accompanied by dimness of vision. Her urine was normal.

About the close of the seventh month she had a uterine hemorrhage. Examination revealed a long, narrow, rigid vagina, that rendered it difficult to reach the os uteri. The os was undilated, and the cervix still projecting into the vagina. Finding no signs of beginning labor, and no history of injury, and no reasonable explanation of the hemorrhage, the doctors were naturally led to suspect the existence of placenta prævia.

From this time Mrs. M. was confined to the house, and spent the greater part of her time either on the lounge or in bed, and was under the constant supervision of her husband or Dr. Walker.

About two weeks later another hemorrhage supervened, but not sufficiently severe to excite serious apprehension, or seriously to impair Mrs. M.'s strength. A week later moderate bleeding again commenced, but still there were no indications of commencing labor.

Vaginal examination showed that the os was still closed, but the cervix had disappeared. A few days later slight uterine pains were experienced, and there was continuous, moderate oozing of blood, which was increased by any movement made by Mrs. M.

At this period I was called in. I found the vagina unusually long, narrow and rigid, the os uteri had dilated so slightly that I had some difficulty in passing my finger into the cervix.

I thought, after careful examination, that

I could feel the placenta covering the os, and was fully satisfied that we had to deal with a placenta prævia. The parts were all so rigid and unyielding, and the os so slightly dilated, that I felt that active interference was improper. I accordingly advised the tampon, thinking that it would not only restrain the bleeding, but would soften the uterus and vagina, and render it possible to do something towards the delivery of the child.

About three o'clock the following morning (January 17) I was sent for. I found that decided labor pains had set in. I removed the tampon, and found that it had done good service. There had been no hemorrhage, the vagina was still firm, but not so unyielding as before, the os uteri had softened and was dilatable. I could now clearly define an almost central placenta prævia firmly attached to the left side of the os—on the right side of the os I found that the placenta could easily be separated, and that with some difficulty I could pass the edge of the placenta and reach the uterine cavity.

The time for speedy termination of the labor had come. How should it be done? With the forceps? Or by version? The vagina being so long, narrow, and rigid, as I have described, I felt that version would be extremely difficult if not impossible. Therefore, I rejected that method, and determined to try the forceps. By careful manipulation I succeeded in adjusting the forceps in utero without the loss of much time, and without producing much hemorrhage. I immediately made strong traction and brought the head fairly down against the placenta, and to my great relief found that it effectually stopped the bleeding. From this point to the extraction of the child there was no loss of blood. Not a teaspoonful was lost during the remainder of the labor. Chloroform was administered, and its moderate influence maintained until the completion of the labor, which was rendered very tedious by the extreme narrowness of the vagina. After exhausting and strenuous effort extending through two to two and a half hours, I succeeded in delivering a large, well-developed, but dead child.

Before the extraction of the child, in order to guard against uterine relaxation or post-partum hemorrhage, I administered a large hypodermic dose of ergot, which produced and maintained firm contraction of the uterus. There was no difficulty in the delivery of the placenta. In a short time Mrs. M. aroused fully from the chloroform, her color returned, her circulation seemed good, and she conversed clearly and intelligently. After giving her a cup of hot coffee and talking awhile with her, I left her, congratulating myself on the safe termination of so critical a case.

After breakfast I went to enquire about my patient, and to my great surprise and sorrow I found that she had died suddenly about an hour before my arrival.

Upon inquiry I ascertained that everything progressed favorably for about two hours after I left her, when she was suddenly attacked with intense dyspnœa and restlessness, and died in an hour thereafter!

What was the cause of her death?

There was no post-partum hemorrhage She was permitted to raise herself upon her pillow, and to turn upon her side.

Could this slight effort have produced syncope? and could that syncope have caused a clot to form in her heart? Or is it possible for a heart clot to form without a preceding syncope?

DISCUSSION.

Dr. H. M. Wilson thought that probably both the hemorrhage and the chloroform contributed toward the fatal result in the case reported. He had lost one case from placenta prævia and considered that his patient died from blood clot. Dr. Wilson had never experienced any trouble from the use of chloroform during labor but did not feel perfectly satisfied as to how thoroughly we are justified in using it instead of ether, which is so generally considered safer.

Dr. W. E. Moseley considered that, so far as regarded the cause of death, the history of the case as reported pointed very directly to concealed hemorrhage.

Dr. B. B. Browne thought the intense dyspnœa, pain, and uneasiness about the chest were nearer the symptoms of heart-clot than of concealed hemorrhage.

Dr. L. E. Neale thought it of far greater practical importance to consider the treatment of placenta prævia rather than to speculate upon the cause of death in the individual case reported. Placenta prævia is recorded as having a maternal mortality of 24 to 40 per cent., while two-thirds of the children are lost before full term, and one-half of those born viable die during the first ten days.

This fearful death rate clearly indicates (1) the necessity of a diagnosis *as early as possible*, in order to (2) apply the proper treatment. And inasmuch as the woman is never safe until the womb is thoroughly empty, we should disregard the life of the child to save the mother, and hence he questioned the advisability of allowing such cases to go to full term.

Of course there were special conditions attending special cases that must be met by special modes of treatment, but of all methods thus far proposed, unquestionably delivery by Braxton Hicks' bimanual version, *wherever practicable* (and there are many cases where it is impracticable), had given the best results.

In the *American Journal of Obstetrics*, December, 1884, Lomer reports the following statistics of (cases of placenta prævia treated by bimanual version):

	No of Cases.	Deaths.
Hofmeier	37	1
Behm	40	0
Lomer	101	7
	178	8

Giving a maternal mortality of 45 per cent.! The following table, "*which places the statistics in the most unfavorable light possible, includes every single case, even such as had been treated according to other methods, previous to the employment of the bimanual method of turning:*"

	No. of Cases.	Deaths.
Hofmeier.	47	4
Behm	53	4
Lomer	136	13
Total	236	21

Mortality about 10 per cent. Dr. N. did not consider it the proper time or place to describe the details of this very simple and easy operation, but inasmuch as it required a dilatation of the cervix uteri only sufficient to admit one, preferably two fingers, it offered the advantage of being applicable early in the treatment of these cases.

Having once turned the child and seized a foot, our active manœuvres cease, and delivery may be effected spontaneously or by manual extraction according to the requirements of the case. "The practical results of the induction of premature labor plead still more effectively in its behalf. Thus Dr. Gaillard Thomas reports eleven cases with but two deaths, one resulting from post-partum hemorrhage coming on several hours after delivery, and one from puerperal fever. Hecker lost three cases in forty, Hoffmann two cases in thirty, and Spiegelberg four cases in seventy-four early deliveries. More recently Murphy has reported fifteen cases without a single death." (Lusk edition, 1885, p. 594–5.) The tampon is applicable only in those cases where we have a long, narrow, firm, undilated, and undilatable cervix, and then only as a temporary measure, to be watched carefully and allowed to remain at most but four hours.

Given a case of supposed placenta prævia:

1. A positive diagnosis should be made *as early as possible.*
2. If labor has not set in spontaneously, induce it artificially.
3. Deliver by bimanual version whenever practicable.

Dr. W. P. Chunn had seen two cases of placenta prævia, one of which was delivered by Dr. Neale. He thought in most cases the line of treatment spoken of by Dr. Neale was good; but there were exceptions. In long, narrow vaginas, such as Dr. Williams had to deal with, manipulation is very difficult, and the use of forceps might be preferable to turning. He considered the use of the tampon good, and, as suggested by a friend of his, that a large bathing sponge would make a good tampon in case of emergency. The manner of applying a tampon he thought important. If possible, the woman should be in Sims' position, and the peritoneum retracted by his instrument. One unaccustomed to these manipulations would be surprised to find how much material a vagina fully distended would hold.

Dr. Browne considered that it would not be justifiable to use the means for making an early positive diagnosis in such a case as reported by Dr. Williams, where the cervix was long and conical, and the os undilated. The only means for making a positive diagnosis, dilatation would be very certain to bring on premature labor. He did not think we were called upon to make a positive diagnosis when but a light hemorrhage had taken place, but only when repeated hemorrhages had occurred and the patient's life was threatened. In some cases repeated hemorrhages even may take place and still there be no placenta prævia, and the patient go on to full term.

(*To be continued.*)

One Reason for an Urgent Call into the Country.

A French practitioner received a call one afternoon, about five o'clock, from one of his country patients, a farmer who had been in town at market all day, who requested him to drive over at once to see a member of his family. The case not appearing to be urgent, the doctor replied he would go in the morning. "Oh, that will not do at all," said the farmer. "I ask you to go now because I want a lift home, and to hire a trap will cost more than your visit."

EDITORIAL DEPARTMENT.

PERISCOPE.

Catheterism of the Air Passages.

The *Lancet* says that the introduction of a catheter into the larger air passages, for the purpose of local medication or mechanical dilatation, or to obviate recourse to tracheotomy, has been much facilitated since the introduction of cocaine into laryngeal surgery. A paper recently read before the Medical Society of the Charité Hospital at Berlin by Dr. Landgraf, clinical assistant (*Berl. Klin. Woch.*, 1887, No. 5), illustrates the ease with which the procedure is effected. He described a case presenting symptoms of stenosis of the left bronchus; the symptoms, which had gradually increased in severity, dating over two years. When admitted into the hospital last July, the patient was liable to dyspnœal attacks; and physical examination led to the above diagnosis. The constriction was at first thought to be due to compression, a view which was borne out by the presence of a small area of dullness over the manubrium sterni and to its right. There was no evidence that this was due to a tumor arising in the bronchial glands. The long duration of symptoms negatived the existence of a malignant tumor, and the absence of bacilli in the sputum set aside the notion of tubercular disease. Aortic aneurism was more probable; but this diagnosis lacked confirmation, the only positive sign being the area of dullness. It was therefore thought to lie between syphilitic stricture (the patient had contracted syphilis twelve years previously) and aneurism; and, since the former gave a more hopeful prognosis, the patient was placed under anti-syphilitic treatment. But the dyspnœal attacks increased in frequency, and measurement of the chest showed a diminishing capacity of the lungs. Further, an examination made at the beginning of October revealed what was thought to be a membrane deep down in the trachea. This appearance supporting the endo-bronchial character of the stenosis, it was resolved to resort to catheterism. The larynx was anæsthetized by a 20 per cent. solution of cocaine, and a 10 per cent. solution was injected into the trachea. The catheter was easily passed to a distance of 28.5 centimetres from the teeth (found subsequently to correspond to the tracheal bifurcation) without meeting any constriction. The catheterism was repeated at intervals, and on several occasions to a depth of 35 centimetres, with a view to traverse the left bronchus. The measure produced so much relief that at the end of the month the patient was well enough to leave the hospital. Unfortunately the diagnosis of stricture, which had been apparently confirmed by the relief of the symptoms, proved incorrect; for in a few weeks he returned, having had a severe asphyxial seizure, and shortly after died. The cause of the stenosis proved to be—what is by far the most common cause of such a condition—an aneurism of the aorta, which compressed the left bronchus. The condition which was mistaken during life for a membrane was an anæmic part of the right wall of the trachea. Although during life some irregularities in the mobility of the vocal cords were observed—on one occassion the right cord moving less on respiration and phonation, and on another the left cord appearing immobile in middle line—yet the dyspnœal attacks could not be referred to involvment of the vagus. They must have been due to the compression of the bronchus, for they disappeared directly the narrowing produced by that compression was mechanically relieved. Dr. Landgraf fully recognized the danger of resorting to such mechanical dilatation in aneurismal cases, and he would hesitate to catheterize in any case in which aneurism could be suspected. Nor is it quite easy to account for the great relief temporarily afforded by the measure in this case. The valuable point learned from it is the ease with which the air passages can be catheterized with the aid of cocaine, thus affording means to relieve strictures, as well as to apply remedies locally to ulcerated surfaces on the respiratory tract.

Submaxillary Calculus.

Dr. Collis Barry thus writes in the *Lancet:*

The following case is worthy of record on account of the unusual size of the calculus and the gravity of the symptoms resulting from its presence.

R. W., aged sixty-six, consulted me early in September last concerning a swelling beneath the lower jaw on the right side, which caused him extreme difficulty in swallowing. Flashing pains came on at intervals, and extended radially from the swelling upwards into the face and head, inwards towards the tongue, and downwards as far as the right shoulder and arm. These symptoms had existed for about eight months, becoming gradually more severe; latterly the patient had begun to lose flesh, and his friends became alarmed at his condition.

Upon examination I found a hard substance corresponding in position with the submaxillary gland placed just below the ramus of the inferior maxilla, rounded in form, and more easily distinguishable from the outer side than from the interior of the mouth, and about the size of a small walnut. By pressure from the outside, a few drops of purulent discharge appeared at the orifice of Wharton's duct. There was no hardness or concretion at the mouth of the duct, as usually met with in cases of salivary calculus, and there was no induration of the cervical glands. Taking into consideration the gravity of the symptoms and the increasing loss of strength, I suggested early removal, but requested a consultation. Dr. Ainsley, of Hartlepool, saw the case with me, and confirmed my suggestion. On October 12, chloroform being administered by Dr. Ainsley, I proceeded to cut down upon the submaxillary gland by a vertical incision about a quarter of an inch anterior to the facial artery as it crosses the inferior maxilla, extending downwards about two inches: a second cross incision was made to make room. There was considerable hemorrhage from the submaxillary and other small branches of the facial. The whole of the gland superficial to the mylo-hyoid was removed, and the calculus could then be distinctly felt at the commencement of the duct, and apparently imbedded in the gland. A few of the posterior fibres of the mylo-hyoid were divided, and the calculus seized with vulsellum forceps and removed. Upon examination after removal, the calculus proved to be phosphatic, and measured one inch by half an inch approximately (the exact measurement in length being uncertain, owing to the crumbling of a portion of the calculus beneath the vulsellum forceps). The wound was plugged with lint soaked in turpentine, eucalyptus ointment and iodoform being substituted on the following day. The subsequent history of the case was one of uninterrupted recovery, the wound granulating freely and becoming entirely healed in three weeks from the date of operotion, all the symptoms previously complained of having entirely disappeared.

Remarks.—The ordinary method of removal by incision of the mucous membrane was impracticable in this case owing to the depth of the calculus from the surface of the mucous membrane. Erichsen mentions, as the largest calculus removed, one of the size of a small damson-stone; but, so far as I can ascertain, no mention has been made of a calculus of this size occupying so deep a position.

Recent Experiments on the Injection of Bacteria into the Veins.

Prof. von Fodor, of Buda-Pesth, communicated in a recent number of the *Deutsche Medizinsche Wochensch.* the results of his investigations into this subject. He had shown in a previous communication that hundreds of millions of non-pathological bacteria injected into the blood completely disappeared from it in the course of a few hours. By further experiments he showed that this power of the blood to destroy bacteria was not diminished by a moderate degree of anæmia, but was lessened by dilution of the blood with water, so far that the bacteria were destroyed more slowly and with greater difficulty. Even pathogenic bacteria disappear rapidly out of the blood, for example, typhoid bacilli, which even a few hours after injection are no longer demonstrable in the blood, whilst the animals are in some cases simultaneously infected by the injected material, and die with symptoms identical with those of typhoid. Anthrax bacilli injected in large quantities disappear within four hours, but within from twenty to forty-four hours they again appear in the blood, and the animal dies. In the period in which it is free from bacilli the blood contains, as far as the negative injection experiments show, no material producing anthrax; this is the best proof that it is the bacilli that produce the disease. In the same period, however, in which the blood is free from bacilli, in the internal organs (spleen, liver, kidneys) they are constantly present, from which it is evident that the pathological development of anthrax does not take place in the blood, but in the internal organs. Anthrax is not a blood disease, but the blood is rather the protector of the organism against the pathogenic bacteria. A very small quantity of anthrax material is not lethal, and further, the rapidity with which the disease is fatal is in direct proportion to the quantity of injected material. According to von Fodor, the bacilli injected into the blood are destroyed by it; some, however, reach the organs and there develop. When the colonies steadily multiply in these parts, then the blood, the chemical constitution of which is changed thereby, and is no longer able to destroy the bacilli that are present in it, in this stage bacilli are found in the blood, but the animal is then practically at the point of death, its doom is sealed.

Mortality in Public Lying-in Hospitals of Germany.

Dohrn, in *Zeitsch. f. Geb. und Gyn.*, p. 121, 1886, draws attention to the great diminution in the mortality of lying-in women which has taken place in the above-mentioned establishments since the introduction of antiseptics. He selected the period of 1874–83, since in 1874 antiseptics were scarcely used anywhere, while in 1883 they had become very general. The total number of cases of labor was 104,287, and 1429 women, or 1.37 per cent., died. The vast improvement indicated by this percentage will be clear on comparison with the statistics of previous years. Thus, in 1866, Lefort found the average mortality in the lying-in hospitals to be 3.4 per cent., while Winckel, in 1869, calculated the mortality on 500,000 births to be 3 per cent. Even this great improvement, however, in lying-in institutions leaves their mortality far behind that of women attended in private practice; in the latter the percentage of deaths is only .6 to .7 per cent. Various influences contribute in bringing about this result:

1. The large proportion of primiparæ in public lying-in hospitals, puerperal fever being, as is well known, unusually common after a first confinement.
2. The clinical instruction given in public hospitals, which is invariably accompanied by special dangers, in spite of every precaution.
3. The numerous complicated cases that are sent to such establishments.
4. The fact that many women are admitted who have been examined and exposed to septic infection before admission.

Dohrn further investigated the question as to how the mortality was affected by the clinical use made of various lying-in hospitals, and he found that the mortality in those in which no instruction was given was .56 per cent.; in those where midwives were trained, 1.13 per cent.; in those where midwives and students were trained, 1.42 per cent.; in those where students were trained, 1.90 per cent. This shows, as Semmelweiss pointed out long ago, that students, who are much in contact with septic matters, are a great source of danger to lying-in women, even more so than midwives. Dohrn is of opinion that the recent decreased mortality in public maternities is solely due to the introduction of antiseptics, and that the mortality will be low in proportion to the conscientiousness with which the antiseptic system is carried out.

Hæmaturia and Granular Kidney.

In the *Brit. Med. Jour.*, Mr. Anthony Bowlby presents a paper containing the records of three cases of hæmaturia in connection with granular kidney. The first was that of a man, aged 73, who was admitted into St. Bartholomew's Hospital, suffering from enlargement of the prostate and hæmaturia. His death, which occurred within twenty-four hours, appeared to be chiefly due to the exhaustion caused by the loss of blood. A *post-mortem* examination showed an enlarged prostate and dilated bladder, containing several ounces of almost pure blood. The kidneys were small and granular. Their pelves and the ureters contained blood, and in the renal substance there was much blood extravasated. Microscopical examination showed that the hæmorrhage had occurred both into the renal tubes and into the cellular tissue of the gland. The second case was that of a man, aged 49, who had long suffered from stricture of the urethra and difficult micturition, and who, for three months previous to admission into St. Bartholomew's Hospital, had passed considerable quantities of blood with his urine. He had many of the ordinary signs of interstitial nephritis, and, in addition, passed a great deal of blood. On his death from uræmia no cause of hæmorrhage was found, except in the kidneys. These were small and granular, and contained a little bloody urine. In the third case, a man, aged 64, was admitted on February 3d, 1886, with profuse hæmaturia, and pain in the loins. After losing much blood for several weeks, the hæmaturia ceased. The urine when clear contained albumen. There was some albuminuric retinitis, and some opacity of one lens. Attention was drawn by the author to the fact that the subject of hæmaturia in connection with granular kidney had received little attention, and that no cases of profuse hæmaturia of this nature had been previously recorded, and that no *post-mortem* examinations had been described. It was pointed out that in one of the patients referred to in this paper the hæmorrhage was so profuse as to be mistaken for vesical bleeding, and in others that the diagnosis had to be made from other of the more recognized causes of renal hæmorrhage, especially calculus. It was in connection with this question of diagnosis that these cases were of importance. Lastly, it was stated that simple interstitial nephritis, independent of dilatation or absorption of the renal substance, was often found as the result of obstruction to the outflow of urine.

Mogiphonia.

At a recent meeting of the Berlin Medical Society, Professor B. Fraenkel described a rare form of vocal failure, which he proposed to call "mogiphonia" (μόγις, with difficulty). He related some cases, including one male and three female professional singers, a governess, and a clergyman. One of the female vocalists was a plump rosy girl, of whose artistic future the highest expectations were formed. Her temperament was much less nervous than is usual in the case of singers, and her throat, on examination with the laryngoscope, showed nothing but slight catarrh of the mucous membrane. The larynx was well formed, and its movements, both in phonation and in respiration, were perfectly normal. When asked to sing, she began in a powerful and melodious soprano tone, but after a little time the voice seemed to lose volume, and it evidently became increasingly difficult for the singer to produce it, until finally she could not utter a note, and even the attempt to do so caused pain in the larynx. Meanwhile, the speaking voice was quite natural and free from huskiness. The other cases were of much the same nature, all the patients being healthy, and in particular having, so far as could be seen, nothing the matter with the larynx. In none of them was there the least sign of hysteria, or nervous affection of any kind. Professor Fraenkel failed to do much good by treatment; even the direct application of the electric current, both continued and faradic, was ineffectual. In one of the cases, however, some benefit seemed to be produced by massage of the larynx. After inunction of the neck with lanolin, he grasped the larynx firmly with both hands, and rubbed from above downwards on each side from forty to fifty times. There was a marked improvement after a few days of this treatment, and in six weeks the patient declared himself completely cured. Dr. Tobold said he had had good results in similar cases from the application of the constant current. It was necessary, however, to continue it for six or nine months. Dr. Krause stated that he had successfully tried a plan sometimes used by singing masters. The patient was directed to speak "into the mouth" instead of in the ordinary way. By this means, the larynx, after a time, recovered its natural power.

The Removal of Foreign Bodies.

Before an English medical society, Dr. Cleaver related the case of extraction of a halfpenny from the œsophagus of a child, æt. 3, twelve days after it had been swallowed. The child had swallowed the coin whilst playing, and on being called in, Dr. Cleaver could discover no symptoms of œsophageal obstruction. Fearing copper-poisoning, treatment was adopted to counteract such a result. Next day the child seemed quite well, and was playing about as usual. Watching the child carefully, Dr. Cleaver thought he noticed a peculiarity in the child's manner of swallowing, especially when swallowing his own saliva. Making a digital examination, he thought he could feel the edge of the foreign body, but efforts then made failed. Subsequently, after repeated attempts, the coin was secured and withdrawn with the aid of a long pair of curved forceps. The case shows the absolute necessity of a careful search being made in all cases, even when there are no symptoms indicating the presence of a foreign body. The halfpenny in this case lay across the œsophagus, its head and tail pointing anteriorly and posteriorly, and its edges right and left; its location was about on a level with the second rib.

Dr. Bartolome, in the course of some remarks made upon Dr. Cleaver's case, related how he was once asked by one of his colleagues to make a rectal examination, and to say what he thought the foreign body was which was present. On passing his finger up the bowel it came in contact with some sharp points, which proved to be the prongs of a fork which had been swallowed some time before by the patient. Colotomy was performed, and the fork removed successfully. He also related the case of a girl who had swallowed a pin. No medical man could discover its presence, and the girl was in despair and threatened to drown herself. Dr. Taylor, of Hathersage, under whose care she fell, bethought him of a little girl who had a very small hand and arm, with long taper fingers. He got her to pass her hand down the œsophagus, with the result that she discovered and withdrew the pin. Had she been able to do the same for the man colotomy might have been dispensed with.

Cocaine in Acute Gastritis.

Dr. J. Emmet O'Brien, of Scranton, Pa., relates to the *Medical Record* the case of a young girl who, after an unsuccessful attempt at suicide by laudanum, mixed a box of "Rough on Rats" in water, and drank an unknown quantity of it at intervals during a half hour. When first seen she was in frightful agony, and the diagnosis of arsenic poisoning being quickly made, the stomach was emptied by ipecac and sulphate of zinc, and large quantities of dialyzed iron and lime-water were given. Dr. O'Brien gave two grains of morphine hypodermatically in divided doses during the night, and kept the woman anæsthetized by means of chloroform and ether for twelve hours. When conscious, the patient would take nothing unless assured that it was poison. Whenever the anæsthetic was withdrawn the patient would try to dash her brains out, and tore at her abdomen, raving about her stomach. Three persons could with difficulty hold her when not profundly under the influence of ether. Twelve hours after the poison had been taken the girl was still in terrible agony, and showed signs of collapse. On the suggestion of Dr. Gunster, over half an ounce of a four per cent. solution of cocaine hydrochlorate (about ten grains of the drug) was then administered, the supposition being that all the arsenic had been vomited or neutralized, and that gastritis was now the condition calling most loudly for relief. In a few moments the patient ceased to complain of her stomach. The mania subsided, and the patient became controllable, so that it was possible to discontinue the anæsthetic. The pulse, which had been failing, grew stronger, and the woman was soon able to walk with assistance. The mania and hallucinations continued in mild form for some hours. The patient was removed to the Lackawanna Hospital, where brandy and digitalis were given, and she recovered completely. According to the analysis of Mr. Lorenz, an apothecary of Scranton, "Rough on Rats" contains sixty-five per cent. of arsenic. Another girl, who afterward took some of the same preparation, died within a few hours. The treatment in this case was not known.

Salol in Articular Rheumatism and Acute Febrile Diseases.

Salol, the new antipyretic remedy, has been tried by Dr. Herrlich (says the Berlin correspondent of the *Brit. Med. Jour.*) in acute articular rheumatism, endocarditis, typhoid fever, and diphtheria, with good results. Salol, which is a compound of carbolic acid and salicylic acid, may be presumed to have powerful antiseptic and antizymotic properties, and may, therefore, be expected to prove useful in infectious diseases. It is decomposed in the intestines into its two constituent principles, and its action is interesting chiefly in relation to the effects of the carbolic acid thus set free within the system. Drs. Herrlich states that he has cured several cases of acute rheumatism with salol. There were, however, occasional relapses, and the treatment did not prevent the occurrence of endocarditis in some instances. The remedy was tried in eight cases of typhoid fever, and in several cases of diphtheria. Patients suffering from typhoid did not bear the remedy so well as those affected with rheumatism. Gastric complications were relatively frequent, and it was found that the best results were obtained in recent cases where the nutrition was still but little impaired. Dr. Herrlich did not find that salol reduced the temperature either too much or too quickly; it did not produce excessive diaphoresis, nor had it any bad systemic effect, with the exception of the gastric disturbance already referred to, and this was observed only in patients in a very weak condition. Carbolic acid poisoning occurred in a woman suffering from chronic articular rheumatism, who had taken 24 grammes of salol in three days. She vomited almost incessantly for eight days, and her urine contained a considerable amount of phenol. She had also much pain and difficulty in passing water. Similar urinary troubles were observed in another case. Salol, however, appears to be beneficial in certain affections of the bladder; urine which contains phenol is aseptic, and remains sweet for a long time.

Paralysis of the Left Leg from Sub-Cortical Disease, with Cancer and Fracture of the Left Femur.

Before the Clinical Society of London, Dr. Hughlings Jackson read a paper on this case. A woman, aged 52, was admitted December 28th, 1885, under Dr. Hughlings Jackson's care, for paralysis of the left leg, which had come on suddenly on December 7th, whilst she was standing at her work. The knee-jerk on the paralyzed side was greatly exaggerated, and there was foot-clonus; there was no defect of sensation; no morbid changes existed in the fundi. On December 30th, whilst she was being lifted from the bed-pan, the left femur broke just below the great trochanter, and she died on January 10th. At the necropsy, in addition to cancer of the left femur and of the ovary, Dr. James Anderson found growths in the brain, one accounting for the paralysis in the region of Ferrier's leg-centre. Schäfer and Horsley had shown that the marginal gyrus is part of the leg centre. The President said that it was interesting to note that the patient died in little more than a month after the occurrence of the paralysis, and yet the exaggerated ankle-clonus and ankle-jerk had been remarked, although this was generally supposed to result from descending degeneration which could hardly have taken place. Dr. Beevor said the case was of interest as showing the localization of the leg-centre. The posterior part of the marginal convolution was part of this centre. The absence of fits was also remarkable. Mr. Horsley and he were carrying out experiments by stimulating the internal capsule, and they had found that the hindmost fibres went down to the leg.

The Organism Producing Decomposition of Urine.

Though it has long been known that the ammoniacal decomposition of urine is due to the splitting up of urea into ammonia and carbonic acid, by means of an organized ferment, the characteristics of this organism have not been accurately described. Many years ago Pasteur and Cohn described a *micrococcus ureæ*, and last year Leube and Graser mentioned four organisms which had the power of decomposing urea into ammonia and carbonic acid. One of these was called by them *bacterium ureæ;* the others were a micrococcus and two species of bacillus. Dr. Robert Smith has lately published the results of his work at the Brown Institution, confirming Pasteur's and Cohn's discovery of a *micrococcus ureæ.* Many kinds of organisms, as is well known, grow in ammoniacal urine, but by the modern methods of "fractional cultivation" and "dilution" Dr. Smith has separated them, and tested the action of each in decomposing urea. He found that the only organism which possessed this power, was a micrococcus occurring singly, or sometimes as diplococci, and growing in gelatine in minute dots. This micrococcus differs from that described by Leube and Graser in its property of liquefying gelatine during its growth. It may be the same organism as that described by Pasteur and Cohn; but, as these observers had not the advantage at the period of their investigations of the method of cultivation on gelatine, this point cannot be decided.

The Physiology of Opium-Narcosis.

M. Liebermann, in a monograph upon opium-poisoning, states the conclusion that the deep narcotic sleep of opium is due to severe cerebral congestion.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

A Text-book on Surgery, General, Operative, and Mechanical. By John A. Wyeth, M. D., etc. 1 vol., large 8vo., sheep. Pp. 777. Illustrated. New York, D. Appleton & Co., 1887.

This handsome and extensive treatise by one of New York's best-known surgeons will, without doubt, take rank among the most popular American text-books. We do not note in it any special novelty of arrangement, but the disposition of the various branches of the subject is judicious, and reveals a firm grasp on the whole of the art. The modern improvements are fully set forth, but not in the spirit of the novateur. What especially will impress the reader on first opening the volume are its fine type, numerous and excellent illustrations (a number of them colored), and the clear arrangement of the text. We predict for the work a successful sale.

A Compend of Surgery for Students and Physicians. By Orrville Horwitz, M. D., etc. Third edition, with 91 illustrations. Cloth, 12mo., pp. 203. Philadelphia, P. Blakiston, Son & Co.

We have here another edition of one of the series of "Quiz-Compends," issued by Messrs. Blakiston & Co. They have evidently filled "a long-felt want," as we may judge by the sale of several editions. The present volume is a very well prepared cramming scheme for the surgical student.

The Nursing and Care of the Nervous and Insane. By Charles K. Mills, M. D., etc. Cloth, 8vo. Pp. 147. Philadelphia, J. B. Lippincott & Co., 1887. Price $1.00.

The publishers of this work issue a series of manuals of nursing at the uniform price of one dollar each. The present member of that series is by one of the ablest, best-known specialists in our country, who has devoted his attention to diseases of the mind and nervous system. Some time since he delivered a course of lectures on nursing in such diseases before several training-schools for nurses, and the present volume is a reduction of these lectures to book form. They treat of such topics as the management of epileptics, sleeplessness, delirium, the alcohol and opium habits, and the care of the actually insane. In addition to this, we find plain, practical directions about massage, the movement cure, baths, clinical thermometer and the administration of the various of electricity. A number of illustrations are inserted, and the volume is neatly manufactured.

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IN HOW MANY WAYS DO WE HEAR?

Sound is a sensation caused by rapidly succeeding to-and-fro motions of the air, which touch points in the auricle, are reflected, touch the canal of the ear, and are then concentrated on the drum or membrana tympani. Back and within this membrane is a delicate portion of bone, termed the handle of the malleus or hammer. Fitting into this upper end or head of the hammer is the incus, or anvil, united by a cog-like joint. The third bone is termed the stapes, or stirrup. This last bone, which is the most delicate and also the most important in its relations to every other bone, may be lost, and the drum-membrane gone, yet hearing will remain. It is attached to an oval membrane, which covers a depression in the bone, termed the oval window, being very movable, the membrane is larger than the foot of the stirrup.

The oval cavity is termed the vestibule, and from it proceed three small openings called the semi-circular canals. Forming a part of this complex yet beautiful apparatus, there is a cavity to which has been given the name of the cochlea, from its resemblance to a snail's shell. The cavity of the inner ear is filled with a liquid, in which are spread out the delicate fibres of the auditory nerve, or nerve of hearing. This nerve is the portio mollis of the seventh cranial or head nerves. As its Latin name indicates, it is very soft and impressible, and also liable to injury from many causes. It arises from the medulla oblongata, and the fourth ventricle of the brain enters the internal auditory canal, and is distributed to the labyrinth on a membrane within the bony cochlea. It is lined with epithelium of a velvet-like nature. A portion of this is termed the organ of Corti, and receives the termination of the auditory nerve. This organ of Corti consists of two rows of rod-like bodies, named the rods of Corti, and several rows of ciliated cells.

Sound is conducted to the membrana tympani, touching it with a delicate or powerful touch, being transferred to the chain of bones or ossicles. These movable semi-solid bodies vibrate, and carry the sound-waves to the fluid of the internal ear by means of the foot-plate of the stapes or stirrup, where they touch the fibres of the auditory nerve, being conveyed to the centre of hearing in the brain.

These differences in vibrations make sounds higher or lower in pitch, loud or soft, simple or compound. Infinitely more complex are the vibrations produced by an or-

:ra with a chorus of human voices and singers associated. The mind fails in effort to grasp the wave form of the flood omplex vibrations that pours into the t every moment. The highest and low- ones are heard; the qualities of the produced by the strings and wind in- nents and the voice are all discernible. theory offered by Helmholtz in explana- of this wonderful property of the sense earing is that the terminations of the es in our ears can analyze complex ations. It was maintained by Helm- and others that in the ear every audi- one throws into sympathetic vibration or more of the nerve terminations, and all complex tones are analyzed by them simple pendular vibrations, which affect rent nerve terminations according to frequency of vibrations.

lthough this theory is at the present day ted by some careful observers, among number Dr. W. Rutherford,* Professor Physiology of the University of Edin- h, it has the acceptance of many able icists. L. T.

PROGRESS OF THE CHOLERA.

he declaration on March 31st of a quar- ne against cholera at El Paso, Texas, is rning of the early possible approach of much dreaded pestilence. It arrives by usual lines of trade direct from Buenos es where it reached this continent, via i.

he government has published some ad- s as to its prevalence in the last named try. The United States minister to i, in a dispatch dated January 15th, s that "Cholera is slowly extending g the valley of the Aconcagua, follow- the course of the river towards the sea, Valparaiso. About 600 cases have so been reported, of which about 250 have ed fatal. The victims are almost ex- ively confined to the poorer classes of le. Every precaution possible has been n by the authorities to check the spread the disease, and stringent sanitary sures adopted, especially in the cities of tiago and Valparaiso, which for the last th show a death-rate less than has ever known at this season. The following atch from Iquique, dated January 5, ap- red in the press: "The Peruvian Govern- t has decreed to take active measures nst the cholera, and has ordered the closing of all the ports against vessels coming from infected countries."

This very extraordinary and premature action of Peru, in closing all her ports against vessels from the ports of Chili, with its vast line of sea-coast of over 2,500 miles in extent, and stretching along the Pacific from Arica, on the borders of Peru, to Cape Horn, because cholera appeared in a section of Chili, midway between the points mentioned, has been severely criticised. The despatch adds: "All the steamship lines have been withdrawn from the route between here and Panama, so that the Pacific from Panama to Cape Horn is practically closed to our commerce and communication by steam. All the traffic and commerce from this coast have now to go to Europe, and this dispatch will leave Valparaiso on the 18th instant for Lisbon, thence by rail to Paris and Calais, thence by Liverpool to New York, and will probably take fifty days in transit."

At Callao the United States consul, in his dispatch dated February 19, 1887, states that no cases of cholera have appeared in Peru. The latest official intelligence is contained in the following cable messages from Santiago, dated February 15th, and from Valparaiso, under the same date: "*Santiago.*—From Saturday to Monday noon, 435 cases and 213 deaths. It is difficult to obtain exact data." "*Valparaiso.*—I have visited the lazaretto, established on the Baron hill. Seven cholera patients. Freight from Santiago enters free. Passengers quarantined for twenty-four hours." The minister reports that the health of Lima and Callao is exceptionally good. Strict sanitary precautions and hygienic regulations are still observed.

A NEW METHOD IN CASES OF POISONING.

It is a well known physiological law, that all the substances entering the animal organism, whether they are innocuous or dangerous to the existence of the individuals, are eliminated by the kidneys. Another well established law is, that the vascular system may be extended without local or general morbid changes, by fluids injected into it, if the quantity of the injected fluid amounts to about 8 per cent. of the weight of the body. When such indifferent fluids are injected in the quantity mentioned, the vascular pressure is increased; but this increase at once ceased, when the natural ways of elimination, especially, however, the kidneys, by their function carry off the fluid thus injected.

Basing his experiments on the facts

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ie Sense of Hearing, British Ass. Meeting, Birming- 1886.

quoted, Dr. S. C. Sanquirico in Sienna, (*Ctbl. d. Med. Wiss.*, 21–87), has endeavored to determine, whether fatally poisoned animals might be saved from the impending death, when in the manner indicated, viz., by injection of indifferent fluids in a quantity corresponding to 8 per cent. of the bodily weight, a sudden increase in the urinary secretion and with it a rapid elimination of the poison is effected.

The poisonous substances used by him were alcohol, strychnine, and aconitine. S. first found out the weight of the animal, generally a dog, then he prepared a watery solution of chloride of sodium, and injected a quantity corresponding to 8 per cent. of the animal experimented upon, into the jugular vein. Whenever the poison was a rapidly fatal one, the injection was practiced immediately after the introduction of the intoxicating substance, while in cases where the action of the poison, as with alcohol, was slower, the injection was made as soon as the first symptoms of poisoning developed.

In every case the fatal end was prevented. A greatly increased urinary secretion always was the first effect of the injection, and followed it almost immediately, while the presence of the poison could be demonstrated in the urine thus excreted. The only substance that proved inamenable to treatment was muriate of aconitin; here the injection of the solution of chloride of sodium was not followed by increased discharge of urine, so that the occurrence of the latter must be looked upon as a favorable omen. To prevent mistakes S. always first determined the minimum dose of the poison sufficient to cause death, then this dose, slightly augmented, was introduced into the system, and afterwards the solution of chloride of sodium injected. The result always was a favorable one.

NOTES AND COMMENTS.

An Infectious Form of Broncho-pneumonia.

At the Société Médicale des Hôpitaux M. Sevestre recently read an interesting paper on a form of infectious broncho-pneumonia of rheumatismal origin, observed in insufficiently fed children at the Hôpital des Enfants Assistés. During the first, the apyretic period, of this affection, there was gastro-intestinal disturbance and fœtid diarrhœa. In the second period, fever, occasional vomiting, dry but rare cough, dyspnœa, crepitating and subcrepitating râles, succeeded by souffle and localized crepitating râles. Two forms of this affection may be distinguished—one benign, and of rare occurrence. In the more frequent form the broncho-pneumonic symptoms are accompanied by dryness of the tongue and serious typhoid symptoms; simple erythema or pemphigoid vesicles are sometimes observed on the skin; in this case death generally ensues. Necropsy reveals red patches in the large and small intestines, marked tumefactions of Peyer's patches in the small intestine. The mesenteric ganglia are congested; there is occasionally hæmorrhage. Nuclei of broncho-pneumonia with dilatation of the lymphatics are detected; the bronchial ganglia are congested. The liver has undergone fatty degeneration, especially in the region of the sublobular veins. M. Sevestre is of opinion that intoxication by fæcal matter is the cause of the broncho-pneumonia and the infectious symptoms. He prescribes calomel at the outset, and subsequently naphthaline. M. Hayem considered that if the blood of the children were examined in order to discover if there was an increase of blood-fibrine, it might be decided whether this broncho-pneumonia was simple phegmasia or infectious pyrexia.

Napelline in Facial Neuralgia.

M. Grognot reports the following case of facial neuralgia in which napelline produced very successful results. On January 20, 1882, the author was called to see a young girl suffering from severe pain extending over the entire head, which felt, she said, 'as if it were pressed in a vice.' The pain, however, was greatest on the right side in the parietal and frontal regions, and immediately above and below the eye it attained its maximum intensity. There were no tears, but, according to the patient, there had been in previous attacks. The tongue was slightly coated, but there was no caries of the teeth on the side affected. The author prescribed one granule, containing 2½ milligrammes of napelline, every two hours. On the first day the patient took ten granules; during the evening the pain disappeared. Although the pain had not returned the next morning, the patient was advised to take four granules and two the following day. Two months later the patient's neuralgia reappeared, and she took eight granules. The next day he found the neuralgia had disappeared, and since that time the health of the patient has been excellent. Two reasons caused the author to publish his observation: first, the oblivion in which this excellent medicine seems to have fallen;

l, the fact that napelline may succeed crystallized aconitine fails. In the case the latter medicine had been adtered without success, while napelline produced complete and durable results. uthor attributes the superior efficacy of phous aconitine over the crystallized to the presence of napelline in the r.

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tment of Constipation by Abdominal Massage.

a recent meeting of the Société Médicoque, M. Berne described the following of constipation successfully treated by minal massage:

patient, a woman, aged 42, had suf- from constipation for several years. general health was very unsatisfactory. as extremely emaciated and yellow; ongue was coated, and she experienced vy sensation in the stomach. She suf- from lassitude, palpitation, insomnia, isgust for food. The stomach, which uch dilated, gave on percussion a flap- sound. There were also regurgitations tid odor. After nine massages had performed the bowels acted freely, the t's color improved, and she was ulti- y completely cured. Details of several cases successfully treated were given. kneading the abdominal tegument and es, a slight pressure is brought to bear cæcal region by means of the palm hand; then with the clenched fist a massage of the colon is effected. Slight re on the gall-bladder, in the author's n, is advantageous, but not if gall- exist. The patient must not be preg- nor be suffering from tumors or inflam- ns of the neighboring organs. The er should be empty. Massage should ily practiced from fifteen to twenty es at the beginning of treatment. The pressure on the gall-bladder consti- the author's modification of the Dutch erman methods, favoring the flow of wards the intestine.

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ation of the Stomach in Drunkenness.

the *Dublin Jour. of Med. Science*, Jan- 1887, Mr. George Foy relates the fol- g case:

e night in November, 1884, he was to a man reported to be dying. He aken a large quantity of whisky and , and for two hours his drunken com- ns had been trying to rouse him, but tally failed. When seen he was quite insensible; extremities cold, face livid, pupils widely dilated, respiration and pulse almost imperceptible. Treatment was commenced by opening the median-basilic vein of the left arm, when, by rubbing the forearm briskly, the blood gradually flowed until sixteen ounces were drawn off. In the meantime the fine trocar of an aspirator was pushed through the abdominal wall in an upward, backward, and outward direction, just at the sternal end of the eighth rib. The canula was attached by the ordinary method to an exhaust bottle, and on turning the cock a stream of claret-colored fluid flowed into the bottle. Very soon the heart commenced to beat; the pulse was readily felt at the wrist, respiration recommenced. The canula was then withdrawn, and a stomach-pump was used to wash out the stomach. Very soon the man was able to speak, and soon recovered. The author saw no good in giving apomorphia in this case, as it has no emetic action when sensibility is quite deadened, while the respiration was too feeble to allow a stomach-tube to be introduced; so that there seemed no chance for the patient unless aspiration was attempted.

The Transmission of Cholera from Mother to Fœtus.

Lizzoni and Cattani, of Bologna, have recently published a careful examination of a five months' fœtus, which was expelled by a woman suffering from cholera. On the third day of illness, the mother aborted after the reaction stage of the disease had lasted twenty-four hours. The fœtus was examined twenty hours after expulsion, and was found to be in good condition. A *post-mortem* examination showed dilatation of the right side of the heart, with fulness of the veins of the thorax, and some bloody exudation in the pleural cavities. The contents of the small intestine were red in color, while those of the large were green. These contents were carefully removed, as well as some of the blood of the right side of the heart, and micro-organisms carefully sought for. A small number of micrococci and bacilli were found in all the specimens prepared; as well as small bodies, somewhat larger in diameter than comma-bacilli, but resembling very closely an old cultivation of these organisms. No definite comma-bacilli were seen in the blood, exudations, or the contents of the intestine; but by means of plate-cultivations, colonies of Koch's comma-bacilli were grown, having their definite characteristics. From this case, as the authors conclude, it is evident that the transmission of cholera from the mother to the fœtus takes place by means of the blood. A further communication on the period of the disease when such transmission takes place is promised, and may prove of great interest.

The Alleged Prevalance of Anæmia among Miners.

The *Gazette des Hôpitaux* publishes notes of a communication made by Dr. Paul Fabre to the Société de l'Industrie Minière concerning anæmia among miners. M. Fabre, whose practice lies among the mining population of Commentry, has proved that in anæmic miners the number of blood-corpuscles and the quantity of hæmoglobin contained in them are normal. Dr. Fabre's observations at Commentry were confirmed by those which he made among the miners at Saint Etienne, Pas de Calais. The rare cases of anæmia seen among them were chiefly due to traumatic hæmorrhage, over-exertion and muscular exhaustion, alcoholism, helminthiasis, lead-poisoning, marsh fever, etc. As regards helminthiasis, M. Fabre has frequently observed among the miners at Commentry tape-worms, thread-worms, and round worms, which may have often caused anæmia; but he has never met with the ankylostomum which is generally supposed to be present in miners' anæmia. M. Fabre agrees with M. Dransard and others in thinking that anæmia is not more frequent among miners than among other workmen, and that, where it exists among miners, it has no special characteristics, and arises from the causes which always induce anæmia.

Rumination in Man.

The patient, a child of 11, had contracted the habit of causing food to return into the mouth, in order to repeat the taste of any aliments he preferred. In order to effect this, he first recalled the taste of whatever aliment he had most enjoyed in his meal, and by contracting his abdominal muscles caused the particular aliment of which he wished to repeat the taste to return into the mouth. He occasionally repeated this action a second time. On examination, the stomach was found to be slightly dilated, but made no rumbling sound; the child was pale and rather anæmic. His parents had tried every means of curing this habit. When a young child he lived in the country, and milk was his principal article of diet. The stomach became overloaded, and regurgitations ensued; the child became accustomed to these regurgitations, which finally caused a pleasurable sensation, and the habit of merycism was thus induced. M. le Juge de Sevrais proposes to submit the patient to a course of hydrotherapy, to wash the stomach out with Faucher's apparatus, and to apply actual cautery to the epigastric region. If this case of merycism be a neurosis, age and reason should cure such an affection.

Salivary Fistula Cured by the Galvano-Cautery.

In the *Glasgow Med. Jour.*, February, 1887, Professor George Buchanan records an example of salivary fistula cured by the galvano-cautery. A lady suffered from an enormous carbuncle situated on the left side of the neck, below the ear, extending to the cheek over the parotid gland. A free incision was made, and the parts almost completely cicatrized, but below the lobule of the ear a little sinus remained, from which a small quantity of semi-purulent watery fluid exuded. For thirteen years the patient had nothing done; every time mastication was performed some drops of saliva issued from the fistula below the ear. The author saw her in October, 1886, and recommended cauterization of the mouth of the fistula. A platinum wire loop was shortened and pressed together, so that the two sides of the loop were in contact, and together were not thicker than a small probe. The wire was placed on the exact spot of the fistula before it was heated, and held firmly there whilst heated by the electric current. An eschar, the size of two pins' heads, was produced by the wire, and a fortnight later the sinus was perfectly healed.

"Amykos" in Catarrh and Gonorrhœa.

In the *Russkaia Meditzina*, No. 46, 1886, p. 793, Dr. J. J. Trusewicz, of St. Petersburg, draws attention to "amykos," an antiseptic fluid prepared in Upsala and extensively used all over Sweden and Finland. Its essential constituents seem to be boracic acid and thymol. Diluted with two or three volumes of water, amykos makes a good injection or irrigation in acute or in sub-acute coryza and syphilitic rhinitis. The author also found solutions of amykos very useful as collyria in acute conjunctivitis and as irrigations in catarrhal otitis. The best results, however, were obtained in acute and chronic gonorrhœa; the burning pain on micturition was immediately relieved, and after two or three days the discharge became mucous instead of purulent. It is well to in with weak injections (one part of amy- to four parts of water). After two or ee days the strength of the solution may gradually increased. In mild cases the ease was cured in about a week. When cous discharge does not cease about that e, some astringent, such as sulphate of or acetate of lead should be added to amykos solution.

Lobar Pneumonia an Essential Fever.

n concluding an article with this title, J. S. Dorset (*Gaillard's Medical Journal*) s: "The microscope of many hundreds diameters' power reveals the fact that blasts and migratory leucocytes are pres- in the living body, and that whole nies of living animalcula swarm in the od-vessels and tissues of the healthy sys- , trooping, so to speak, up and down eries and veins like wild buffaloes, and ping pace with the rhythm of the heart. v, as abnormal temperature and function duce decided changes in the physical ne, may not the effect of disease, by nutrition and vitiation of cell nutriment, he cause of the transformation of minute anisms into the bacilli found in the ex- nation of diseased tissues, and thus lend r to the popular germ-theory of disease? culation successfully performed does not ve the causative agency of such germs. y putrid tissue is capable of starting septic mentation, and, unless proper antiseptic tment is adopted, may destroy life by c necræmia, the greater or less malig- cy of the process depending upon a iety of circumstances.

Use of the Aspirator in Retention of Urine.

n the *Bristol Med. Chir. Jour.*, Dr. Fair- ks records a case in which the use of the rator for retention of urine proved of t service. The patient, aged 76, had ered for some weeks from slight trouble micturition. On February 17, 1886, he seized with complete retention, and was eved for three days by catheter; then culty arose in passing the instrument, the author's aid was called in. On ruary 22d no instrument was able to be sed, and the symptoms being urgent, the rator was used. For the next fifteen s the whole of the urine, with the excep- of that drawn off on one occasion by eter, was passed through the needle of aspirator. In all the bladder was as- ated thirty-two times. After this a catheter was able to be introduced, and by degrees the patient obtained control over his bladder. From the author's experience in these cases, he never hesitates to aspirate if a catheter cannot be easily introduced when the symptoms are urgent.

Movable Spleen.

Dr. M. A. Lüken, of Cronstadt, reports (*Proceedings of the Cronstadt Marine Medical Society*, No. 2, 1886, p. 15,) an interesting case of extreme mobility of the spleen in an epileptic woman, who died at the age of 40. At the post-mortem examination, the spleen, measuring 15.5 by 7 by 3 centimetres, and enclosed in a smooth tense capsule, was found in the left iliac fossa. The hilus was connected with the centre of the greater curvature of the stomach by means of a band 9 centimetres in length and 6 in breadth, and the spleen could be easily and freely moved into every corner, however remote, of the pelvis and abdomen, without stretching the band. The splenic substance was of a dark red color, and presented numerous thin whitish strips of connective tissue. Dr. Lükin thinks that the epileptic fits of the patient might possibly have had something to do with the extreme mobility of her spleen. He says that this is the only case of the kind which he has met with in 8,152 necropsies made by him during the last fifteen years.

Glycerine in the Treatment of Acute Fevers.

Semmola prescribes glycerine diluted with water, to be taken in copious drinks during the whole day. At first 15 to 20 grammes for every twenty-four hours, dissolved in 400 to 500 grammes of water, to which are added a few spoonfuls of lemon juice or a few grammes of citric acid. The following is the formula: Pure glycerine, 300 grammes; citric or tartaric acid, 2 grammes: water, 600 grammes. Dissolve 20 to 30 grammes every hour, This solution forms a very agreeable drink, and is not displeasing even to patients affected with fever. The stomach is in no way incommoded by the medicine, which has been given in doses as high as 40 to 50 grammes per day without producing intestinal derangement. Under the influence of this medicine the quantity of urea diminishes from 6 to 7 grammes.

Stone and Cancer of the Bladder.

Especially in the cauliflower excrescences of the bladder stone formations have often been recorded. Dr. Roesener (*Münch. Med.*

Woch., 1887, p. 4), reports in detail two cases where oxalic acid concretions of considerable size were found besides carcinoma in the bladder of the patients. Judging from the probable age of the stones, R. believes that the irritation produced by the mulberry concretions gave rise to the malignant neoplasm. Of diagnostic importance in the case was the presence of numerous spindle cells in the urine, which fact caused the supposition of spindle-cell-sarcoma, but the autopsy proved their originating in the muscularis. R. also mentions, as a rarity, a third case, which concerned a patient who for 19 years had carried in his bladder a stone composed of phosphates, and weighing 5 oz. without having suffered from any decided disturbances of his general health, nor from any special local inconvenience. The stone was not encapsuled.

Renou's Method of Treating Diphtheria.

M. Barbot has applied Renou's treatment during three years with admirable success. During this period he treated fifty-one cases of diphtheria, forty-eight of which terminated favorably. The author employs fumigations. His method is to place on a petroleum stove an earthen pot full of boiling water, into which is put a tablespoonful of Renou's liquor every two hours for adults, and every three hours for children from 1 to 10 years; a constant temperature of 20° to 25° C. (68° to 77° F.) is maintained in the room, or still higher if possible. In large rooms he surrounds the patient's bed with large sheets nailed to the floor, thus forming a small room, in which a high temperature may easily be maintained. The patient's throat is never touched. The patient is nourished with roasted meat, boiled eggs, soups, milk, and good wine. Ninety-four per cent. of the slighter cases of this affection are cured by Renou's treatment.

Treatment of Malignant Pustule.

The *Paris Medical* of January 29 publishes notes of three cases of malignant pustule, described by Dr. D. Frederico Rivas, which were cured with paste composed of quinine powder and essential oil of turpentine. The first case was that of a woman suffering from a pustule on the metatarso-phalangeal joint. Various methods of treatment were tried without success. On the application of the quinine and turpentine paste the pain immediately ceased and the œdema disappeared; a scab alone remained, which came away on the fourth day. The paste was equally successful in the case of a shepherd who had been stung by a fly in the lower portion of the temporal region; intense œdema of the head and neck ensued. A third case of malignant pustule was cured by the same treatment. The powder and essence should be employed in sufficient quantities to form a soft paste, which should be often renewed, as it dries rapidly.

Gastritis in Renal Disease.

In a paper before the Société de Biologie (*Le Progrés Méd.*, No. 9), M. Pilliet described the lesions of the gastric mucous membrane in the dyspepsia of renal and urinary disease. The lesions—observed in a large number of cases of different kinds of renal disease—comprise infiltration of the connective tissue in the round and fusiform cells in groups between the glands or in bands along the vessels. The gland tubules are diminished in number, much shortened, often dilated at their lower extremity, flattened superficially, and variously contorted. The cubical or prismatic cells are ill developed, as in the new-born, and show little or no formation of Nussbaum's peptic granules. The changes are best marked in interstitial nephritis, and resemble those described by Parrot in anthrepsia, those met with in chronic alcoholic gastritis and in cirrhosis of the liver, and in gastritis of tubercular subjects.

Rupture of the Bladder.

A patient was admitted into St. Bartholomew's Hospital on the morning of March 1 (says the *Lancet*), with symptoms of a ruptured bladder, in consequence of a blow on the hypogastrium whilst the bladder was distended. The injury had been received the previous evening, and Mr. Walsham operated soon after admission. A large quantity of urine escaped from the peritoneal cavity when the abdomen was opened, and a rent about an inch and a half long was found in the bladder wall. Sutures were used, passing through the peritoneal and muscular coats only; the abdominal cavity was irrigated with a 1 per cent. solution of boracic acid, and the abdominal wound closed as after ovariotomy. The patient suffered very little shock, and passed his urine naturally without the aid of a catheter every four hours. There has been no sign of peritonitis, and he may be looked upon as convalescent.

The Action of Cocaine on the Sympathetic.

Dr. Dürdüfi, of Moscow, draws (*Vratch*, No. 7, 1887, p. 175) the following conclu-

s from experiments which he has lately
e. 1. When introduced into the circu-
n, cocaine gives rise to prominence of
eyeballs, and dilatation of the pupils,
nomena dependent on stimulation of the
oathetic centres situated in the spinal
. 2. Constriction of the vessels and
kening of the heart's action are also
uced, probably through stimulation of
vaso-motor centres, as well as of the ac-
rating cardiac centres.

Local Thermometry in Small-pox.

ne *France Médicale* of January 27 pub-
s a note of a communication, made by
Montefusco (Naples), concerning local
nometry in small-pox. This author
s that in small-pox there exists, in the
netic region, a constant increase of tem-
ture relatively to that of the hepatic re-
and the abdominal walls. There is no
tant relation between the local tempera-
of the spleen and the axillary tempera-

Bromide of Nickel in Epilepsy.

a Costa recommends the following form-
n cases of epilepsy. *Pills*—Bromide of
el, 60 centigrammes; powdered marsh-
ow, 40 centigrammes; extract of gentian,
entigrammes. For twelve pills. *Syrup*
romide of nickel, 10 grammes; water,
grammes; Glycerine 15 grammes; Sugar
grammes. Bromide of nickel is pre-
l by saturating carbonate of nickel with
ydobromic acid, filtering and evaporat-
o dryness in a water-bath.

CORRESPONDENCE.

Forceps and Chloroform in Labor.

MED. AND SURG. REPORTER:

ter carefully reading Dr. W. F. Mitch-
article in REPORTER of January 22,
led "Midwifery in the Country," I con-
ed to reply, as his experience and mine
dely different regarding some points.

owever, I wish to say that I most thor-
ly agree with him regarding the use of
orceps. It is my opinion that they are
at least ten times when they should be
nce. The wider the experience of the
ician in obstetric practice, the less liable
ems to be to find it necessary to use the
ps. They are too often used by phy-
ns who have a morbid desire to do something that will create a sensation, and the least delay in labor affords a pretext for their use.

The careful, intelligent country physician, who has an earnest desire to do the very best thing for his patient, seldom, *very* seldom, finds use for the forceps. Of course, occasionally they are necessary, and a physician would be guilty of the grossest malpractice not to use them.

Regarding the use of chloroform, in the hands of the careful practitioner, I consider it one of the grandest remedies ever introduced into obstetric practice. Dr. Mitchell says, "it certainly retards labor in most instances." This is entirely contrary to my experience. I have used it in over one hundred cases, watching it carefully in each case for the purpose of discovering if it exerted any detrimental influences over the patient, and in not one case have I discovered any bad results from its use.

On the other hand, I am satisfied that by its use I have shortened several cases of labor. Of course it is understood that chloroform *is not* to be given to produce perfect anæsthesia, but, only to the extent of semi-unconsciousness. Administered in this manner it has no effect over involuntary muscular action, consequently has no effect over the contraction of the womb; while by its peculiar action on the mind it controls voluntary muscular action. In this manner it assists, as the patient does not so readily yield to a desire to resist the natural impulses of labor.

I have a lady in my mind who is the mother of six children, the time she was in labor was as follows: The first three *without chloroform:* the first, twelve hours; second, twenty two; third, twenty-four. The last three I attended her, and *used chloroform:* first, nine hours; second, nine; third, eight hours.

On January 21st I attended a lady in her sixth confinement. She was in labor four hours; she never had taken chloroform before. After labor was over, and I was about to leave her, she expressed her thanks for (as she said) the easy time I had given her. She said she never had had such an easy time, and always had been longer in labor. I could cite many similar cases in my practice, but do not think it necessary.

Elba, Neb. L. L. AMES, M. D.

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—The present value of the Johns Hopkins endowment is said to be about $5,000,000. It yielded a net income last year of about $226,000.

NEWS AND MISCELLANY.

Jefferson Alumni.

The annual meeting of the Alumni Association of Jefferson Medical College was held last Monday at the College. Dr. Addinell Hewson was in the chair.

The Committee on Nomination of Officers presented the following report, which was adopted, and the secretary was instructed to cast one ballot for the following persons:

President.—S. W. Gross.

Vice-Presidents.—Elwood Wilson, Roberts Bartholow, R. J. Levis, F. H. Gross.

Corresponding Secretary.—R. J. Dunglison.

Recording Secretary. — Thomas H. Andrews.

Treasurer.—H. Augustus Wilson.

Executive Committee.—W. H. Warder, L. J. Deal, O. H. Allis, James Graham, J. M. Barton, Joseph Hearn, Henry Leaman, W. H. Webb, J. C. Wilson, George McClellan, Robert Coyle, A. K. Minnich, Joseph Van Buskirk, S. R. Stirling, T. C. Fulton, T. H. E. Gruel, J. H. Lopez, L. D. Judd, R. R. Stewart, D. D. Stewart, L. Webster Fox, Laurence Turnbull, Lee Lowengrund, James Robinson, Edward Graham.

Orator for Next Year.—Dr. Austin Flint, of New York.

The Committee on the S. D. Gross Professorship of Pathological Anatomy reported that the total amount received could not be stated, but that the faculty considered it sufficient to found the professorship, and would ask the favorable consideration of the trustees.

The treasurer reported a balance of $5,868.

Dr. S. W. Gross, the newly-elected President, took his seat and returned thanks for the honor conferred.

Obstetrics in Dresden.

Professor Leopold has recently published in the *Centralblatt für Gynäkologie* an account of the management of the Royal Lying-in Institution at Dresden from the time when he began his official work there, that is to say, from September, 1883, to September, 1886. Excellent arrangements have been made to increase the efficiency of the institution as a hospital, as a training-school for midwives, and as a school of clinical obstetrics for medical students; and provision has been made for the comfort of the resident staff and pupils, hygienic considerations not being neglected. Four thousand one hundred and twenty-eight deliveries occurred in the three years; 43, or 1 per cent., died; 20 of these, or 0.48 per cent., dying from septic infection, 13 of the 20 succumbing during an epidemic in the course of the first year; 3 of the same series were already septic when admitted. The 20 cases of death from infection were thus distributed over the three years: First year (epidemic), 14 cases; second year, 4; third year, 2. After the subsidence of the epidemic in the first winter, the strictest rules were enforced from May 1, 1884, at the same time that corrosive sublimate was introduced as an antiseptic. From that date till September 1, 1886, 3,196 deliveries took place, with 7 fatal septic cases (0.21 per cent.); subtracting 3 of these cases, which were admitted septic, 4, or only 0.12 per cent., succumbed to septic influences received in the institution. Between May, 1884, and the end of July, 1885, 1,686 deliveries without one fatal septic case occurred; this series included many very severe instrumental cases. In the total 4,128 cases, there were 463 operations (11.2 per cent.). This list includes 64 turnings, 54 craniotomies, 5 embryotomies, 29 induced premature labors, 25 detachments of adherent placenta, 33 removals products of abortion, and 15 Cæsarian sections. Puerperal convulsions occurred in 1 in 158 cases, placenta previa in 1 in 137, contracted pelvis in 7.3, and severe laceration of cervix, repaired by Emmet's operation, in 1 in 179. The forceps were used in 1 in 28 deliveries. These statistics speak highly for the value of the Dresden Lying-in Institution, both as a hospital of the greatest service to suffering women and as a rich field for clinical instruction.

After-effects of the Earthquakes on the Nervous System.

The *Lancet* says: It is curious to note that many persons who were calm and apparently not greatly disturbed by the earthquakes which recently occurred in the Riviera have since suffered seriously from the effects of shock. This fact shows, beyond the possibility of question, that more may be done in the way of injury to the nerves by an undue excitement that is at the time perceived, just as more may be done in the way of restoration to nervous health after an illness than is immediately evident. The explanation of these seemingly paradoxical effects is to be found in the fact—perfectly familiar to every student of nerve-troubles—that in a very special manner lth in respect to the nervous system is endent upon the integrity or orderly pernance of nutritive functions. Muscular ue may be badly nourished for a time, as he course of an ordinary illness, and as n as convalescence is fairly established overy of the wasted muscles will commce, use stimulating re-growth naturally, h the result of perfect recovery in a comatively short time. It is not thus with vous tissue, whether in brain, spinal cord, nerve trunk. When from any cause nutri i is impaired in a nerve centre or branch, only is there extraordinary difficulty in oring the integrity of nervous function, the wear and tear of ordinary life, even en these are reduced to a minimum, seem to rease the exhaustion instead of reducing y stimulation of the recuperative faculty. e reason of this seems to be that nerve tres, like batteries, are apt to be disrged suddenly and sometimes unconusly; and when once what may be ned the residual stock of energy is conied, it takes a very long time and often reme carefulness to restore this reserve. til the loss of strength held in reserve is vly accumulated by an excess of produci over consumption, the nervous system o to say, working on its daily strength, can have none of that buoyancy which lue to the existence of a stock of force ch has been unexhausted. No doubt se present in the earthquakes, though n, were subject to a severe strain, and y have not yet had time to recuperate.

A Physician's Reception.

)r. Hunter McGuire, of Richmond, Viria, one of the most prominent surgeons of Southern army during the late war, deered the annual oration before the Alumni ociation of Jefferson College in the lece-room of the College Hospital last Mon evening. His subject was "The Pross and Development of Medical Science."

)r. McGuire graduated from Jefferson lege about thirty years ago. His services ing the war, and his career since then, led his election as an associate member of the lege of Physicians at their late centenl anniversary.

)r. McGuire was introduced by the new sident of the Association, Dr. Samuel W. oss.

After the speeches, the guest of the mni was tendered a reception at the levue Hotel, where an elaborate supper was laid in the banqueting hall, around the pillar of laurel in the centre.

"Well, well," said Dr. Sayre, as he leaned on his cane, and surveyed the as yet undemolished pyramids of ice and fruit; "you Philadelphians beat New York when it comes to affairs of this sort. I suppose this is Æsculapius," he added, as he pointed to a large figure of an ice man stirring oysters in a mortar with a pestle. The distinguished doctor was then seated in the large arm-chair, sacred to the "baby" of the Clover Club, where he shared the honors of the evening with Dr. McGuire, and received the gentlemen whom Dr. Thomas Andrews, the promoter of the reception, presented to him. Among those present were the following physicians:

D. Hayes Agnew, R. J. Dunglison, L. A. Deal, T. H. Bradford, S. Weir Mitchell, William Ashton, Addinell Hewson, Jr., Ellwood Wilson, J. Solis Cohen, S. S. Cohen, H. C. Chapman, O. H. Allis, T. G. Morton, John H. Packard, F. H. Gross, T. Hewson Bradford, Orville Horwitz, L. Webster Fox, H. F. Hansell, Theophilus Parvin, Joseph S. Neff, Stephen F. Fuguet, William Thompson, and Messrs. W. H. Warder, C. Meigs Wilson, L. T. Gruel, J. Minis Hayes, Furman Sheppard, E. H. Wiel, Frank Woodbury, Professor J. W. Holland, and W. S. Forbes.

The Feats of an Armless Man.

There recently died at Potsdam, St. Lawrence county, New York, Richard Donovan, who was in some respects one of the most remarkable men in Northern New York. Twenty years ago, when a boy, Donovan worked in a flour mill. One day he was caught in a belt and received injuries that necessitated taking off both arms at the shoulders. This misfortune did not discourage him, and after recovering his health, he set about earning his livelihood as best he could without the use of hands or arms. Part of the time he had lived alone; and from the necessity of helping himself, he became wonderfully adept in performing all kinds of work, using his feet and mouth principally. He owned a horse, of which he took the entire care, harnessed it, fastened and unfastened the buckles with his teeth, and drove with the reins tied around his shoulders. Being in need of a wagon, he bought wheels and axles and built a box-buggy complete and painted it. He went to the barn one winter day and built a cow stable, sawing the timber with his feet, and with the hammer in one foot and holding the nails with the other, he nailed the boards on as well as most men could with their hands. He dug a well twelve feet deep on a farm in this town, and stoned it himself. He could mow away hay by holding the fork under his chin and letting it rest against his shoulder. He would pick up potatoes in the field as fast as a man could dig them. He would dress himself, get his meals, write his letters, and in fact do almost anything that any man with two arms could do.

Medical Superstition in the Highlands.

Strange as it may appear to people of intelligence, it is an incontrovertible fact that in the Highlands of Scotland, as in the Continental Highlands, a belief in miracles, and in incantations and superstitious practices of the grossest nature in curing certain forms of disease still exists, of which the following incident, occurring the other day at a village on the west coast of Ross, is an illustration: A middle-aged fisherman was seized with a somewhat sharp attack of an eruptive disease, popularly known by the name of shingles, which, according to the local wiseacres, could be cured only by an application of blood drawn from a black cat with a knife or other instrument with which the umbilical cord of at least seven male children had been divided, and applied with a feather from the wing of a black domestic hen which had hatched not less than three broods of chickens. To this sanguinary ordeal the patient, at the solicitations of his friends, agreed to submit with becoming resignation and unquestioning faith in its efficacy. Having been undressed and laid on his back with his head towards the south, operator A walked round him three times with the cat, in accordance with the course of the sun. He then held the cat over the patient's breast, while B, with the proper instrument, cropped its right ear, and as the blood trickled on the sufferer's breast, besmeared it over the affected parts with the feather from the black hen, at the same time muttering incantations in the vernacular. Strange to say, the treatment failed to effect a cure, and as the patient is still unwell, he is about to undergo a repetition of the ordeal.

How he Earned his Fee.

A doctor named Francois (says the Paris correspondent of the Philadelphia *Times*) earned a hundred francs easily the other day, and had a good deal of fun into the bargain. A lady's pet dog swallowed a bank-note of the value of 1,000 francs. It was such an accident as has happened before in the world's history, and it has usually resulted, when the amount lost was large, in the immediate death of the dog. In this case the lady would have sacrificed the bank-note rather than the innocent pup, so she set out at once for the office of her family physician, Dr. Francois. The doctor was first amused, and then puzzled. The lady was sure the dog had not chewed the note all to pieces, and she offered the physician ten per cent. if he should save it. He would have done his best to please a client, and so he tried the only remedy that seemed to offer hope. Doggy was placed in a chair and a pan was put in front of him. Then the physician administered an emetic. The dog took a whole glassful without protest and without effect, while his mistress stood by anxiously. After that the dog seemed disinclined to swallow more, but a little was forced down his throat, and then the smell of the dose became so disagreeable that what had been taken speedily appeared, and, happy to relate, the thousand-franc note was included. It was intact, and only needed a patient drying. Doggy recovered in a half hour.

Left-handed People.

The *Pall Mall Gazette* says that Dr. Louis Jobert has just published a book on "The Left-handed" (Die Linkser), in which he treats exhaustively of the class of persons who are more dextrous, if we may use such a pun, with the sinister than with the dexter hand. He says that no traveler has ever yet come into contact with a purely left-handed race, but there are some tribes which, from immemorial time have given preference to the use of the left hand. Among such tribes, however, not more than 70 per cent. are left-handed. It is sometimes the rule among such tribes to account the left-handed side, instead of the right, as the place of honor. He prints a curious appendix by Dr. Monro, who has made extensive studies of the physiological peculiarities of the criminal class. Dr. Monro asserts that he has found among condemned criminals 22 per cent. who were left-handed, while a comparative research among other persons has convinced him that the proportion of the left-handed is not above 9 per cent. This would seem a sort of justification of the moral application of the word "sinister."

Foreign University Intelligence.

Berlin.— The recent medical vacation classes have been well attended by foreign ctitioners. Out of 148 there were seven n England and Scotland, thirteen from th America, thirteen from Sweden and way, six from Brazil, and two from an.

Buda-Pesth.—Dr. David Onodi has quali- as *privat docent* in embryology.

Dorpat.—The Russian Ministry of War arranged to give a grant of £250 to a oratory and clinic that is about to be es- ished in connection with the Veterinary ool for the express purpose of investigat- the subject of glanders.

Gottingen.—Dr. Wolffhügel has been ap- ited Professor of Medical Chemistry and giene, and Director of the Institute in nection with these subjects in succession rofessor Flügge, who has gone to Bres-

eipsic.—Professor Heubner, who had at accepted the invitation to the chair of apeutics at Prague, has, at the urgent itations of his friends, decided to stay in psic.

A Vampire Legend.

he *Pall Mall Gazette* says that a landed rietor, Baron de Gostovsky, living at ucz, near Danzig, made the request that is death his head should be cut off be- his interment, a service which he said ad performed on the body of his wife her death. "We are a family of vam- ," he added, "and if this precaution be taken, we can find no repose in the e, but come back and bring misfortune ir children." The eldest son faithfully lled the father's request, but notwith- ding this, he fell ill a few days after the ral. Then he went to the cemetery, ed the grave to be opened, turned the over and threw the head into a wood by. Only the slight punishment of a ight's imprisonment was imposed upon perpetrator of the outrage, on account ie statement of numerous witnesses that rofanation of the sepulchre had its rea- olely in the firmly-rooted superstitious ithuanian country districts.

Lunacy in Russia.

ofessor Kovaleffski, of the Kharkov ersity, has stated that there are at least hundred thousand lunatics in Russia. one-tenth can be accommodated in asy- , where, moreover, the treatment is gen- y defective. The keepers are for the part rough men, who maltreat the unfortunates if not bribed to kindness by relatives. The nourishment is insufficient and of bad quality. Thousands of lunatics who cannot be accommodated in public or private asylums are to be met with everywhere in the country, often ill-used by the heartless, and sometimes taking their revenge by setting houses on fire or mutilating children.

Another Fasting Man.

There is another fasting man, a Norwegian named Cetli, who commenced to fast on March 10, at Berlin. He is being closely watched by a scientific committee, of which Professor Virchow is said to be chairman. Perhaps the most interesting fact yet reported is that the Berlinese have discovered a new descriptive term for a fasting man; they call him a "*Hunger virtuoso.*"

Medico-Chirurgical College.

The sixth annual commencement of the Medico Chirurgical College, of this city, was held in Association Hall on Thursday last, April 7. The degree of Doctor of Medicine was conferred upon a number of young gentlemen. The Dean of the Faculty, Dr. P. D. Keyser, delivered the annual address, while the alumni oration was delivered by Prof. Dudley S. Reynolds, M. D., of Louisville, Ky.

Epidemic of Trichinosis.

An epidemic of trichinosis is at present prevailing in the province of Leeland, in Holland. Trichinosis being unknown in Holland up to the present time as an epidemic, the disease spread for some time before its true nature was ascertained.

Personals.

—Dr. Richard J. Levis will be back from Paris about the 1st of May.

—Dr. Thomas G. Morton expects to take a flying trip to Europe this spring.

Items.

—A family of Florida natives recently passed through Gainesville, four of whom, boys from six to ten years old, were almost exactly the same size and weight. The father explained that where they came from the chills and fever were so bad that the children stopped growing when they were about six years old.

THE
MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A COUNTRY DOCTOR'S OBSTETRIC RECORD.

BY G. LAW, M. D.,
Of Greeley, Colorado.

(*Concluded from page* 455.)

January 3, 1881. Mrs. G. Vertex; female. Found this patient had been in labor all night (I arrived at 4 a. m.), and had walked the floor back and forth, clad only in a wrapper and in her stockings, the weather intensely cold, her house a mere shell, and very little fire in a very inferior stove. I made haste to get her into bed, with hot applications to her feet. The labor was soon over. But she contracted croupous pneumonia, extensive and severe, and barely escaped with her life.

January 6, 1886. Mrs. P., primipara, lived ten miles out in country. Her house was very small and uncomfortable. Her nurse was the mother of her husband, and was eighty years old, marvelously strong physically, but mentally wayward and imbecile. Presentation; vertex; first stage tedious and unduly painful; second stage, pains almost nil, and the patient's strength fast ebbing. Hence, I finally put on the forceps and delivered, alive, a fine, large male child. I gave ergot, and addressed myself to the getting away of the placenta. Had finally to pass my hand and peel it off in fragments. Then washed out the uterine cavity with hot carbolized water. Sewed up the torn perineum. Thoroughly washed my patient, adjusted her binder, put on clean linen, and finally left for home, quaking with terror for her future.

All appeared to go well until I was hastily called on the night of the 12th, and found her flowing so freely that I dared not trust to any save the most radical measures. Swabbed out the uterus with tinct. ferri chloridi through a speculum. No cervical tear, but a perfectly open, very flaccid uterus. These measures controlled the bleeding, but a sharp metritis, also phlebitis, ensued; ultimately septicæmic symptoms, and death on the 19th.

This was the second woman lost during my professional life at this time, numbering twenty years, less two months.

January 14, 1881. Mrs. R. Vertex; male; normal.

January 17, 1881. Mrs. N.; vertex; male; short, easy labor in every respect, but metritis and septicæmia ensued, necessitating careful attention until the 29th, when she was dismissed, practically well.

February 11, 1881. Mrs. R., primipara, vertex; female; normal.

February 13, 1881. Mrs. N.; vertex; male; normal.

March 29, 1881, Mrs. N; vertex; male; normal.

April 10, 1881. Mrs. N.; vertex; male; normal.

April 21, 1881. Mrs. W.; vertex; female; normal.

May 3, 1881. Mrs. E.; vertex; male; normal.

May 5, 1881. Mrs. S.; vertex; female; normal.

May 18, 1881. Mrs. P.; vertex; lingering second stage; forceps; recovery normal.

May 28, 1881. Mrs. W.; vertex; male; normal.

ıne 18, 1881. Mrs. G.; vertex; male; ıal.

ıne 27, 1881. Mrs. M.; vertex; male; ıal.

ıly 15, 1881. Mrs. H.; twins, both ;; first vertex, second breech; second lived twelve hours; cause of death, imect closure of foramen ovale; died cyed; mother's recovery normal.

ıly 17, 1881. Mrs. B.; vertex; female; ıal.

ıly 27, 1881. Mrs. McC.; vertex; male; ıal.

ıly 30, 1881. Mrs. P., primipara; ver- very tedious second stage; pelvis male ; forceps; female; perineum torn; ched, recovery perfect in every respect.

ugust 8, 1881. Mrs. M.; vertex; female; ıal.

eptember 9, 1881. Mrs. B., primipara; ex; lingering second stage; forceps; perm torn; sutured; recovery good in every ect.

ctober 10, 1881. Mrs. W.; vertex; male; ; very quick labor. This patient had cose veins in one leg; slight phlebitis loped in these; eventually made good very.

ctober 12, 1881. Mrs. W. Found this ent in the same condition spoken of at th on the preceding pages, except the amnii was not excessive this time. was excessively obese, with an extremely lulous belly. The uterus lay with its lus directly anterior, with the cervix ting towards or above the promontory of sacrum. Only that I was able, as before, ass my hand freely into the vagina, I ıld not have been able to make out the entation. Vertex; lifted the pendulous y, and bandaged it down firmly, and reed the patient to strictly keep the dorsal tion, and had the satisfaction to see the r terminate normally in a reasonable as before. Child female; recovery nor. This woman wears an enormous lge's pessary year in and out, coming me occasionally to have it taken out, ned, herself examined, instrument reed. Is able to do her own work in large family. Without this instrument is almost helpless. She only dispenses it during the latter half of her pregcies.

ctober 10, 1881. Mrs. B. Vertex; male; nal.

ctober 22, 1881. Mrs. Von G. Vertex; ale; normal.

ctober 22, 1881. Mrs. S. Vertex; fe; normal.

October 30, 1881. Mrs. B. Vertex; female; normal.

December 3, 1881. Mrs. W. Vertex; male; normal.

December 15, 1881. Mrs. P., primipara. Vertex; female; normal.

December 19, 1881. Mrs. L., primipara. Vertex; male; normal.

February 9, 1882. Mrs. McK., primipara. Breech duration, thirty hours; twenty miles in the country. Had to finally bring down the feet, deliver the body, and turn it up in the direction of the mother's abdomen, and deliver the head with the forceps. Child, male; weight thirteen pounds; dead; perineum torn *through into and up the bowel two inches.* Stuffed a napkin—after dipping it in boiling water and wringing it—into vagina; placed three carbolized silk sutures in the bowel by means of a well-curved common surgeon's needle, held in a holder, left first finger in the bowel as a guide, tied and cut short; placed the vaginal sutures in the usual way; kept her bowels quiet with full doses of opium for six days, and then used enemas until they moved; union throughout as perfect as need be; recovery good in every respect.

February 22, 1882. Mrs. S., a very large and strong woman. Vertex. The most forcible, expulsive, or second-stage efforts I ever witnessed: tried to modify them by the free administration of chloroform. Notwithstanding the extreme force of the expulsive efforts and a most capacious pelvis, and no fault of position in the child; the second stage was protracted. Finally, the child, a large and finely-formed male, together with the placenta and a pailful of blood, was suddenly expelled. The child dead and completely exsanguined. The cause was a funis four inches long, abnormally thick and strong.

The placenta had been pulled from its uterine attachment before the completion of the labor, and the child had died exsanguined. Would I have saved the child if I had used forceps and delivered quickly?

February 28, 1882. Mrs. K., primipara, aged thirty-five, about the end of the seventh month. Vertex; placenta prævia; flooding frightfully; when I arrived, tried separation, hoping the head would engage, driven at length to bring down the feet and deliver child; dead; recovery good.

March 2, 1882. Mrs. M., primipara. Vertex; male; normal.

March 8, 1882. Mrs. T. Vertex; male; normal.

June 7, 1882. Mrs. E., primipara. Vertex; female; evidently somewhat premature; weight four pounds; lived.

June 15. Child born before I arrived; mother flooding rather freely; removed placenta when this ceased.

July 22, 1882. Mrs. W. Vertex; right, male; delay in second stage; forceps; recovery; normal.

This woman was the case, September 24, 1877, of breech presentation and extreme distocia, etc.

September 4, 1882. Mrs. S. Vertex; right; male; normal.

September 20, 1882. Vertex; right; male; normal.

October 4, 1882. Mrs. L. Vertex; right; male; normal.

October 14, 1882. Mrs. B., primipara. Vertex; left; very slow in first stage; lived fourteen miles in the country; recovery; normal.

November 22, 1882. Mrs. G. Vertex; right; male; normal.

December 24, 1882. Mrs. W., primipara, aged thirty-nine. Vertex; left; duration of labor four hours; no damage to perineum whatever; recovery; normal.

January 3 1883. Mrs. S; Vertex; left; male, large; duration three hours; normal.

January 7, 1883. Mrs. P.; vertex; female; normal.

January 14, 1883. Mrs. M.; vertex; female; normal.

January 20, 1883. Mrs. W.; vertex; female; normal.

January 30, 1883. Mrs. N.; vertex; male; normal.

February 6, 1883. Mrs. B.; face; female; passed head under chloroform and rectified position; recovery normal.

February 16, 1883. Mrs. P.; vertex; R.; male; normal.

March 6, 1883. Mrs. S.; vertex; R.; female; normal.

March 15, 1883. Mrs. C.; vertex; L.; male; evidently dead several days; liq. amnii enormous; recovery normal.

March 16. Mrs. N., primipara; vertex; R.; female; normal.

March 17. Mrs. B., primipara; vertex; R.; female; normal.

March 29. Mrs. F.; vertex; R.; female; normal.

April 15. Mrs. W., primipara; vertex; female; normal.

April 19. Mrs. N., primipara; vertex; L.; female; normal.

April 26. Mrs. W.; vertex; R.; female; normal.

April 26. Mrs. J.; vertex; L.; female; normal.

May 15. Mrs. G., primipara; vertex; R.; male; large; perineum torn; sutured with silk cord; united well; recovery good.

June 5, 1883. Vertex; R.; male; normal.

June 19, 1883. Mrs. W., primipara; vertex; R.; delay in second stage; forceps; removed them when the head reached the perineum; not torn; male; recovery normal.

July 2, 1883. Mrs. N.; vertex; female; sharp flooding; gave ergot, and grasped the uterus with both hands, which I was easily able to do because of the very lax abdominal walls, and compressed it until the bleeding was controlled.

July 9, 1883. Mrs. S., primipara; vertex; male. Here was positively hour-glass contraction. Finally anæsthetized patient, and coaxed placenta through the contraction by getting a finger past and drawing down a portion, then passing at another point, until all was released; recovered normally. Child: penis, prepuce rudimentary, the glans being uncovered, urethra opened beneath the glans, which was imperforate, urethra, however, perfectly patulous.

July 28, 1883. Mrs. N.; vertex; male; dead and decidedly macerated; recovered normally.

September 17, 1883. Mrs. McN., primipara; vertex; male; normal.

October 8, 1883. Mrs. P.; vertex; male; normal.

October 18, 1883. Mrs. B.; vertex; female; normal.

November 7, 1883. Mrs. B., primipara; vertex; labor very tedious; head would not engage in superior strait; waited until long after complete dilatation, and put on forceps at superior straight, and delivered; slight laceration of perineum; sutured; united; recovery good in about the normal time; child alive.

November 15, 1883. Mrs. B.; vertex; female; normal.

November 19, 1883. Mrs. L., primipara; weight 90 pounds; vertex; R.; lingering second stage; forceps; perineum torn; sutured; united; had to draw patient's urine with catheter for seven days; no rise of temperature; recovery good.

November 29, 1883. Mrs. G.; vertex; R.; female; normal.

December 4. 1883. Mrs. T., primipara; vertex; R.; male; normal.

December 13, 1883. Mrs. R., IIpara; weight 115 pounds; lived twenty miles in the country; had been in labor 48 hours when I arrived; right arm in the vagina.

h the skin pulled off it by the midwife in endance in her efforts to deliver. Child dently long since dead. Mother greatly austed. Gave her an ounce of brandy, oroformed her, and quickly and easily ught down both feet, when I allowed her come from under the anæsthetic, gave re brandy with ergot, and delivered the d child, weight ten pounds, and placenta ne away easily. She scarcely flowed at all, l made a quick and good recovery.

December 15, 1883. Mrs. W.; vertex; ; male; normal.

January 7, 1884. Mrs. S. Vertex; left; ale; normal.

January 14, 1884. Mrs. G. Vertex; right; le. This patient had a moderate attack metritis, and required attention more or constantly until February 4, when I dis- sed her.

January 24, 1884. Mrs. N., primipara. rtex; right; female; normal.

January 25, 1884. Mrs. M., primipara. rtex; right; female; sore nipples and stitis delayed her recovery, which, how- r, was eventually good; child had to be ught up on the bottle.

January 29, 1884. Mrs. C. Vertex; right; le; normal.

February 8, 1884. Mrs. L. Vertex; left; ale; normal.

February 13, 1884. Mrs. F. Vertex; left; le; normal.

February 17, 1884. Mrs. W. Vertex; ht; male; normal.

March 3, 1884. Mrs. T. Vertex; face erior; forceps; recovery normal, except herization during five days which the pa- t, as is her custom when needed, accom- datingly did for herself.

March 10, 1884. Mrs. N. Vertex; left; le; normal.

March 14, 1884. Mrs. R. Vertex; left; ale; normal.

March 15, 1884. Mrs. B. Vertex; left; ale; normal.

March 29, 1884. Mrs. N. Vertex; right; ale; normal.

April 1, 1884. Mrs. J. Vertex; right; ale; normal.

May 1, 1884. Mrs. J——c. Vertex; ht; male; normal.

May 6, 1884. Mrs. C., primipara. Vertex; t; male; normal.

June 1, 1884. Mrs. B., primipara. Vertex; t; male; lingering second stage; forceps; rmal.

June 8, 1884. Mrs. M., primipara. Ver- ; left; lingering second stage; forceps; rmal.

June 21, 1884. Mrs. R. Vertex; right; male; normal.

July 5, 1884. Mrs. T. Vertex: male; normal.

July 9, 1884. Mrs. T——s. Vertex; female; normal.

July 15, 1884. Mrs. N. Vertex: male; normal.

July 21, 1884. Mrs. S. Vertex; left; female; normal.

July 26, 1884. Mrs. A. Vertex; right; male; normal.

July 31, 1884. Mrs. C., primipara. Vertex; right; male; normal.

August 3, 1884. Mrs. M. Vertex; right; female; metritis and slight septicæmia; recovery eventually good.

August 3, 1884. Mrs. O.; breech; liq. amnii enormous; child male; very large head and macerated; placenta very stoutly adherent; pulled it off with my finger-nails; flooding frightful; gave liq. ergota (P. D. & Co.) hypodermically; passed a sponge wet with vinegar into the flaccid uterus; finally grasped that organ with both hands, as I could easily do, because of the relaxed abdominal walls, and compressed it until the ergot acted. She had only a very moderate metritis, and soon made a good recovery.

August 8, 1884. Vertex; L.; female; normal.

August 29, 1884. Mrs. B., primipara; æt. 40; vertex; R.; labor short and easy; child male; recovery normal.

September 8. Mrs. W.; vertex; female; normal.

September 11, 1884. Mrs. E., primipara; vertex; female; normal.

September 24, 1884. Mrs. S., primipara; vertex; female; normal.

October 9, 1884. Mrs. P.; vertex; L.; male; normal.

October 13, 1884. Mrs. M., primipara; vertex; L.; male; normal, except catheterization during three days.

October 14, 1884. Mrs. N.; vertex; R.; male; hare-lip, upon which I successfully operated when the child was one day old; the second day had to pass catheter for mother; mucous lining of bladder became impacted in the eye of the instrument; I slipped a piece of rubber tubing over the catheter, and attached a Davidson syringe, and easily detached it by pumping in a bulbful of warm water. She made a good recovery. I have not used a silver female catheter since. I take a No. 6 male rubber catheter, and cut off three inches of the distal end, attach a yard of rubber tubing to the proximal end. In using, drop the end of the tubing into the chamber-vessel on the floor, pass the catheter, and the urine flows into the vessel. Nothing is spilled in the bed, and the catheter is only just long enough to reach into the bladder. I have not had this kind of an instrument stick fast yet.

October 17, 1884. Mrs. J., primipara; vertex; L.; male; normal.

November 9, 1884. Mrs. E., primipara, vertex; L., male; normal.

December 5, 1884. Mrs. W.; vertex; R.; male; normal.

December 18, 1884. Mrs. R.; vertex; R.; female; normal; child had talipes varus of left foot. I instituted treatment at once, and eventually had most gratifying success.

December 21, 1884. Mrs. N., primipara; vertex; R.; female; normal.

December 22, 1884. Mrs. F., primipara; vertex; L.; female; normal.

December 24, 1884. Mrs. R.; vertex; R.; male; normal.

January 5, 1885. Mrs. C.; vertex; male; normal.

January 6, 1885. Mrs. G., primipara, æt. 21; has been subject to epileptic seizures, one a week on an average, ever since she was seven years old. Has taken bromide until the combined effects of the disease and remedies show very plainly in her mental condition. Labor exceedingly tedious; vertex; male; forceps. She recovered from the puerperal state about as soon as any one, so far as her physical health was concerned, but was scarcely aware that she had had her child until near the end of three months. The breasts filled up enormously with milk on the third day. This I forced out with a bandage, that had to be replaced daily for six days on account of its getting so soaked with the milk. The milk finally ceased to secrete. We had to dry up the milk, because her state utterly precluded the nursing of her child—a fine, healthy one. During these three months her seizures occurred daily. At the end of three and a half months she suddenly began to improve, and has been better in every respect than for years.

January 14, 1885. Mrs. B.; vertex; male; normal.

January 20, 1885. Mrs. W.; vertex; male; normal.

January 25, 1885. Mrs. S.; vertex; male; evidently a few weeks premature; meagre and poorly nourished. Her labor was evidently precipitated by an attack of facial erysipelas, that spread over and involved the entire scalp, also down the neck anteriorly as far as the mammæ. On the day of her confinement the erysipelas was at about its acme, on the sixth day with her, as it had entirely subsided by the twelfth day from the date of its appearance. She never manifested any symptoms of peritonitis, metritis, or septicæmia; but with the subsidence of the erysipelas made a good recovery.

February 1, 1885. Mrs. R. Vertex; abdomen so sore she could not bear the weight of the clothing; face flushed, and skin so hot that I was startled; temperature 103°, taken before the os was as large as a half dollar; concluded she was suffering from metro-peritonitis; ante-partum. Her sufferings were so intense that I deemed it best to conduct the labor under quite profound anæsthesia from the beginning to the end. She had been quite miserable during several days preceding the actual commencement of labor, but had neglected to call me. However, after a rather tedious labor, she gave birth to a large and vigorous female child. And I had a case of metro-peritonitis of the most grave character on hand that took a large amount of my personal attention during the next ten weeks. I have not daily notes in detail of the treatment, hence can only indicate the general course pursued. Morphia to the verge of narcotism until the inflammatory stage was past. The abdomen finally became so tympanitic as to interfere with respiration, and other functions as well, and I ventured to tap off the gas with an aspirator needle which gave so much relief, immediate and apparent, that it was repeated daily for nine consecutive days. The treatment was morphine, quinine, stimulants, food *pro re nata*. Hot turpentine stupes to the abdomen, vaginal, and occasional uterine washings with water that had been boiled, to which was added sometimes carbolic acid, sometimes iodine. I was, and am still, afraid of the mercuric chloride where it may come in contact with extensive surfaces that are in a good state to favor undue absorption. Indeed, the call for great diligence in the use of antiseptics for the vaginal canal I did not deem to be urgent in this case, as in my opinion it was one mainly of peritonitis starting ante-partum from the uterine surface. I personally did all the douching drew the urine three times a day, and sometimes oftener, taking care that the catheter was always aseptic. In due course an immense bed-sore of great depth developed exactly above the promontory of the sacrum. This was treated with a solution, potass. permang., using a varying strength. When the slough separated, iodoform freely; it eventually healed. This woman finally made a most excellent recovery.

ebruary 3, 1885. Mrs. N., primipara ;
tex ; L. ; female : normal.
ebruary 16, 1885. Mrs. F., primipara ;
tex ; right : female ; normal.
ebruary 23, 1885. Mrs. C., primipara :
tex ; male ; normal.
ebruary 24, 1885. Mrs. K., primipara.
tex ; R. ; male ; perineum torn ; sutured ;
led ; recovery good.
arch 3, 1885. Miss S., primipara ; almost
idiot ; vertex ; R. ; female : recovery ;
mal.
arch 17, 1885. Mrs. P. : vertex ; R. ;
ale ; normal.
arch 27, 1885. Mrs. N. : vertex ; male ;
mal.
pril 8, 1885. Mrs. W. : vertex ; L. : fe-
le ; normal.
pril 22, 1885. Mrs. T. ; vertex : R. ;
le ; normal.
pril 23, 1885. Mrs. G. : vertex ; R. ;
le ; normal.
pril 26, 1885. Mrs. W. ; vertex ; male ;
mal. This woman was thin in flesh, and
en the uterus was emptied and contracted,
ould plainly feel a globular tumor in the
ht hypochondria on a level with the fun-
s uteri, in size that of a medium orange.
e is still in good health, or was a few
nths since, when she moved up into Wy-
ing Territory.
May 6, 1885. Mrs. W. ; vertex ; left ; fe-
le ; normal.
May 14, 1885. Mrs. M. ; vertex ; L. ; fe-
le ; normal.
May 15, 1885. Mrs. F. : vertex ; L. This
or was exceptionally severe and pro-
cted, and for no reason that I could
save that the woman was excessively
shy. Forceps finally, and a large female
ld, that had evidently been dead several
ys.
June 15, 1885. Mrs. P., primipara : ver-
; female ; normal.
June 18, 1885. Mrs. G. ; vertex ; male ;
rmal.
June 30, 1885. Mrs. S. : vertex ; male ;
rmal.
July 11, 1885. Mrs. S——t ; vertex ; fe-
le ; normal.
July 26, 1885. Mrs. W. ; vertex ; male ;
rmal.
July 27, 1885. Mrs. P. ; vertex ; female ;
rmal.
August 2, 1885. Mrs. B., primipara ;
eech ; turned the head out quickly with a
ade of the short forceps used as a vectis ;
rmal.
August 11, 1885. Mrs. M. ; vertex ; female ;
rmal.

August 12, 1885. Mrs. G. ; vertex ; male ; normal.

August 20, 1885. Mrs. G. ; vertex ; male ; normal.

August 20, 1885. Mrs. C. ; vertex ; female ; normal.

September 4, 1885. Mrs. McG., primipara ; vertex ; female ; normal.

September 8, 1885. Mrs. N. ; vertex ; male ; normal.

September 8, 1885. Mrs. G. ; vertex ; female ; normal.

September 16, 1885. Mrs. P. ; vertex ; male ; normal.

September 30, 1885. Mrs. F. ; vertex ; male ; normal.

October 9, 1885. Mrs. F——r : vertex ; male ; normal.

October 27, 1885. Mrs. W. ; vertex female ; normal.

November 3, 1885. Mrs. N. ; vertex ; female ; normal.

November 3, 1885. Mrs. G. ; vertex ; female ; normal.

November 18, 1885. Mrs. B. ; vertex ; female ; normal.

November 21, 1885. Mrs. J. ; vertex ; male ; normal.

November 28, 1885. Mrs. A. ; vertex ; male ; normal.

November 30, 1885. Mrs. P, ; vertex ; This woman had had a deep bilateral rent in the cervix repaired two years before. I deemed it best to conduct her labor under the rather full influence of an anæsthetic. A mixture of ether and chloroform was used. Meanwhile watching the dilatation closely and anxiously, but not a drop of blood was shown until after the completion of the second stage, hence I concluded and subsequently ascertained that she suffered no injury. Made a good recovery in the normal time.

December 2, 1885. Mrs. B., primipara. Vertex ; male ; normal.

December 4, 1885. Mrs. M., primipara. Vertex ; lingering second stage ; forceps ; perineum torn ; sutured ; united ; recovered well in normal time.

December 14, 1885. Mrs. C. Vertex ; male ; normal.

December 15, 1885. Mrs. G. Vertex ; female ; normal.

December 26, 1885. Mrs. N., primipara. Vertex ; male ; normal.

January 1, 1886. Mrs. I., primipara. Vertex ; female ; normal.

January 8, 1886. Mrs. W. Vertex ; male ; normal.

January 25, 1886. Mrs. P. Vertex ; right ; male ; normal.

February 5, 1886. Mrs. McC. Vertex; left; male; normal.

February 18, 1885. Mrs. S. Vertex; right; male; normal.

March 14, 1886. Mrs. L., primipara. Vertex; female; normal.

March 16, 1886. Mrs. S. Vertex; male; normal.

March 25, 1886. Mrs. N. Vertex; male; normal.

April 5, 1886. Mrs. B. Vertex; female; normal.

April 6, 1886. Mrs. G. Vertex; male; normal.

April 12, 1886. Mrs. E. Vertex; male; normal.

April 18, 1886. Mrs. K. Vertex; male; normal; feeble, with imperfectly-closed foramen ovale; died in two days cyanosed, being the second child lost by this woman in about the same way. She has very loud heart-murmurs and always develops a decided albuminuria when pregnant that soon disappears after confinement.

May 9, 1886. Mrs. F. Vertex; male; normal.

May 12, 1886. Mrs. F——r. Vertex; female; normal.

May 18, 1886. Mrs. S. Vertex; female; forceps, because of lingering second stage; mastitis; otherwise normal.

May 28, 1886. Mrs. K. Vertex; female; normal.

June 1, 1886. Mrs. E. Vertex; male; normal.

June 13, 1886. Mrs. G. Vertex; female; normal.

June 15, 1886. Mrs. T. Vertex; male; normal.

June 21, 1886. Mrs. M. Vertex; male; normal.

June 25, 1886. Mrs. L. Vertex; female; flooded badly; ergot; morphia, hypodermically; controlled. I was not called to this case early. When I arrived, I found her husband had been giving her chloroform very freely for twelve hours. She is an asthmatic cardiac variety. Labor terminated in an hour after my arrival. I am persuaded the flooding was due to the abuse of chloroform—not, however, in my hands. She finally made a fair recovery in three weeks.

June 30, 1886. Mrs. G. Vertex; male; normal.

July 8, 1886. Mrs. F. Vertex; male, seven months; dead; cause, fatty degeneration of placenta; recovery good.

July 18, 1886. Mrs. H. Vertex; female; normal.

July 24, 1886. Mrs. H——n. Vertex; female; normal.

July 29, 1886. Mrs. P. Vertex; female; normal.

August 12, 1886. Mrs. S. Vertex; female; normal.

August 13, 1886. Mrs. G., primipara; vertex; a very rigid os, with thin, paper-like edges; liq. amnii drawn off when I arrived; dilated to the size of a quarter-dollar; suffering intense; gave water hypodermically, and afterwards resorted to the warm water douche. Labor lasted twenty hours from beginning to end. Child female. This woman had no rise of temperature, did not flow unduly as to quantity or length of time; but was sleepless, could not eat. Milk came at the end of four days in scant quantity and of miserable quality, hence had to bottle-feed the baby. At the end of four weeks she was barely able to sit up. In the meantime she had been assiduously plied with tonics and peptonized foods. Still she could not be made to take sufficient food, and perforce remained weak and decidedly hysterical. Complained mostly of a lump in her throat—globus hystericus? I examined with a speculum, and found, of course, a poorly involuted uterus and a trifling tear in the cervix. She went to Denver, and is still in the hands of a specialist, who tells her that when she gets her into proper condition he will have to repair the torn cervix.

August 20, 1886. Mrs. T.; vertex; male; normal.

August 28, 1886. Mrs. W.; vertex; female; normal.

August 31, 1886. Mrs. S.: vertex; female; normal.

September 2, 1886. Mrs. R.; vertex; female; normal; child dead and acephalous; skull entirely wanting above the ears.

September 25, 1885. Mrs. A., primipara; vertex; male; normal.

October 12, 1886. Mrs. E.; vertex; L.; female; normal; child had slight talipes equinus.

October 13, 1886. Mrs. G.; vertex; male; normal. Although this woman is an incurable epileptic, she had none of her usual seizures during the two weeks of her lying-in period.

October 13, 1886. Mrs. W. Vertex; left; female; normal. Having taken care of this woman in four previous confinements, and had trouble each time with phlebitis along the course of varicose veins in one of her loins, I tried bandaging the affected leg from the hour of her confinement, and had the gratification of seeing her escape this comon. Used a Martin bandage over a tocking during the whole time she was , and for ten days afterward besides.

ober 23, 1886. Mrs. B., primipara. n; face; posterior became so tedious I bring down the feet; delivered the vith the short forceps. Used Schultz's d of resuscitating the nearly asphyxi- hild with great satisfaction. Female; r recovered well.

rember 7, 1886. Mrs. P., primipara. x; male; normal.

rember 19, 1886. Mrs. M. Vertex; fe- normal, notwithstanding this woman een absolutely insane during the last nonths of her pregnancy. The day ner confinement her delusions vanished; ilk came the third day; she is nursing; ild sleeps well, eats heartily; is well hed; takes care of her child, and does f her own house-work.

rember 8, 1886. Mrs. C., primipara. x; male; normal.

rember 27, 1886. Mrs. R. Vertex; female; normal.

rember 30, 1886. Mrs. G. Vertex; fe- normal.

ember 1, 1886. Mrs. M., primipara. x; right; female; normal.

ember 24, 1886. Mrs. N. Vertex; ; normal.

s completes my obstetric record dur- period of thirteen years and nine s, with day and date, all done in Weld , Colorado, amongst a pioneer people ling with poverty and the hardships nt to the settling of a new country. a child was born dead I have invari- aid so. By normal, used in reference mother's getting-up, I mean there has no rise of temperature or other compli- other than mentioned, and that inside weeks she has been able to sit up and lly to walk about, and often to resume ual labors and duties. I will leave all lizing to those who choose to do so, as eport has drawn itself to such a tedious .

PERIENCES IN MIDWIFERY.

BY R. P. DAVIS, M. D.,

Of Petty, Texas.

lwifery and the forceps seem to have d considerable discussion lately, judg rom several articles which have ap- l from time to time in your journal. I rictly a country doctor, having never ced in town or city, am isolated from other practitioners, and have to rely entirely upon my own knowledge and resources in midwifery, as well as all other branches of our profession. No doubt this very isolation has been the foundation-stone of my success in the practice of midwifery, as the following report of my sixteen years' practice in that branch will testify:

During those sixteen years I find, on examining my books, 960 cases of midwifery treated by myself, never having called in a consultant in a single case. Among that number I have attended girls as young as 13 and 14 years of age, and as old as 39 years. These two classes are generally considered fit cases for forceps delivery, but I have never used the forceps in a single one of them; in fact, I have no forceps or any other obstetric instrument, and never had, and never shall, because I have no use for them. As I have succeeded so far without them, it is reasonable to suppose that I shall never need them.

Among my cases that would be classed as unnatural, I find four breech presentations, which were tedious and slow. Two of them were in labor twenty-four hours, the other two were in labor six and eight hours. All made rapid recoveries, with no unnatural results. Had forceps been used, no one could tell what the results would have been.

I also find two arm presentations, one knee, eight foot or pedal presentations, two face, two shoulder, and two back. All the other cases were some one of the natural presentations of the head. I consider any of the head presentations except the face as being natural, or at least sufficient for natural delivery without the meddlesome interference of forceps.

I have been forced to make versions, and to aid the woman considerably, but I have always used my natural forceps or hands. I am pretty stout, have large, long fingers, and with a good knowledge of labor and its principles, I put all my cases through without instruments. Among them all there occurred not a single case of child-bed fever, or any other of the so-called puerperal diseases. But I have seen and treated several cases of child-bed fever in the practice of other doctors who had used ergot and forceps.

I consider ergot in any of its forms, when not used properly, just as dangerous and devilish as the forceps, and never use it except in uterine hemorrhage, and then I always give deodorated tinct. opium with the ergot. Perhaps the opium does the work, and would do as well or better without the ergot.

Among all my cases not a single death has occurred of the mother, and only three of the children, who were premature.

What do you think of a country doctor having 960 cases of midwifery in sixteen years of general practice and not losing a single case, or using the forceps in a single one? I will tell you my maxim and the secret of my success: Let nature take her own course and have her own time, "if it takes all summer," and when she takes a wrong course, put her right with your own natural forceps or hands, and nine times out of ten your cases will go through satisfactorily. I aid most of my cases in the first stage with chloral and potass., and the second stage with chloroform. I use a great deal of chloroform in labor, and would not do without it. I give it in all cases. They would not have a doctor who did not let them have an anæsthetic.

MEDICAL SOCIETIES.

GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

(*Concluded from page* 462.)

If the indications were sufficient to call for a positive diagnosis in such a case as the one related, where the cervix was long and conical, and the os undilated, he would prefer to make a sufficient amount of dilatation with a dilator to admit of the introduction of a Barnes' bag into the cervical canal, if a sufficient amount of dilatation to admit the bag could not be procured, he would prefer to insert a tupelo or antiseptic sponge tent (covered with gold-beater's skin) and tampon behind this, and removed the tent at the end of four or six hours and introduce the Barnes' bag. The use of the tampon in this manner would not only check the hemorrhage, but soften down and produce more rapid dilatation of the cervix.

Dr. T. A. Ashby said no strict rules should be established in the treatment of placenta prævia. Each case should be treated on its individual merits, and such methods should be adopted as gave promise of the best results in the case under observation. He believed in the expectant plan of treatment until positive indications for interference were clearly presented. He fully coincided with the opinion expressed by Dr. Neale in regard to the great value of the method of Braxton Hicks, and, in those cases in which premature delivery was indicated, he believed this method gave the best results.

Dr. Williams has asked for an explanation of the cause of death in the case related by him. Dr. Ashby had no arbitrary opinion to express, but he believed that the loss of blood offered a satisfactory solution of the problem. He had reported to the Society some months ago a case of death following labor in a patient who had organic heart disease. The amount of blood lost was not sufficient in itself to have caused death, but it so disturbed the action of the heart that this organ failed to perform its duty, and death from apnœa resulted. The symptoms described by Dr. Williams resembled in many of their features those observed in this case, so that he was induced to associate the fatal result in Dr. Williams' case, in respect to its causation, with a disturbance of the heart's action dependent upon hæmorrhage. If death did not occur from loss of blood in this case, the only two conditions which could explain the result was either a heart clot or cerebral embolism.

Dr. Williams, in reply to a question by Dr. Ashby, said that before the administration of the chloroform he had examined the patient's heart and found it healthy.

He did not have any opportunity to make a positive diagnosis, as he did not see the patient until about the time that labor set in. When he first saw her he did not consider that she was in a dangerous condition, but with the history of previous hemorrhages he thought it would be safer to tampon and so protect her against any possible further loss of blood. He was sent for again in five hours, and as the pains had increased he removed the tampon. The os was only slightly open, but was *dilatable*, and on introducing two fingers he was able to feel the edge of the placenta, and could pass his fingers beyond it into the cavity of the uterus.

As he had said in his paper, he rejected verson owing to the depth and narrowness of the vagina. On applying the forceps and drawing the head down, the hemorrhage was completely controlled, and after this, practically, no blood was lost. When he left the patient after the delivery of the fœtus, the uterus was firmly contracted. He thought it possible that even the slight effort made by the patient in rising to drink might have caused syncope with the formation of blood clots which he considered the cause of death. The condition of the patient was not such as he would expect to find in a case of hemorrhage.

He had never met with but two cases of placenta prævia, and both of these were in the practice of other gentlemen, and he congratulated himself upon this exemption.

)r. G. W. Miltenberger thought that Dr. ale could have made his point, which was ood one, still stronger from the same statis-, which he had quoted from Lomer.

'he doctor had given the general result Hofmeier, Behm, and Lomer, which in-ded all the cases operated upon by Brax-Hicks' method.

n this number were compiled cases ated by several assistants. Some of the nen had come in moribund, some were y anæmic, some had had other operative asures resorted to previous to admission. this mortality were included all cases dy-after delivery from septicæmia.

'he mortality here 21 to 236, about 10 cent., vies with the exceptional mortality so skilled an obstetrician as Behm of 6 in about 10 per cent. When we take their es treated by bipolar version alone, we l much better results.

	No. of Cases.	Deaths.
'meier	37	1
ım	40	0
ıer	101	7
	178	8

per cent.

And even here Lomer's cases were treated himself and assistants, who were just rning. If we take those treated by Lomer nself, 16 without a death, we have the un-cedented result of the three, of 93 cases h one death.

This is truly startling, and there is noth-in this generation which can compare h it.

They do not advise that other means ould all be abandoned, for in case of head sentation with marginal placenta, if pains strong and hemorrhage slight, head hav-entered the pelvis, rupture the mem-ınes, and if needed, forceps will suffice.

But in the great majority of cases, this thod surely offers more than any other ich has heretofore been employed.

Dr. Williams asked permission to say a words in closing the discussion of the ɔject.

The most practical and important point veloped by discussion is the time at which is necessary to interfere. He did not nk that a hemorrhage at the seventh or hth month was prima facie evidence of ıcenta prævia. Such hemorrhage did not quire us to make minute examination to ertain the existence of placenta prævia.

In his own experience such hemorrhage s more than once occurred—owing, proba-, to a partial separation of the placenta from the uterus—and still the patient has gone on to full term. He thought the safer rule was to regulate our conduct by the condition of the patient, rather than by a preconceived theory of placenta prævia. When the hemorrhage is repeated, or when it is sufficiently severe to threaten serious consequences to the mother, it is important to make an early and positive diagnosis. In the case reported, the oft-repeated hemorrhages, produced, as they were, without palpable manifest cause, strongly pointed to placenta prævia, but had there been only the first, or even the second hemorrhage, neither of which was sure, there would have been no adequate reason for making a thorough investigation; especially would there be no reason for resorting to the dilatation of the cervix spoken of by several of the gentlemen during this discussion. Extreme measures should only be employed when the health or life of the mother is threatened.

The very remarkable statistics reported by Drs. Miltenberger and Neale seemed to him fully to corroborate this view. If *Lomer* and his associates could accomplish the wonderful results achieved by them in cases operated upon "in extremis," and reduce the mortality to four or five per cent., then it certainly seemed entirely unnecessary to interfere at a very early period in an ordinary case.

Dr. G. L. Taneyhill was called to a case of another practitioner a few weeks previous to Dr. Williams' case. Hemorrhage was so profuse that the lady fainted. He diagnosed *placenta prævia*, and used ergot by the mouth and ice wrapped in flannel per vaginam, and *detained patient in bed*. At full term he was called in consultation. He prepared his hypodermic syringe with Bonjean's ergotine, gave one ounce of whisky, and expressed belief that the case would be a rapid one. During the consultation the waters broke, the attending physician, according to a previous understanding which they had, thrust in his right hand, grasped the feet, and *turned*. The head was easily delivered by drawing the child up over the abdomen; the placenta was immediately discharged. The womb contracted promptly by use of ice to abdomen. Did not use the ergotine. The child was dead, but the mother made a good recovery. Dr. Taneyhill had seen another case in which, by the administration of ergotine hypodermically, profuse hemorrhage was checked. The patient detained in bed to full term with good result to mother. He thought we could not guard too carefully a case of placenta prævia.

Dr. Neale said that all the means ever proposed for tamponing the vagina of a pregnant or parturient woman, he considered a bath-sponge the very worst. Pledgets of antiseptic cotton, *properly applied*, while the woman is in Sims' position and the perineum retracted, he believed to be generally considered the best. He did not suggest Braxton Hicks' method as applicable to all cases. Some required merely the rupture of the membranes, some the tampon, some Barnes' method, others forceps, internal podalic version, etc., etc.

Dr. Neale also said, he would be a bold man indeed, who would use a sponge-tent in the pregnant, parturient or puerperal conditions.

Dr. Miltenberger, in reply to a question by Dr. Wilson, said that Dr. Parrin's book, the latest out, says positively that there is not a single authentic case of death from chloroform during labor on record. The normal physiological hypertrophy of the heart with the effect of uterine contraction tended to prevent cerebral anæmia.

Dr. Williams had never seen any disagreeable effect from chloroform in mother or child.

Regular meeting, held February 8, 1887. First Vice-President, P. C. Williams, M. D., in the chair. Wm. E. Moseley, M. D., Secretary.

Dr. B. B. Browne reported a case of

Prolonged Gestation with Deformed Fœtus, Complicated with Amniotic Dropsy.

Mrs. K., aged thirty-six, married seven years, has had two children, both delivered with instruments. Menstruated for the last time March 20–23, 1886, expected to be confined about 28th of December, 1886, but labor did not come on until 2d February, 1887, being ten months from cessation of last menstruation. About October 15 she was kicked in the abdomen by one of the children and suffered for some time from the effects of this. On December 15 she fell down stairs, and was considerably stunned by the fall. At the time of birth of the fœtus there was a very excessive flow of amniotic fluid, deluging the bed and floor of the room.

The fœtus was small with large head, lower part of face and mouth very small, the right arm and leg were short and club-shaped. The placenta was adherent, and was removed with difficulty.

In reviewing the history of this case, it seems probable that the kick in the abdomen received in October caused an injury to the uterus, which resulted in a paralysis of the muscular structure of that organ; from this cause resulted the defective development of the fœtus and the large accumulation of amniotic fluid; the over-distention and loss of contractive power in the uterus would also appear to have been the cause of the prolonged gestation.

Tarnier's Basiotribe.

Dr. L. E. Neale exhibited Tarnier's Basiotribe, and referred to the *N. Y. Medical Abstract*, January, 1885, containing a translation by Dr. Paul Bar, from *Le Progrés Medical*, December 20–27, 1884, for a full description of the instrument.

The same number of the *Abstract* contained a very interesting article by Alexander Russell Simpson, M. D., on the "History of Embryulcia," in which he describes the five different groups of instruments designed for the performance of the operation, viz:

1. Craniotomies.
2. Cephalotribes.
3. Cranioclasts.
4. Cephalotomes.
5. Basilysts.

The Basiotribe was considered the best instrument hitherto designed for craniotomy in each and every one of the three stages of the operations, viz:

1. Perforation.
2. Comminution.
3. Extraction.

Dr. Neale's experience with the basiotribe was thus far confined to his class demonstrations of the operation of craniotomy where he uses the dead human fœtus with the improved Budin and Pinard Manikin. Here he has always found the instrument to act most easily and thoroughly, even where other instruments, *e.e. gr.* Braun's cranioclast (craniotractor) and trephine had signally failed.

With the cranioclast we rely upon the pelvic walls exerting such pressure upon the opened head while it is dragged through the pelvic canal as to collapse the cranial vault, the base of the skull remaining uncomminuted, and often causing serious difficulty in its extraction. This method of operating necessarily subjected the maternal soft parts to a more or less dangerous pressure, which, with the basiotribe was obviated by the thorough comminution of the skull, base and all. The instrument is made as simple and antiseptic as possible, and is an excellent combination of (1) perforator, (2) cranioclast, (3) cephalotribe; and the speaker thought it would fulfil all the requirements for the und safe performance of the operation. ner destructive instruments were shown e sake of comparison.

. Neale then exhibited Tarnier's last l of the axis-traction forceps. (3) Prof. T. Howard's modification of the axis- on forceps, of which he spoke very v from his experience. (4) Budin's ther douche tubes.

. C. H. Riley, in washing out the cavity e puerperal uterus generally used the e tip, metal or hard rubber, of the lson syringe, and had found it to an- the purpose very well indeed. It is the size and long enough, can be easily and a fresh one can always be readily red. He had also found the block-tin ters very useful for the same purpose.

LADELPHIA CLINICAL SOCIETY.

ted meeting, February 25, 1887.

e President, Dr. James B. Walker, in air.

e President introduced the subject of

Artificial Feeding of Infants.

e importance of the subject all will ad- nd depends on—

The inability of the mother to afford shment.

The demands of the child for the ma- s for growth, repair, and heat produc- and for *protection* from indigestion and amerous disorders of malnutrition.

e prominent indications of non-agree- of any food are excessive colic, vomit- liarrhœa. The results are seen in ot flesh, strength, vivacity, and color; evelopment of general body or of as of teeth; retardation of infantile aplishments, psychical or physical, or loss of those which have existed. One ny of these conditions may exist, and or attention on the part of the physi- o the imperative needs of the little pa-

choosing a diet there is no established ve that the food shall be easily digested, ritating, and suitable for nourishment neat production. If the infant have nursing its mother, the *quantity* may be at fault. In all such cases artificial hould be made to *supplement* and *not tute* the natural supply. The amount ificial food must vary with each case, every alternate feeding to two or three gs daily. Should the *quality* of the r's milk be at fault, or should she be unable to nurse her child from other cause, a complete *substitute* must be furnished.

Here unquestionably the best, because furnishing the most rational substitute, is the wet-nurse. But rational though it be, it has objections which sometimes are insurmountable. Among these are the expense incurred, the difficulty of getting one whose milk is altogether satisfactory; or this agreeing, the unsatisfactoriness of the individual herself, who, reins in hand, may, if inclined, drive the family to distraction. Apart from this, many mothers object to having their little ones nurse at other breasts than their own, even when the substitute is cleanly in person, character, and habits, and much more so if doubt exists, as it often must, upon these scores. While not decrying wet-nurses, indeed while claiming that for some infants they are our only means of salvation, the lecturer claimed that in most instances they are not indispensable.

In choosing a substitute for human milk for healthy children, the lecturer does not approve of the so-called infants' foods, manufactured on a large scale, and kept on the druggist's shelves. These substances, many of which have much virtue, find a sphere in the management of the sick; but, as a rule, may be eschewed in arranging a food for the well.

For most babies, condensed milk answers best for the first three to six months of life. Here, again, a choice may be made. There are several varieties of this food, most of which are supplied in quantities to grocers and druggists and lie an indefinite time on the shelf or counter, during which time they are liable to deterioration. This is not a matter of theory, but has been proven in more than one instance by an attack of severe indigestion and diarrhœa on opening a new can. The brand most satisfactory in the lecturer's experience is Canfield's, which is manufactured in Philadelphia, and is for sale only at the manufacturer's office, where its freshness and purity are guaranteed. Or if the sweetness of the condensed milk be an objection in an individual case, the "evaporated cream," a partially condensed milk prepared by the same firm may be used, having it served fresh every day, or every alternate day. Unquestionably, condensed milk is preferable for the young infant to the fresh (?) milk furnished by the middleman in our large cities.

If a child taking condensed milk is constipated, a small quantity of Mellin's, Horlick's, or Nestle's food may be used in each bottle, and will usually be all-sufficient.

At least until a food has proven satisfactory, the infant should be weighed at the end of each week, and should gain from three or four ounces to a pound weekly. If severe colic, vomiting, or diarrhœa occur without cause, such as teething, exposure, etc., some change is indicated. This will usually be the case, where condensed milk is the diet, somewhere from the third to the eighth month. The addition of oatmeal to the food may be all that is needed. It should be thoroughly cooked for three hours, then strained through a cloth, producing a white, semi translucent substance, about the consistency of starch, as used by the laundress. Of this from one to three tablespoonfuls may be added to each bottle, according to the age of the child and its powers of digestion. Lime water is an important addition to the artificial food, and should be used continuously for the first ten or twelve months.

In most instances, fresh cow's milk will have to be substituted for the condensed milk when the latter disagrees, or this, if obtainable pure, may be used from the first. This should be diluted to suit the age and should have added sugar, lime-water, and from a teaspoonful to two tablespoonfuls of cream to each bottle, varying the amount to suit the condition of the bowels. After the third month, or even before, some of the oatmeal gruel, prepared as already directed may be added. In cities, all the water used in preparing the food should have been previously boiled. Sometimes an irritable state of the bowels, induced by one of many causes may be benefited by the substitution for a few hours of barley-water, arrowroot-water, or gum-arabic-water; and on resuming the milk food, one of the above waters may be used as the diluent instead of plain boiled water. Sometimes the use of peptonized milk diluted with barley-water; or the addition to the milk food of "peptogenic milk powder" of Fairchilds, Brother & Foster, may be required for a shorter or longer period.

In the artificial feeding of infants the plain nursing-bottle with pure rubber nipple is better than spoon feeding, giving exercise to the masticatory apparatus and stimulating to more rapid functional development the salivary function.

The subject was discussed by the different members, and the experience of each one proved that cow's milk in some form was the best food for a child which must be artificially fed.

Dr. Anna McAllister spoke of some interesting experiments which had been tried at the N. Y. Infant Asylum under the supervision of Dr. J. Lewis Smith, where in several autopsies on artificially fed infants it was found that in those fed on *starchy* food the pancreas was very small, seemingly arrested in its development, while in those fed upon *condensed* milk the organ was normal in size.

Dr. Edward R. Stone gave a verbal report of a case of

Uræmic Convulsions in Nephritis following Scarlet Fever,

in a child six years of age, in which a hypodermic injection of gr. $\frac{1}{12}$ muriate of pilocarpine gave most satisfactory results. The child had been in convulsions all day, but they were speedily checked after the administration of the remedy, salivation and diaphoresis setting in almost immediately. "Basham's Mixture" was used afterwards, and the child made an uninterrupted recovery.

MARY WILLITS, M. D.,
1527 *Green St.* *Reporting Secretary.*

PHILADELPHIA COUNTY MEDICAL SOCIETY.

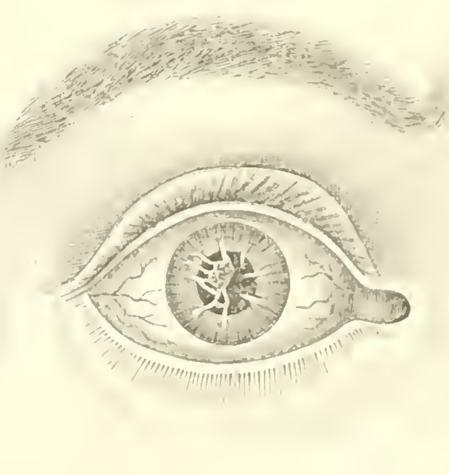
Stated meeting, February 23, 1887.

The President, J. Solis-Cohen, M. D., in the chair.

Dr. Charles S. Turnbull exhibited a patient presenting a

Persistent Pupillary Membrane.

I have brought before you to-night a case of unusual interest to opathalmologists and to medical men in general. The patient has in his right eye what is known as a "persistent pupillary membrane." This is a remnant of fœtal life, but its exact structure has not been ascertained. Some consider it to be made up of atrophied blood-vessels, which have served their purpose. Other au-



ties hold that it consists of the remains
onnective tissue through which blood-
ls pass. In this man's right eye there
network of hair-like fibres occupying
outer half of the pupil. These fibres
nate from the anterior surface of the
and interfere in no way with the con-
or muscle of the pupil. This form of
enital anomaly was first observed about
, and on an average about one case has
reported every five years since that
I am indebted to Dr. P. H. Bailhache;
e U. S. Marine Hospital Service, for the
rtunity of exhibiting this patient.

e following discussion then took place:
. E. Jackson said: "This case is nota-
or the clearness with which it shows the
relation between the membrane and the iris. In all the cases I have seen heretofore, as in this, the pupillary membrane has seemed to arise from the anterior surface of the iris; but in no other instance has the connection been so obvious, the membrane here appearing to be simply an extension of the anterior layer of the iris, and similar to it in structure."

Dr. Turnbull said that the point referred to by Dr. Jackson is well illustrated in this case, and it settles the disputed question as regards the origin of these fibres. It is distinctly seen that the sphincter muscle is in no way involved. The membrane has no connection with the muscle nor with the inner pupillary margin.

EDITORIAL DEPARTMENT.

PERISCOPE.

Treatment of Pneumonia in the Philadelphia Hospitals.

e following is from the *Med. News:*

ITAL OF THE UNIVERSITY OF PENNSYLVANIA.

. Pepper reduces the initial high fever
ses of pneumonia in his wards (if, as
tunately rarely happens, the case has
admitted just after the onset) by anti-
or by the external use of cold water.
s for this, accompanied with severe pain,
enesection was formerly used; and he
dvises its use at this earliest stage if
fever returns promptly after reduction
e above remedies. They will often pro-
a favorable impression, however, with
isk. Throughout the disease the fever
be carefully watched and often requires
promptly reduced. Sometimes large
of quinia—as thirty or forty grains
in two doses at intervals of four hours
l do this; but antipyrin or thallin or
brin is so much more prompt and certain
he prefers using one of them, and es-
lly antipyrin, for the occasional control
perpyrexia, while giving continuously
derate amount of quinia, say ten or
e grains daily. Quinia meets several
tions in pneumonia, and he nearly al-
gives it, adapting the dose to the grade
ease and special conditions of the pa-
As the stomach must be very care-
fully guarded in pneumonia, and everything avoided that might irritate it, it is often better to give quinia by the rectum.

He is more in the habit of using aconite than veratrum, but one or the other of these powerful and reliable arterial sedatives should be used during the early days of the attack, given in frequent and moderate doses so as to produce safely their physiological effect by lowering the pulse-rate, relaxing the system and aiding in reduction of fever. Later, if the pulse loses force, or after the area of the disease has become defined, the indication for arterial sedatives has usually passed.

Not only must care be taken to avoid irritation of the stomach, but in many cases, especially in the early stage, there is much gastro-hepatic congestion and irritation present, and here it is important to limit ourselves to relieving this by short courses of small doses of calomel with or without soda, using meanwhile quinia by the rectum to control fever. It is especially in these cases that aconite is preferable to veratrum on account of its less tendency to irritate the stomach. After the disease is developed, ammonium carbonate is preferred to stimulate respiration and favor resolution. It is usually given in single emulsion and in doses of five grains every two or three hours for an adult.

The diet must be adapted carefully to the state of the stomach. It should be liquid throughout, and for the first two or three days should be very restricted, but after that may be more free and concentrated if well received. It is extremely important that the patient be not allowed to make any exertion. Rigid rest must, indeed, be insisted upon, for pneumonia is one of the diseases in which sudden death is apt to occur from any improper effort, as even of rising to sit upon a commode by the bedside.

The indications for alcoholic stimulants are drawn from the state of the circulation and nervous system. Many cases do well without any stimulus from beginning to end; but on the other hand, the signs of cardiac failure or of failure of nervous force, call for alcohol, which may be required to be given freely. Of course, it is to be adapted, as to amount and mode of administration, to the state of the stomach. In general, a layer of cotton or wool batting stitched inside of the merino undershirt, over the outside of which a layer of oiled silk is placed, is preferable to poultices. The latter must be made skilfully to be pleasant: they must be changed frequently, and unless this changing is done with great care there are both fatigue and risk involved. Of course, the above remarks apply solely to croupous pneumonia.

Dr. Osler in hospital practice recognizes two groups of pneumonic patients—the alcoholic and the temperate. A majority of the former die in spite of all treatment; a majority of the latter get well with any, or with no. treatment. That the mortality from pneumonia in the large, general hospitals is uniformly above twenty-five per cent., is due to the fact that to them are admitted the debilitated paupers of the community with systems undermined by exposure and drink, and in no state to combat an acute disease. Alcoholics with renal inadequacy rarely survive pneumonia.

When the disease is limited, the fever moderate, and the pulse good, a dilute acid mixture is given with Dover's powder to allay the pain and the cough. Cotton wadding, or, if the patient prefer, light poultices are applied to the affected side. Blisters are never used.

As the disease can neither be cut short nor essentially modified by any remedies we at present possess, in severe cases we have to watch and meet the tendencies to death.

1. Heart-failure from engorgement of the right chambers, and the lesser circulation, indicated by cyanosis and urgent dyspnœa. Free venesection can alone meet this danger, and should be performed on the first signs of cyanosis, with failing heart. Good results have followed the removal of from eighteen to twenty-five ounces of blood. It is often left too late, and to be efficacious should be done early. It is not always successful. Two cases bled this session died.

2. The fever, against which quinine, antipyrin, and antifebrin are employed; but the action of antipyretics in pneumonia is more uncertain than in other acute fevers. Cold sponging and the cold pack are more effectual when the temperature becomes dangerously high.

3. The increasing debility, systemic as well as cardiac, demands stimulation and careful feeding. A majority of the fatal cases die of progressive heart-failure, against which alcohol is given freely. Digitalis is also employed, but the full tonic action of this medicine is rarely seen in the weak heart of fever. Camphor and strychnine are useful in this condition.

Of medicines, carbonate of ammonium is freely given. Opium is used to allay the early pain and to quiet the cough. Extensive bronchitis with liquid expectoration is a contra-indication. Arterial sedatives are not much employed, but when the cases are seen early, aconite is sometimes given. In the mild cases they are not often needed, while in the more severe ones they may be positively injurious. Expectorants are rarely called for, and when used the ammonia and nux vomica fulfil the indications. A milk diet is given, varied as occasion arises.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

Dr. Bartholow observes that the treatment of pneumonia (acute croupous pneumonia) must be adapted to the varying conditions of its several stages. The therapeutical stages may thus be—congestion, exudation, crisis or lysis, resolution. When the proper period for crisis or lysis passes without the occurrence of the phenomena indicating it, only two terminations can be expected—subacute or chronic pneumonia; death.

At the onset, when the chill occurs, he gives a full dose of quinine (fifteen to twenty grains) and morphine (half a grain). He does not claim that this may abort the disease, although he believes it does sometimes effect this, but that it certainly does limit the extent of the congestion then taking place. During the stage of congestion and commencing exudation he employs two remedies chiefly, aconite and opium. Of the former, two drops of the officinal tincture; and of the latter, ten drops of the deodorized tincture, are given every two or three hours; double these amounts being adminised at the first dose. When exudation has urred, for the aconite ammonia is substi-ed. He prefers the carbonate dissolved he liquor ammonii acetatis, ten grains to ounce, of which a tablespoonful every ee hours is given.

During the first and second stages, should re be wakefulness or delirium, or the tem-ature continued high (at 105° or 106° F.), . Bartholow prescribes chloral in fifteen in doses, three or four times in the nty-four hours. Indeed, he has found t cases do better with than without chloral, l this, probably, because chloral has a vent effect on fibrin and fibrinous exuda-n. As it, also, lessens body-heat, and ets restlessness, which is only less exhaust- than delirium, it becomes directly useful a remedy for these important elements of morbid complexus.

As the crisis occurs, or the lysis begins, newhere from the fifth to the eleventh day, empts at resolution that might otherwise ve abortive, may be changed into a well-de-ed crisis by the timely administration of nine or alcohol in an efficient dose. The ication for the use of one or the other of se remedies consists in the appearance of ne one of these critical phenomena, with- the concurrent presence of the others. copious sweat, an attack of diarrhœa, the den return of the chlorides to the urine, appearance of herpes on the lips, etc., , of course, the usual objective evidences the crisis. In the more serious cases, one these signs may appear, and yet the at-pt at resolution fail. It is then that the l forces need the aid of one or both of se remedies to accomplish the revolution he pathological process; then quinine, if dominating factor is elevated tempera-e; or alcohol, should the cardiac energy pear insufficient; or both, if these condi-ns are combined.

The persistent use of quinine or of alco-, according to Dr. Bartholow, is not to be mmended. Quinine increases the digestive kness, and alcohol, in any considerable ntity, embarrasses the circulation and pairs the oxygenation of the blood. vertheless, alcohol has a distinctive place the treatment of alcoholic pneumonia. e pulmonary inflammation is often masked the delirium tremens which is excited by sudden withdrawal of the accustomed nulus, and the failure of the nutrition; l hence, under these circumstances, the holic food must be freely supplied.

As regards counter irritation, he is clear t only a mild irritation is proper; for whilst this, by a reflex action, stimulates the vaso-motor system, and thus lessens congestion, severe counter irritation, on the other hand, depresses the trophic system, and hinders, rather than promotes nutrition and repair. A succession of mustard plasters, each applied only long enough to redden the skin slightly, is the best form of counter-irritant. Stupes of turpentine are cumbrous, oppressive, and disagreeable, and blisters are unsuitable, unless applied long enough merely to act as a rubefacient. The counter-irritant or rubefacient cone now made for topical applications, is a very convenient, even elegant, preparation for this purpose.

Venesection continues to be a *vexata questio*. In the old antiphlogistic days, bleeding was so completely overdone, that any merit it has was overwhelmed in the general condemnation. There are, however, two conditions of the circulation in pneumonia, in which a timely blood-letting is of great value: at the outset in a vigorous subject, when congestion is increasing in depth and extent; and at the approach of the crisis, when the heart labors in consequence of over-fulness of the veins, and ischæmia of the arteries.

The necessity for close attention to the state of the nutritive functions is distinctly recognized. As the gastric juice in cases of pneumonia is deficient in the constituents required for the formation of peptones, Dr. Bartholow is careful to supply them with aliment.

THE PENNSYLVANIA HOSPITAL.

In the treatment of acute pneumonia, Dr. A. V. Meigs ordinarily pursues a certain plan, which is modified according to the needs of each particular case. The patient is confined rigidly to bed, and, if advanced in years, it is important even that the bed pan and urinal be used. Food is administered at regular intervals, and if the case be one of severity it should be liquid, and is best given every two or four hours. In severe attacks milk and beef tea are given alternately every two hours, three or four ounces at a time. Medicines are given on a plan corresponding with the system upon which nourishment is administered, and usually are taken a quarter of an hour after food; thus the longest possible period of undisturbed rest is afforded the patient. A careful attention to details certainly in the long run conduces much to the recovery of patients. No stimulant is given in mild cases, particularly in young persons, so long as they progress with seeming safety. In severe attacks the patient is freely stimulated, from two to twelve ounces of whisky, or in rare instances even more, being given in twenty-four hours. It is best given in the milk. Ordinary medicinal treatment is the administration in pill form every four hours of digitalis, gr. ⅓; opium, gr. ⅛; and quinine, gr. j. In severe attacks this is suspended and ammonia substituted, or the two are given in conjunction. The most reliable form of ammonia is the carbonate, of which five grains are given every two to four hours, according to circumstances, or there may be administered at the same interval a drachm of the aromatic spirit, or half an ounce of the solution of the acetate.

As yet it has not been his fortune to meet with a case in which he has thought it advisable to bleed, although he believes it to be good practice, if done judiciously in the early stage.

The application of dry cups is a measure often attended with great relief of the suffering, and benefit to the patient, in the early stage of the disease, particularly if the attack is complicated, as is very commonly the case, with much pleuritic pain. From eight to twenty cups are usually applied.

With regard to external applications, he uses no poultices, which are difficult to keep in place, and once begun are hard to get rid of, and become exceedingly troublesome when the sweating stage comes on. Sometimes he has cotton or wool, preferably the latter, sewed upon the inner surface of the shirt.

This is not the place to dilate upon the utter inadequacy of any known treatment to avert the fatal result in some of the more sudden and violent forms of the disease. A careful and patient pursuance of the plan detailed has proved more satisfactory in Dr. Meigs's hands than any other in the management of such cases as have been in his charge in the Pennsylvania Hospital, if they seemed amenable to any treatment.

PHILADELPHIA HOSPITAL.

Dr. Tyson recognizes that in the class of patients admitted to this hospital the sthenic form of pneumonia requiring vigorous antiphlogistic measures is rarely seen. He rarely, therefore, practices general blood-letting, but wet-cupping over the affected lung is frequently resorted to. The cupping is followed by jacket-poultices, which are continued until the case terminates favorably or unfavorably. Blistering over a liberal area is sometimes substituted for the cupping.

The antipyretic measures used are either digitalis and quinine in full doses, or quinine and the fluid extract of veratria, the latter in five-drop doses every two hour, until the pulse is decidedly reduced. Digitalis is used in cases where debility is conspicuous, and requires to be combatted. It is given in doses of fifteen drops of tincture or two fluiddrachms of the infusion every three hours.

From the onset, stimulants are freely used, and half-ounce doses of whisky are given every two hours, or hourly; while it is not unusual to give an ounce of whisky every hour. It is generally given in the form of milk punches.

Stimulant expectorants are given only when the exudate begins to soften, as indicated by the *crepitans redux,* and cough tending to become loose. Carbonate of ammonium is generally used in doses of from five to ten grains. In cases requiring less stimulation, the ammonium chloride is prescribed in fifteen-grain doses. An old practice of the hospital was to give the officinal liquor potassæ as an expectorant, with the idea that it "thinned" the viscid secretions. There is reason to believe that potassium carbonate has a similar effect.

Dr. J. C. Wilson treats his cases of lobar pneumonia in the wards of this hospital symptomatically. The patients, who are drawn from the pauper class or those closely bordering upon it, are not often young, almost always debilitated by destitution or previous disease, frequently the subjects of chronic alcoholism. A considerable proportion of them are admitted at the close of a more or less prolonged debauch. Very few cases of primary pneumonia develop in the wards. The patients are commonly received in the first week of the disease, but very rarely so early as the first day. Neither general nor local blood-letting is practiced. The plan usually pursued is as follows:

The patient is bathed and put to bed. If there be no reason to depart from the rule, a mild mercurial purge is at once administered. In case of diarrhœa, great exhaustion, or at an advanced period of the disease, it is omitted. A small dose of opium or a hypodermatic injection of morphine follows after a time, and is repeated occasionally during the attack, as may be required to control pain or induce quietude and sleep. After the bowels have been relieved a single large dose of quinine, rarely less than xvj or more than xx grains, is given. From this time until defervescence quinine is not again used except in response to some well-defined indin such as excessive pyrexia. Ammon- carbonate in v grain, less frequently , or x grain doses, is given every second , in many cases, throughout the attack. hol is freely used, the frequency and int of the dose being regulated by its t upon the heart and nervous system, otal quantity in twenty-four hours sel- exceeding twelve fluid ounces of whisky. vorable cases with moderate fever, and cially in the absence of a previous his- of addiction to drink, it is used spar- . Nevertheless all the cases receive a in amount of alcohol. Pyrexia, when erate, demands no special therapeutic ures; when intense, it is treated by ice- tices to the chest, cold compresses, the pack, antipyrin, or large doses of qui- Digitalis, veratrum, belladonna, and ite are very seldom used, and then only lfil special therapeutic indications. Pilo- ne is not regarded as curative. The is light, bland, nutritious, and of mod- amount. Turpentine stupes are re- edly applied, sinapisms occasionally, ers never, save in cases of delayed reso- n. Poultices are only exceptionally oyed, a light jacket lined with cotton ng or fine carded wool being found more ortable, more convenient, and fully as l.

pon the occurrence of defervescence al- l is rapidly decreased in amount, the increased, solid food added, and quinine naller doses administered. It is usually ntageous to give iron or arsenic for a . Flying blisters, or the external use of e and small doses of potassium iodide, be useful in delayed resolution. Con- scent patients are not kept long in bed, are encouraged to sit up and move about on after complete defervescence as their gth will permit.

espite the greatest care in the manage- t of this disease in the Philadelphia pital, the death-rate, owing to the char- r of the patients, is high.

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tment of Paralysis from Compression f the Spinal Cord Caused by Fracture of the Spine.

the *Centralblatt für Chirurgie*, No. 51, , Dr. Carl Lauenstein, of Hamburg, rts a case of progressive paralysis from ure of the spine, which was treated with h success by the resection of two verte- arches at the most prominent part of a erior angular projection in the dorso- bar part of the column, and by the re- al of pressure from the corresponding part of the cord. The patient, a Norwegian seaman, 18 years of age, came under the author's care five weeks after he had received a severe injury to the back through a fall from a height of about forty feet. This accident had been followed by loss of power in the lower limbs and incontinence both of fæces and urine. In the dorso-lumbar region was a marked angular projection of this portion of the spinal column, the most prominent part of angle being just over the spine of the last dorsal vertebra. The patient was unable to stand, and when in bed could raise each leg and perform slight movements, both of flexion and extension in each of the joints of the lower limbs, which were much emaciated. There was no impairment of sensibility. The surfaces of the paralyzed limbs were cold, and the right foot presented some œdema. The urine was purulent and alkaline. An attempt was first made to relieve the spinal cord of compression by extending the distorted column and by applying a plaster jacket whilst the patient was suspended. This treatment has no good result: the cystitis became more intense, and after three weeks loss of sensibility could be be made out in front of the right thigh over the region supplied by the ilio-inguinal and crural nerves. Dr. Lauenstein then decided to make an atempt to remove the pressure by direct surgical operation performed with antiseptic precautions. On March 6, the patient having been narcotized, a vestical incision was first made from the spinous process of the tenth dorsal to that of the second lumbar vertebra, The soft parts, including periosteum, having been dissected back on either side, the arch of the last dorsal vertebra was removed in several fragments by means of a chisel. The lumbar portion of the cord and the cauda were found to be lying close under the bone, to which the dura mater was so adherent that a portion of this membrane had to be removed. As the cord was found to be still compressed below the gap thus formed, the arch of the first lumbar vertebra was removed by the chisel in one piece. The wound was then drained at its inferior angle, and its edges fixed together by catgut sutures. The wound healed speedily by first intention, and the general condition of the patient was not impaired in consequence of the operation. On the eighth day after the operation the urine had become slightly acid, and the anæsthetic region on the surface of the right thigh had diminished in extent. Two months later the patient could empty his bladder, and had regained much power over his lower limbs.

At the end of May he was able to stand, and after another month could walk with the support of a stick. In August the patient, whose appearance and general condition had much improved, was able to walk about during most of the day without any support. There was no longer any sign of incontinence of fæces, the urine could be retained for as long a period as four hours, and there was seldom any call to relieve the bladder at night. Early in September the patient was able to travel to his home, in Norway. With the view of deciding the question whether such improvement as had resulted in this case could possibly have been attained without the performance of a surgical operation, Dr. Lauenstein has looked over published reports of similar cases, and studied especially the statements referring to paralysis of the bladder. The relief of this condition, he states, is a point of much importance, for, with the exception of bed-sore, which usually occurs in such cases, cystitis is undoubtedly the most formidable of all the secondary symptoms. Of fifty-three cases of so-called cure of fracture of the spine, collected by Gurlt in his work on fractures, there are fifteen instances of spontaneous restoration of the functions of the bladder and rectum. The shortest interval between the date of the accident and that of complete restoration of the functions of these organs was a few hours, and the longest interval eight weeks. In not one of six cases of fracture of the spine with paralysis of the bladder, treated by Lauenstein during the last six years, was any spontaneous improvement observed in this latter condition after long intervals.

It is concluded from those returns that when, in cases of compression of the cord from fracture of the spine, the functions of the bladder and rectum are restored, this restoration usually takes place after a brief interval, and that if no improvement has taken place in the course of ten weeks, any subsequent spontaneous change for the better in the condition of the bladder can hardly be anticipated. In the case reported by Dr. Lauenstein the bladder symptoms just before the operation were rapidly increasing in severity. Since the introduction of the antiseptic method into practical surgery two instances have been reported of operative interference for the relief of paralysis from injury to the spine. The first of these, reported by Maydl, from the hospital practice of Albert, had been diagnosed as a case of fracture of the spine in the dorsal region, but was found to be one of luxation and crushing of the cord. The patient recovered from the operation. In the second case, reported by Lücke, the operation was performed two days after an injury to the spine, which was found to consist in fracture with crushing of the corresponding part of the cord. This patient also recovered from the operation, but died nine months later from marasmus, and without any but very slight improvement having been observed in the condition of the paralyzed limbs. In six only of thirty-one cases collected by Werner of operations performed on fractured spine in the pre-antiseptic era did the patients recover from the effects of the operation. These results, however, Dr. Lauenstein holds, cannot be brought forward to discredit the operation of trephining the spine, since sufficient care was not taken in their selection; and the treatment was applied in instances both of recent and of old injury, and even of complete crushing of the cord. Dr. Lauenstein would not operate in a case of recent injury to the spine, as it is well known that occasionally in such instances the symptoms of paralysis disappear spontaneously in the course of a few weeks.

Indications for Using Hydrochloric Acid in Gastric Diseases.

The following is the substance of an article contributed to the *Deutsche Med. Wochensch.*, No. 35, 1886, by Professor Franz Riegel:

Until very recently it was commonly thought that in most cases of chronic dyspepsia the secretion of juices by the stomach was diminished. Accordingly, hydrochloric acid was nearly always prescribed, either with or without pepsine, without its being in each case proved that there was actually a diminution of secretion. The result was that only in a few cases did rapid improvement take place, while in most cases there was no result from the use of the acid, and under certain conditions there followed even exacerbation of the dyspeptic symptoms. The explanation is easy. The fact is that, instead of the secretion (particularly of hydrochloric acid) being reduced in the majority of cases of chronic dyspepsia, there is, on the contrary, in a considerable number of cases, actual increase of such secretion.

The clinical appearance of hyper-secretion in the more pronounced and chronic cases is so marked that the anamnesis already points to the diagnosis. The latter is more difficult in less pronounced cases when there is hyper-secretion and hyper-acidity. Here a

cal examination as to quantity and
y is necessary to determine accurately
ature of the disturbance of secretion.
gel does not consider it justifiable to
Leube's plan of prescribing, in most
of chronic dyspepsia, a trial dose of
ochloric acid and pepsine. He recom-
s the use of Congo paper, first intro-
into the diagnosis of gastric diseases
von Hösslin. This paper can easily
er 0.0019 per cent. of free acid, it be-
ly necessary to put a drop of the con-
of the stomach on the paper. If there
d the paper turns blue, and the more
he deeper the blue; while if there be
ittle or no acid the paper keeps its red
This method alone cannot decide
er the free acid is hydrochloric or lac-
t if there be a very perceptible reac-
he presence of hydrochloric acid may
umed, since, even when greatly diluted,
duces a deep blue color, while lactic
in a concentration of under one per
causes a far less intense change of

test the efficiency of the Congo paper
examined upwards of one thousand
ens of gastric juice with it, in every
naking at the same time an arti-
digestion, the quantity of the acid
compared with the Congo reaction. In
case in which the juice clearly colored
per, the filtered fluid digested albumen
thus bearing out Riegel's opinion that
is scarcely ever a lack of pepsine when
is a sufficient quantity of hydrochloric
The intense blue of the paper often
d to hyper-acidity.

use of the Congo paper does not do
with the necessity of other reagents,
igestive tests, and the determining of
antity of acid, for scientific purposes.
a doctor's practice these latter are
racticable; thus it is that Riegel recom-
the use of Congo paper, (1) as a *diag-*
criterion to determine whether there is
ent hydrochloric acid or not, and (2)
ularly as a *therapeutic* criterion to as-
n whether hydrochloric acid should be
ibed. Only when the Congo paper re-
red, or becomes but very slightly blue,
rochloric acid to be ordered, but then
ch larger doses than are generally
; never to be taken directly after a
but at least an hour or an hour and a
fter. In cases of hyper-acidity, when
per becomes intensely blue, instead of
hydrochloric acid, prescribe rather
lizing remedies, such as bicarbonate of
etc.

The following example is given. The patient takes a mixed test-meal. In about six hours, or earlier it may be, no other food or drink having been taken in the meanwhile, some of the contents of the stomach must be drawn, a soft Nélaton probe having been swallowed by the patient, which is easily done with a little help from the doctor. No water must be added. The microscopic appearance of the contents of the stomach may alone lead to important conclusions as to the nature of the disturbance of secretion.

Then a drop is put on Congo paper, or a strip of the paper is dipped in. If the paper turns blue, there is hydrochloric acid, and *vice versa.* Riegel repeats that in recommending this procedure, he has not in view exact scientific results, but practical help to avoid the too generally indiscriminate use of hydrochloric acid.

Pepsin Injections in Tumors.

Dr. W. H. Morse, in the *Med. Register,* reports his use of pepsin (Jensen's crystal) in the local treatment of tumors. He used one part of the pepsin to three of distilled water. He writes:

"My results have 'almost always' been uniform, and in referring to the exceptional cases do not understand me as having occasion to find fault with the pepsin. The sole reasons for failure have been due to extraneous causes, or when the neighboring lymphatics were involved. Thus in the main, my results have tallied with those of Thiersch, Nussbaum, and Broadbent, and this, both as regards benign and malignant tumors, some of them unmistakably cancerous.

"Reports of cases are, at the best, dull reading, and moreover are more dull to write, therefore, I will not burden the busy reader with the details of my note-books. Yet, as to the matter of proof, I will submit something in the way of items.

"1. Recurrent carcinoma, as large as a hen's egg, seated in the right side of the inferior maxilla; suppuration excited by injection, and the tumor diminished to size of a hazelnut.

"2. Another carcinoma of same size, situated in the right breast of a woman; suppurated after seven injections; and in the course of a month the residuary nodule was scarcely as large as a marrowfat pea.

"3. A primary carcinoma of the size of a turkey's egg, situated back of the ear of a young man, was treated in the same way to one injection every twelve hours; after twenty-one injections, suppuration took place; ultimately an entire disappearance of the tumor.

"4. Subcutaneous nævus, angle left eye; child; size of filbert; suppuration avoided only by occasional injections; after four months, reduction complete, save the clot.

"5. Interstitial fibroid of uterus; needle introduced through the vagina; anæsthetic employed; after several injections all accompanying symptoms removed, and the cure was considered complete."

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Charles W. Allen, of New York, has published some observations on the supposed micro-organism peculiar to gonorrhœa, the "gonococcus," and Prof. Roux's method of confirming its identity. He maintains the existence of such a specific microbe, but acknowledges that its discovery has not aided us in treating the disease.

——A method of shortening the round ligaments of the uterus by means of Alexander's operation, is described in a reprint by Dr. Thomas A. Ashby, of Baltimore, Md.

——Dr. Andrew F. Currier, of New York, in an article lately reprinted, describes the palliative treatment of cancer of the uterus, and offers several valuable suggestions. His article was read before the Medical Society of the State of New York.

——The Messrs. Lilly & Co., of Indianapolis, have issued a small volume of 188 pages, entitled a "Hand-book of Pharmacy and Therapeutics (Lilly)," in which they present to the profession their numerous pharmaceutical preparations.

——Dr. E. C. Morgan, of Washington, D. C., sends us reprints of his two papers: "The Question of Hemorrhage following Uvulotomy," and "The Bursa Pharyngea and its Relation to Naso-Pharyngeal Disease." They are both papers which should attract the attention especially of laryngologists. The dangers of uvulotomy are well exposed.

BOOK NOTICES.

Sphygmography and Cardiography, Physiological and Clinical. By Alonzo T. Keyt, M. D. Edited by Asa B. Isham, M. D., and M. H. Keyt, M. D. Cloth, 8vo. New York: G. P. Putnam's Sons, 1887.

The late Dr. A. T. Keyt, of Cincinnati, devoted himself with untiring zeal to his professional duties, and to the development of the graphic system applied to the circulation. His results were published in various journals, etc., and are now collected into this volume by the editors. They are classified under a physiological and a clinical section. The former treats of such questions as the velocity of the pulse wave, an inquiry into the causes of the variation of this velocity, and on the mechanism of the cardiac and arterial traces. The influence of muscular exercise on the pulsations, and the forms of the pulsations of the fontanelle, are other interesting topics discussed.

Under the clinical section there is a very thorough discussion of the sphygmographic results in aortic, mitral, and tricuspid diseases, and a special study of the "presphygmic interval" in disease. The pages of the work are illustrated by numerous tracings and other cuts. It is a singular commentary on Dr. Keyt's profound studies of cardiac disease that his own death occurred suddenly and unexpectedly from cardiac degeneration, which he does not seem to have suspected.

Manual of Treatment. A Concise Presentation of the Modern Methods of Treating Disease. By C. F. Taylor, M. D., and W. F. Waugh, M. D. 1 vol., 8vo., cloth, pp. 532. Price $4.00. Published by the *Medical World*, Philadelphia.

The plan of this work may be briefly stated as follows: All diseases, from first to last, are arranged generally under their popular names, in alphabetic order; the treatment of each as found in the books is stated seriatim, beginning with that the authors deem most generally used. References are given to authorities by names but not by writings. All diseases are included, medical, surgical, of children, and of women. Precise formulas are quoted in a number of instances, but there is not much attempt on the part of the authors to exercise a critical judgment upon the very diverse methods of treatment suggested. There is a degree of utility in books of this kind when properly used, which some in the profession have not been inclined to recognize. They enable the physician to see at a glance what the suggestions toward treatment have been by a number of leading practitioners, and this is a good deal for him to gain.

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A PERSONAL STATEMENT BY THE SENIOR EDITOR.

It is unpleasant to make one's personal affairs the theme of public discussion; but when several newspapers choose to insert statements conveying erroneous and injurious representations, an equally public defense must be made. For this reason the senior editor of this journal, Dr. D. G. Brinton, who has also been its publisher for more than fifteen years, feels obliged to take notice of some recent articles in non-medical periodicals:

The first appeared in *The Evening Bulletin* of this city. Referring to a litigation which for about a year has been pending between Dr. Brinton and the heirs of the late Dr. S. W. Butler, it says: "Dr. Brinton has withheld all payments made under a lease which was entered into on May 25, 1886, and dated May 1."

This statement is a gratuitous and malicious falsehood, not containing a vestige of truth. So far from withholding payments, as stated in the *Bulletin*, Dr. Brinton paid them regularly, and can produce the receipts for them, up to the month of October, 1886; and subsequent to that date tendered the money himself to the attorneys of the Butler heirs in this city, and, by an agent, to those heirs themselves, who were residing out of the State at Asbury Park, N. J. In both instances the tender was refused, and since that time the Butler heirs have never asked Dr. Brinton either personally or under their hands for the amount due them, nor signified to Dr. Brinton their willingness to accept it. This has probably been under the advice of counsel, and may be good, legal policy, but for the *Bulletin* to publish the contrary was either gross ignorance or the inspiration of unscrupulous malice.

The falsehood was copied by a paper called *The Shore Press*, issued at Asbury Park, New Jersey, with an editorial comment as follows:

"In addition to the above, we understand that although a statement of the receipts and expenses of the business for the last seven months of the old contract was due the Butlers at the time the present agreement went into effect on the first of May last, it has never been furnished."

This is as equally unwarrantable a falsehood as the former. A statement of the balance due Dr. Brinton by the Butlers was filed in the courts of this city in September last, and as the Butlers did not reside in the State, what is known as a *foreign attachment* was obtained, by which the property of persons who do not live in the State can be held as security until they choose to offer some other acceptable security, or show that they do not owe the debt. Both these courses have been open to the Butler heirs; the accounts *The Shore Press* refers to have been ready for their inspection at any time; but they have never asked for them, never called the case for trial, and never offered other satisfactory security.

Dr. Brinton, on the other hand, proposed to them through their attorneys and directly through a member of their family, either to refer this dissension to arbitrators, to call it up in court and have it adjudicated, or to settle it in any other way which would be prompt and protect the rightful interests of both sides. His overtures have been refused. Furthermore, although the attachment justified him in refusing to pay the monthly amounts due the Butler heirs under the contract of May 1, 1886, yet fearing that the non-receipt of this sum might incommode them, and desiring that the litigation should proceed as amicably as possible, Dr. Brinton, as above stated, tendered the full monthly sum as usual, and was met by a flat refusal both by them and their attorneys.

The editorial comments of the *Bulletin* and *Shore Press* were in issues of those journals in January last; but the senior editor of this journal considered that such mean falsehoods were best answered by silence. Within the last month, however, he has found that copies of the *Shore Press* have been sent to professional and business men in this city quite recently, and with these atrocious articles marked. They may also have been largely distributed elsewhere, and it is to meet and refute these calumnies to the subscribers to this journal and to the press at large which is his apology for thus bringing a portion of his private business before the public.

DR. BOWDITCH ON IRREGULAR CONSULTATIONS.

Dr. Henry J. Bowditch, formerly Professor of Clinical Medicine in the Harvard Medical School, and for one year President of the American Medical Association, took a lamentably poor position for himself last June, when he delivered an address before the Rhode Island State Medical Society in which he advocated the fraternization of the regular profession with eclectics, botanics, homœopaths, and every other ism or pathy which can get legal recognition anywhere.

The address has now been published by Cupples, Upham & Co., Boston, and is a sad commentary on Dr. Bowditch's present state of mind. He urges (p. 18) that every regular physician shall be allowed by the regular code to consult with eclectics, homœopaths, etc.; he wishes these unscientific practitioners admitted to state medical societies and the American Medical Association on an equal footing; and he opposes the respect for the Code of Ethics inculcated by the American Medical Association.

Yet with strange and gross inconsistency, Dr. Bowditch is particular to state that he himself would never touch the meat he thus offers others to eat. Referring to his own actions toward irregular practitioners, he says:

"Before closing let me say in a few words what course I have pursued in regard to consultation with homœopaths and eclectics. I have never voluntarily consulted with members of either of these sects. It is true that on one or two occasions I have been unwittingly brought into contact with them. When asked to consult with a homœopath, I have replied, 'It would be useless for us to meet, because I have no faith in his system, and if he does not believe in it *while claiming to be a homœopathist*, he acts wrongly, and for that reason I do not wish to meet him in consultation.' If the appellant should urge me to visit the patient without the knowledge of the attending homœopathist or eclectic, I have always declined doing so."

In other words, while Dr. Bowditch gives an unanswerable reason on one page why no honest regular practitioner can consult with one claiming to be distinctively an eclectic, homœopath, etc., on the next page he insists that this liberty to violate the professional sense of duty should be extended to all, without challenge! Who is prepared to be led by an adviser who juggles in this way with the plain dictates of conscience? We are sincerely pained to witness Dr. Bowditch, toward the close of his long and honorable career, thus blind himself and seek to blind others to the moral aspects of this important question.

ON THE TREATMENT OF MALIGNANT TUMORS WITH ARSENIC.

That the treatment of malignant tumors, which for some reason or other cannot be extirpated with the knife, by arsenic, has led again and again to a radical cure, may be noticed from the last report of the surgical clinic in Tübingen (*Deutsche Med. Zeit.*, February 21, 1887, p. 173). Altogether 59 cases were thus treated, the male sex being represented by double the number of the female. The treatment consisted in the administration of a mixture of Fowler's solution and tinctura amara, or tinct. ferr. pomat., āā. Of this mixture five drops were given three times daily, and every second or third day—according to the urgency of the case, and the more or less rapid extension of the disease—this dose was increased by one drop, until finally the dose amounted to 40 and 45 drops, when the doses were slowly diminished in the same manner as they had been gradually augmented. Whenever mild symptoms of beginning intoxication made their appearance, the remedy was omitted for a few days.

Occasionally instead of the internal administration, the arsenic was used hypodermically, the injection being made directly into the parenchyma of the tumor or, more seldom, into the neighboring parts. Fowler's solution and aq. dest. āā was the mixture employed. A Pravaz's syringe usually is subdivided into small spaces by lines each indicating from one to five drops. At the beginning one such subdivision was filled with the mixture and injected, and this quantity was gradually increased until from 4–5 spacesful were employed each time for the injection. To determine whether the treatment with arsenic in the case of malignant tumors will be successful or not, it has to be continued at least for two months. A complete cure was obtained in seventeen (of the fifty-nine) cases. The period of treatment varied in the cases cured from one to six months. Though the number of successful cases may appear small, it is large enough to encourage us to try the treatment in every case, especially as all those in whom it was employed were such of general sarcomatose, or where the malignant symptoms indicated an infection of the blood and an early fatal issue.

NOTES AND COMMENTS.

An Interesting Case of Chorea.

Drs. E. Ziegler and C. Nauwerk have published a work on Morbid Anatomy, in Jena. In it we find the following case of chorea reported, which derives special interest from the fact that death ensued, and that a careful microscopical examination of the whole central nervous system demonstrated the cause of the disease.

A girl, æt. 7, for some weeks prior to the outbreak of the neurosis had been complaining of general lassitude. She seemed to become easily very tired, and at the same time greatly lost in bodily weight, so that by the time the first symptoms of the real malady made their appearance, she had become greatly emaciated. Within two days the chorea spread over the whole body, and six days later death ensued.

The autopsy revealed an inflammatory condition mostly developed in the upper part of the medulla oblongata, also in the pons and in the crura. In the internal capsule small foci of inflammation were met with. The next most striking appearance was the presence of innumerable punctiform hemorrhages. They were specially frequent in the crura cerebri, the inner capsule, and in the inflamed portions of the pons and the medulla. Capillary embolism was not found, but the extravasations were rich in leucocytes. The nerve-fibres gave evidence of degeneration. The disease seemed therefore to be due to an inflammation of parts of the central nervous system, accompanied by capillary hemorrhages, and as the morbid picture greatly resembles that met with in some cases of acute infectious disease, there is a probability that the choreic symptoms were due to some infectious material which selected as its seat those portions of the brain where the inhibitroy centre for motion resides, thus removing the motor impulses from the direction of the will.

We think that later investigations will establish the fact that chorea is an infectious disease, caused by micro-organisms, which give rise to embolism mainly in the fine arteries leading through the anterior perforated spaces to the corpora striata, while in very acute and virulent cases they produce hemorrhages, which in their turn cause a fatal and widespread inflammation. Such a theory, at least, would explain many of the phenomena of the choreic disease.

Physiological Action of Cocaine.

Dr. Freiberg, working under Dr. Blumenthal, at Kowno, Russia, has arrived at the following conclusions respecting the physiological action of cocaine (*Berl. Klin. Woch.*, No. 10). Cocaine is a powerful anæsthetic, its action being limited to the surface in its immediate neighborhood; and when brought into contact with an exposed nerve the anæsthesia is distributed over the periphery, but the central end of the nerve and motility are unaffected. In doses of half a grain to a grain in rabbits, and rather more in dogs, cocaine causes anæsthesia of the cornea, dilatation of pupils, retraction of eyelids, and exophthalmos; tonic and clonic spasms may occur, with loss of consciousness, and often fatal issue. The epileptiform spasms are doubtless of cortical origin. A difference as to the anæsthesia is observed between dogs and rabbits when cocaine is applied to nerve-trunks. In dogs reflexes are abolished; in rabbits they are increased. Cocaine has a special affinity for the sensory and terminal sensory fibres of the cortex cerebri, whose function it inhibits. The disturbance of co-ordination may be attributed to interrupted conduction in the sensory fibres, both central and peripheral; and the convulsions, which are the main cause of death in cocaine poisoning, are due to the vaso-motor spasm and anæmia of the cortex. Bromide of potassium and the application of cold to the surface counteract this tendency; but with the first appearance of symptoms of cerebral anæmia, these toxic effects of cocaine may be mitigated or banished by nitrite of amyl.

Adenoid Growth in the Nose.

There are various kinds of adenoid neoplasms that may be met with in the nose. It has been the general opinion of surgeons that to prevent their recurrence a total extirpation should be aimed at. Dr. Lowenberg (*Deutsch. Med. Wochenschr.*, 6, '87,) has invented a new instrument for the removal of these bodies. It consists of a knife which, while being proctected by a shield all around it, has a cutting edge only on one place, where in the protector an opening is left, which, at the time of the introduction of the instrument, is guarded by a movable slide. The latter, on being withdrawn, exposes the keen cutting edge, and the apparatus thus enables the operator to make a strictly local application. According to L. the adenoid growths can be removed much easier with his knife than with any other instrument. One observation of his is rather peculiar, viz., that one should not endeavor to remove every and all trace of the neoplasms, but that it suffices simply to make room enough for the air to pass through uninjured and to lay the ostia of the tubes free, as the remainder of the vegetations is innocuous, and gradually atrophies of its own accord after the larger part of it has been destroyed by an operation. Dr. Lublinski, who had great experience in these cases, found that most of these vegetations cease in later life, they slowly diminishing away.

Motor-Cortical Centres.

Dr. Paneth has repeated to some extent the experiments made on animals first by Schiff and Ferries (*Prag. Med. Ztsch. f. Alk.*, 1886, vii., p. 75). By the aid of the galvanic current he irritated the various zones of the motor region in dogs, his especial aim being as strictly as possible to keep within the boundaries of each cortical area so as to succeed in obtaining contractions of individual muscles wherever their motor impulse originates. In this way he investigated a number of cortical centres for single muscles of the fore and hind paw, and for the facial centre he selected the excitable zone for the orbicularis palpebrarum. Afterwards he isolated the centre by cutting off all surrounding cortical portions and severing, also, all parts beneath, and he then investigated the success of galvanic irritation. The results which he obtained are the following:

From one part of the cerebral cortex, the posterior segment of the sigmoid gyrus, fibres pass promiscuously to the muscles of the extremities and of the trunk; from another part of the cortex, outside of the first region, fibres pass to the orbicularis palpebrarum, and to the other muscles provided with motion by the facial nerve. All these fibres pass directly from the motor region to the individual parts of the body. The zones, however, from which they start for the muscles of the extremities are not isolated nor do they lie near each other; they are neither punctiform nor sharply bounded, but are mixed up with each other.

The Etiology of Dysentery.

In a communication to the Bohemian Medical Society Prof. Hlava gives an account of a number of observations he has made on the subject of the etiology of dysentery. He examined the stools and the bowels with their contents post mortem in sixty cases of epidemic dysentery, also in two cases of a sporadic nature, and in ten where the symptoms of dysentery were developed as complications of other diseases. He also injected the fresh stools of dysenteric patients into the rectum or duodenum in seventeen dogs, six cats, eight rabbits, hens, and porpoises, and made seventy cultivations of bacteria of various kinds found in dysenteric stools. The conclusion he arrived at was that bacteria are not the cause of dysentery, for none of the micro-organisms were reproduced in the animals experimented upon, only a transitory catarrh being found. No qualitative anatomical distinction could be made out between cases of epidemic and of sporadic origin. Prof. Hlava investigated the amœbiform large-grained protoplasm which he found in the dejections in considerable quantity in sixty-five cases, and on the intestinal mucous membrane and in the submucous tissue in twenty cases. On putting these bodies under the microscope, he found that the amœboid movements continued for ten hours. He has commenced a series of observations on the effects of injecting them into the intestines of animals, with the object of showing that these bodies have a causal relation to the disease.

Incontinence of Urine in the Female.

After an operation for stone, consisting in crushing the stone after sufficient dilatation of the urethra in a woman, large pieces of the stone were pulled out through the urethra by Dr. F. Winkal (*Centrlb. f. d. Med. Wiss.*, February 2, 1887). The consequence was incontinence of urine, but on inquiry W. found that the patient had previously been suffering at certain times from the same complaint. He then made a series of operations, with the result of achieving a cure. First. W. received a piece 1 ctm. wide and 8 ctm. long out of the anterior vaginal wall. Immediately after an improvement set in, which was, however, but temporary. Next W. executed resection of the anterior portion of the urethral wall. This was followed for two years by a cessation of all incontinence. Then the symptom returned, and an examination showed that the urethral orifice was too much dilated. To remedy this defect, W. cut out a wedge-shaped piece, and then sewed the parts together. This operation, too, brought about improvement, but no cure. Renewed examination demonstrated the presence of a thin part of the urethra near the neck of the bladder. W. resected this portion by removing the vaginal wall and the muscularis of the bladder without injuring the vesical mucous membrane. This fourth operation at last established a permanent cure.

Treatment of Diphtheria with Hydrogenium Superoxydatum.

Former experiments have amply demonstrated that the hydrogen hyperoxid. diffuses rapidly and easily through all animal membranes without being decomposed, and also that it destroys the infectious power of chancre and bubo-pus, and of other exudations of the animal body as soon as it comes in contact with them. On account of these properties Dr. Hofmoke (*Wein. Med. Presse*, No. 8, 1887,) made a trial with the remedy in diphtheria. He administered every hour or two a teaspoonful of a two per cent. solution, and besides he lets the patient inhale the same drug by aid of Sigle's apparatus. It is of importance to have the remedy prepared fresh each time. The first effect of the H_2O_2 usually is a slight increase of temperature; an observation which has also been made on healthy individuals when put under the influence of the hyperoxid. of hydrogen. Occasionally it causes vomiting. Thus far H. has treated 50 diphtheria patients with H_2O_2. The number is as yet too small to draw any weighty conclusions, but H. believes that the favorable result, which he obtained in some very grave cases, have to be ascribed to the action of the remedy. As the latter may be easily prepared, and as its administration offers no difficulty, it might be well to give it a more extensive trial.

Aconitine in Neuralgia.

Crystallized aconitine, when properly used, is one of the most powerful remedies in certain kinds of neuralgia. It is most valuable in so-called "essential" neuralgia, especially facial and trigeminal neuralgia. It is best given in the form of granules containing a quarter of a milligramme of crystallized aconitine, or crystallized nitrate of aconitine, the doses being the same. An interval of four hours should be allowed between the doses, the total quantity of the drug administered in the twenty-four hours not exceeding one milligramme. There are forms of obstinate facial neuralgia, however, such as the intermittent variety, which resist the action of aconitine alone, and these likewise prove refractory to quinine alone. In such cases, success may be achieved by combining the two drugs. This may be done in pills as follows:

R. Hydrobromate of quinine, 10 centigrammes; crystallized aconitine, ¼ milligramme.

One pill containing the above quantity of quinine and aconitine to be taken every four or five hours.

Pelada.

M. Ollivier, in the *France Médicale* of February 10th, gives the result of some observations on pelada. He is doubtful as to its being contagious, although it has sometimes appeared successively in children of one family placed under similar conditions. Some modern dermatologists think that pelada originates in the nervous system; identity of cause may thus produce identity of effect in different members of one family. No microbe has yet been discovered, and inoculations have so far been entirely negative. According to some authorities, the disease is a tropho-neurosis. M. Ollivier relates a case of a child which first showed symptoms of pelada after a prolonged fit of terror. In twenty-five cases of achromatous or pseudo-porrigo decalvans there was no contagion from husband to wife, or from one child to another. Artificial pelada has been produced in a rabbit by section of the posterior branch of the cervical nerve, immediately below the ganglion. M. Ollivier has allowed children affected with pelada to attend the public schools, and has seen no case in which the disease has been communicated.

Nature of Anthrax Poison.

Bacteriology has made another advance. The question has long occupied observers, how the fatal and general disease-producing effect of pathogenic bacteria was brought about. Dr. Albert Hoffa, of Wurzburg, has specially investigated this subject with reference to the anthrax bacilli, and come to the conclusion that these micro-organisms necessitate for their existence, maturity, and development a large quantity of oxygen. They obtain this oxygen from complex chemical combinations already in existence in the human body, and by thus causing their decomposition they give rise to the formation of very toxic substances, which in their turn produce all the clinical and pathological phenomena characteristic of the disease known by the name of anthrax.

As the conditions for the development of bacteria vary greatly, according to early specific micro-organisms, the different species induce the formation of different toxic substances, and the latter vary in their effect according to their chemical composition, and their more or less virulent nature, but they are only altered compounds of already existing bodies in the organism.

Anomalous Form of Typhoid Fever.

At a recent meeting of the Société Médicale des Hôpitaux, M. Danlos related the following anomalous case of typhoid fever. The patient, an intemperate man, aged 29, had previously been affected with pains in the joints. Four days before admission there were signs of gastro-intestinal disturbance, and on the fifth day the joints became swollen and painful. Articular rheumatism was diagnosed, and salicylate of soda was ordered. A few days later, purpura, epistaxis, and hæmoptysis came on, the temperature remaining almost stationary. On puncturing the knee-joint, a clear fluid was obtained, which contained no micro-organisms, and produced no effect on animals inoculated with it. Nevertheless, the patient got worse. The urine contained albumen; the temperature rose to 39° C. (102.2° F.); and death occurred on the eighteenth day. Post mortem examination revealed hemorrhages in the skin, the mucous membranes, and the lungs, but not in the intestines, which, however, in the lower portion presented eschars and extensive ulcerations.

Micrococcus Pyogenes Aureus.

MM. Gabriel, Roux, and Lepine presented to the Société des Sciences Médicales, at a recent meeting, a series of tubes enclosing cultivations of the M. pyogenes aureus, modified by the action of acetanilide. If a mixture of equal parts of agar-agar solution and a watery 1 per cent. solution of acetanilide be inoculated with a dose of M. pyogenes aureus taken from a normal cultivation, the development may be carried out as usual in astove at a temperature of 35.6° C. The area formed by the growing colony is, however, less compact, less thick, more flocculent, and, what is more interesting, does not assume the yellow orange tint after growing for from twenty-four to thirty-six hours, but remains dirty white, and preserves this tint; but a particle of this cultivation transferred to ordinary agar gelatine grows into a colony which regains the ordinary characters and coloration of the micro-organism.

Remedies for Cocaine Poisoning.

M. Martin (*Journal de Médecine*, January 2, 1887,) relates the following case:

A child, aged 18 months, drank the contents of a bottle containing 50 centigrammes of cocaine in 15 grammes of syrup of marshmallow, which had been prescribed for teething pains. Serious symptoms of poisoning came on. Another practitioner was called in, who prescribed syrup of ipecacuanha, which caused slight vomiting, after which a diuretic was given to counteract the effect of the cocaine on the urinary organs. The general symptoms improved, but there remained considerable irritation of the eyes, which ceased on the administration of two spoonfuls of syrup of caffeine. M. Martin asks whether caffeine may be looked upon as an antidote to cocaine. Dr. Schilling (*American Journal of Pharmacy*) mentions that he has found inhalations of nitrite of amyl useful in cocaine poisoning.

The Station of Man Considered Physiologically and Clinically.

Dr. Guy Hinsdale, in the April number of the *American Journal of the Medical Sciences*, presents some interesting observatious on the gait and the power of preserving an erect position while standing—technically called station—as factors in forming an opinion of a man's physical condition.

They show that the normal man and woman have an average sway of about one inch in the forward and back line, and three-quarters of an inch laterally. That children sway to a slightly greater extent than adults, and that, both in adults and in children, closing the eyes increases the sway about fifty per cent. An artificial agent, such as ether, simply exaggerates the normal sway. That a law of rhythmical motion governs the sway of man. The cause of this is not yet clear.

Salicylate of Lithia in Rheumatism.

Dr. Vulpian states that salicylate of lithia is more efficacious than salicylate of soda in cases of acute and progressive sub-acute articular rheumatism. It also has some effect in chronic cases when a certain number of the joints are still deformed, swollen, and painful. 4 to 4½ grammes, and even 5 grammes, may be given in the day. If the improvement is not lasting, 50 centigrammes may be added to the daily dose. Sometimes, when the dose is increased to 5 or 5½ grammes, symptoms of intolerance begin to be shown. Salicylate of lithia may be given dissolved in water, in powder, or in unleavened bread, during or after meals, in doses of 50 centigrammes. The physiological effects of the drug are headache, giddiness, and deafness.

New Bi-polar Electrode.

At a recent meeting of the Academy of Medicine, of Paris, M. Dujardin-Beaumetz presented, in the name of Dr. Apostoli, a new bi-polar electrode. This instrument consists of a slightly conical ball made of gas-carbon (or platinum), divided longitudinally into halves, which are isolated one from the other by a thin strip of gutta-percha; each half of this ball is connected through a long stem to the poles of a battery. The object of the instrument is to limit the action of a current to a given point of the skin or mucous membrane; to utilize all the current circulating between two poles that cannot be corroded; and to make the use of galvano-cautery more general in practice.

Colchicine.

At a recent meeting of the Academy of Sciences, MM. Mairet and Combemalle communicated the results of their researches on the effects of colchicine. This drug acts, according to the dose, either as a diuretic or a purgative. The effects produced are more rapid when colchicine is administered subcutaneously. The dose should be from two to three milligrammes to produce diuresis, and five milligrammes when given as a purgative. Colchicine increases the excretion of uric acid, and diminishes the quantity of uric acid in the blood. Its accumulation in the system, however, and its highly poisonous nature, make it necessary to use it with caution.

Cure of Cirrhosis.

At a recent meeting of the Société des Hôpitaux, M. Féréol again showed a well-marked case of cirrhosis, in which a cure which had already lasted for some months had been effected. M. Rendu mentioned the case of a young officer who, after fourteen punctures, appeared thoroughly cured of this disease. M. Troisier thought that in such cases the diagnosis could not always be relied upon. M. Juyot related a case which had come back to him after two years of perfect health following the first attack. The second attack was accompanied by anasarca, and all the symptoms of cirrhosis, from which the patient finally died.

Stays and Movable Kidneys.

Referring to the remarks of Dr. A. Myers (*Journal*, December 11, 1886,) and Professor Graily Hewitt (*ib.*, January 15, 1887,) on the effect of tight-lacing in producing flexions of the womb, Professor V. A. Manasseïn writes (*Vratch*, No. 8, 1887, p. 206,) that he has collected a large number of cases that confirm the fact that movable kidneys are met with, other conditions being equal, in women who wear or have worn stays, far more frequently than in those who have never done so. This is true in regard both to nulliparæ and child-bearing women.

Condurango Bark.

Dr. Riess (in the *Berlin. Klin. Woch.*, No. 10, 1887), devotes a long article to the efficacy of condurango bark in cancer of the stomach. It appears that a remarkable increase in weight often follows the taking of this drug. One patient gained 12 kilogrammes (26 pounds) in 83 days, another 15 kilogrammes in 36 days. The appetite improves, vomiting is lessened, and soon allayed altogether, and the pain is almost always mitigated. Cases are given which seem to point to diminution of pyloric thickenings.

Nematode Worms in Beet-root.

At a recent meeting of the Academy of Sciences, M. Girard communicated his researches on the propagation of nematodes in beet-root. These worms, which cause the plant to decay, are probably propagated by means of the manure from animals that have been fed on the roots containing the worm. M. Girard has found that nematodes may pass through the digestive canal of animals without being injured.

Phosphate of Lime in the Night-sweats of Phthisis.

Dr. Rebory has lately published the results of his experience in the use of phosphate of lime in the night-sweats of phthisis. There can be no doubt that the drug has a special effect on the secretions, although the mode of its action is obscure. Phosphate of lime has the advantage of not being at all poisonous; it is easily administered, is well borne by the stomach, stimulates nutrition, and prevents diarrhœa.

Castration and Rabies in Dogs.

In the *Novorossiisky Telegraf* of January 13, 1887, M. Karzo, a South Russian landowner, asserts that castrated dogs never contract rabies. The statement is based on observations made by himself and other persons with like opportunities.

CORRESPONDENCE.

A Case of Fœtal Umbilical Hernia, without the True Hernial Coverings.

EDS. MED. AND SURG. REPORTER:

On the morning of March 9, 1887, I was hastily summoned to the bedside of Mrs. T. G., æt. 27, who was in her fourth confinement. An examination revealed a R. O. P. position, and the head in the superior strait, and in a few minutes the child was born.

An examination of the child revealed a large tumor, the size of an adult fist, situated over the umbilicus. The tumor had no covering except a thin transparent membrane (the peritoneum), through which could be seen the large and small intestines. There was an entire lack of development of the abdominal parietes, two inches in diameter, around where the umbilicus ought to be. The cord was attached to the lower margin, and to the right side of the tumor. The child lived three days, having several operations of the bowels, took nourishment, but would not nurse, and died from a general peritoneal inflammation. No attempt at reduction was made.

The mother all the time during her gestation was in good health, but her surroundings were such as she had not been used to, having recently moved into a house which was cold and damp, causing her a great deal of mental worry on account of her children, who were almost constantly sick from the bad hygienic surroundings.

J. S. HACKNEY, M. D.

Uniontown, Pa.

A Proposition to Translate and Publish the Medicine and Hygienic of the Talmud.

EDS. MED. AND SURG. REPORTER:

Ever since the publication of my address on "Jewish Hygiene and Diet, the Talmud, and Various Other Jewish Writings Heretofore Untranslated," delivered before the American Medical Association in 1884, at Washington, D. C., I have constantly been urged by the profession to translate and publish the medical and hygienic portion of this "wonderful" compilation, the Talmud. I therefore beg to state to the profession at large that I have concluded to translate and publish from the Talmud everything relating to medicine, providing that prior to my undertaking I can receive one thousand subscribers for the book. Such subscription may be addressed to me in the following words:

"I, the undersigned, agree to take one (or more) copy of the Talmudic Medicine of Dr. von Klein, which shall not exceed $5.00 in cost for Five Hundred octavo pages, or at $1.00 per each hundred pages, payable at delivery."

Under no other circumstances will I ever undertake this labor, which must be traced from "hundreds of thousands of copies," and which has heretofore not been accomplished by any living man. No more will be published than the number subscribed, and fifty extra copies for distribution to the principal medical journals for review. I shall be glad if other medical journals copy this notice.

CARL H. VON KLEIN, M. D.
110 *E. Second St., Dayton, Ohio.*

Painful Menstruation.

EDS. MED. AND SURG. REPORTER:

Having found the following formula a good one in cases of amenorrhœa and dysmenorrhœa, I send it for publication, thinking perhaps some of your readers might be seeking for something of the kind. It is *not* a specific, but the nearest approach to it of anything I have ever found for the above-named difficulties. *For a four-ounce mixture:*

℞.	Fl. ext. cimicifuga,	℥ss.
	Fl. ext. pulsatilla,	ʒss–j.
M.	Flavor to disguise the taste.	

Sig.—One teaspoonful every one or two hours to six doses, unless flow is sooner established.

To disguise the taste, I ordinarily add the following:

℞.	Fl. ext. Yerba Santa,	ʒj.
	Syrup simp., ad.	℥iv.

I find the recipe of most use in women of a nervous temperament. Of course, if there is any self-evident cause for the menstrual trouble, that should be removed; but we often find the trouble existing in young girls in whom the flow is imperfectly established, and who will not consent to an examination.

Hoping others may have the success with this that I have had, I will only add that the formula is not original with me, but given me by a fellow practitioner, and it may have been published before.

Whetstone, O. A. A. NEFE, M. D.

Effects of Quinine.

EDS. MED. AND SURG. REPORTER:

In your issue of the 19th ult., you ask, "Has quinine ever killed anybody?" During the late war I was in charge of a steamer, and while coming from Hilton Head to New York was taken ill. I directed the hospital steward to dissolve a tablespoonful of Rochelle salts in a tablespoon of water. I swallowed the whole at a draught, and at once said, "That is morphine or quinine." Upon investigation we found the labels had been transposed. The salt was marked "Quinine." There was no bad effect from this large dose. The motion of the steamer and the noise of the wind through the rigging obscured cerebral symptoms, if any existed.

Respectfully yours,
WM. A. SMITH, M. D.
Newark, N. J.

Soothing Mixture for Consumption.

EDS. MED. AND SURG. REPORTER:

Of all the mixtures for stimulating the consumptive patient, allaying his cough and quieting his nervousness, I have found none equal to the following:

℞.	Syrup liquorice root,	℥j.
	Aromatic syrup rhubarb,	℥ss.
	Fluid extract of opium,	℥j.
	Liquor ammon. acetat.,	℥v. M.

Sig.—Shake well. Dose—A tablespoonful every two or three hours.

Patients become very fond of this mixture, and it in no wise interferes with the stomach or appetite. Should constipation ensue, it is easily overcome by an occasional dose of comp. liquorice powder.

J. B. JOHNSON, M. D.
Washington City, D. C.

NEWS AND MISCELLANY.

Abdominal Section Statistics in Kieff.

Professor Rein, of Kieff, in a paper read at the recent Moscow Congress, gave the results of the ninety-five cases in which he had performed abdominal section from 1883 to 1886. Of these, sixty were ovariotomies, with four deaths; twelve were for removal of large cysts of the broad ligaments, with one death; fourteen for myomata, with three deaths. The remaining nine, viz., three exploratory incisions, one enucleation of a cyst in the broad ligament, one section of a purulent abdominal cavity, one section of a purulent cavity in the pelvis, one castration (*kholoschenie*), one ovariotomy with excision of cancerous omentum, one removal of an echinococcus of the omentum—gave three deaths. The causes of the eleven deaths are thus stated: Purulent peritonitis, four; gangrene of the pedicle, one; gangrene of the remaining part of the tumor, one; erysipelas of the leg, one; exhaustion, one; effusion of blood into the pelvis and acute nephritis, one; sepsis, one; and carbolic acid poisoning during the operation, one. The general percentage of fatal cases was therefore 11.5. Professor Rein remarks that he has tabulated every case he had, without making any exceptions, though two or three of the patients were almost moribund when the operation was performed. The arrangements of the hospital wards, too, were far from being satisfactory. Regarding the operations themselves, some difficulty is usually experienced with the sub-peritoneal or connective-tissue cysts. He, however, had always succeeded in getting them away entire, enucleating them from under the peritoneum, or cutting them out from the broad ligament. He does not agree with Schroeder's plan of washing to prevent hemorrhage, but recommends instead the ligature of the ovarian and uterine arteries. He practiced drainage in nine cases, using india-rubber tubes passing through the vagina in three and glass tubes passing through the abdominal wall in the other six. These glass tubes are twelve millimetres in diameter, and are shaped like a tracheotomy tube. The later operations show a decidedly lower mortality than the earlier, owing to various improvements which have been made in the wards, rendering them less septic. Though Professor Rein recognizes the importance of antiseptic measures, he is quite alive to their possible dangers. Latterly, he has contented himself with disinfecting the room, instruments, air, and operator's hands, not applying any disinfectant directly to the surface of the wound, and not irrigating it. The instruments and operator's hands were washed in simple boiled or sterilized water.

Researches on the Refraction of the Eye in Stockholm.

Professor Johann Widmark has recently concluded a long series of researches upon the state of the refraction of the eye in the schools of Stockholm, and he has had the opportunity of examining 704 males and 742 females. The results he obtained were as follows: In the first schools, comprising children from six to seven years of age, there was no myope. In the second set of schools, comprising girls from eight or nine years of age, there was only one myope. In the corresponding school for boys the myopes had risen to fourteen per cent. This difference is probably due to the fact that the boys have to undergo a special examination for entrance into the first class of the secondary schools, and are consequently compelled to work harder in the preparatory school. At the age of sixteen, when female education usually ceases in Swedish schools, thirty-three per cent. of the girls were myopic, the mean amount of myopia being –2.5 D, which was about equal to that of the boys at the corresponding age. In the higher schools the girls proved to be more frequently and more highly myopic than the boys, the proportion being 54.28 per cent. with an average of —3.3 D, although the girls' schools took from one to two years' more time over the same subjects. The maximum frequency of myopia, 66.67 per cent., occurred in of girls' school, and the maximum amount a myopia, —4.16 D, also occurred in a girls' school, which seems to show that an excess of work for the eye is more injurious to girls than to boys. This depends in part, perhaps, upon the greater feebleness of the girl as compared with the boy, but it is in part due to the fact that in leisure hours the girl occupies herself with handiwork requiring close attention, and with music. Moreover, the means of physical education are very inferior in schools for girls, and gymnastic exercises are either not at all or very insufficiently practiced.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE THREE WEEKS ENDED APRIL 9, 1887.

Long, W. H., surgeon. Leave of absence extended five days, March 23, 1887.

Urquhart, F. M., passed assistant surgeon. Relieved from duty at Norfolk, Virginia; ordered to Washington, D. C., special duty, March 22, 1887.

Pettus, W. J., assistant surgeon. When relieved by passed assistant surgeon Guiteras, to remain at Charleston, S. C., waiting orders, March 24, 1887.

Urquhart, F. M., passed assistant surgeon. To assume charge of Cape Charles quarantine, March 29, 1887.

Norman, Seaton, assistant surgeon. To report for duty at Cape Charles quarantine, April 2, 1887.

Bailhache, P. H., surgeon. Detailed as chairman Board of Examiners, to meet in Washington, April 25, 1887, April 4, 1887.

Purviance, George, surgeon, detailed as member Board of Examiners, to meet in Washington, April 25, 1887, April 4, 1887.

Godfrey, John, surgeon. Detailed as recorder Board of Examiners, to meet in Washington, April 25, 1887, April 4, 1887.

Irwin, Fairfax, passed assistant surgeon. To proceed to Baltimore, Md., on special duty, April 8, 1887.

Pettus, W. J., assistant surgeon. To proceed to Norfolk, Va., for temporary duty, April 4, 1887.

The Cholera in Buenos Ayres.

A local paper from Buenos Ayres in February says: "The public health is no longer a subject of great anxiety, although cholera still lingers in this city and in many other parts of the Republic. The disease is wasting away gradually, and has lost much of its epidemical force. It has disappeared from Rosario, Cordoba, and Mendoza, is gradually wearing away in Tucuman and northern provinces, and continues more or less stationary in this city and in Montevideo. Chili has also been invaded by the epidemic; the disease is raging with terrible effect in the Chilian departments of Aconcagua, Andes, and Quillota. The daily mortality in Santiago, the capital, has been and continues to be heavy. It is noteworthy that both here and in Chili the epidemic has attacked the poor class only. There is no doubt that cholera is dying out rapidly in this city, but the disease is not abandoning the country as fast as we might wish.

Local Boards of Health.

The State of Maine has passed an act approving local Boards of Health, framed as follows:

"There shall be a local Board of Health in each city and town in this State, to be composed of three members, anything in the charter of such city to the contrary notwithstanding."

"Their appointment should be as follows: On the second Monday in April, one thousand eight hundred and eighty-seven, the municipal officers in each town shall appoint three persons, one for three years, one for two years, and one for one year, and thereafter annually before the 15th day of April, one person to serve three years, and each to hold office until another is appointed in his stead. Any vacancy arising from any cause shall be filled at the first meeting thereafter of the municipal officers. If for any reason the appointments are not made at said dates, the same shall be made as soon as may be thereafter."

Gastrotomy in Italy.

The *Gazetta degli Ospedali* of February 23 gives the details of a gastrotomy performed by Professor Loreta, of Bologna, on account of severe pain suffered by a young woman who had swallowed a large quantity of needles with the intention of committing suicide. On searching the stomach carefully with the hand, few needles could be found. The cause of the pain and suffering was explained by further search and extension of the abdominal incision to the right over the liver. The points of several needles were found protruding above the surface of the margin of the left lobe of the liver, and these were deemed to be the source of pain. Some were withdrawn, but others were so fragile that they broke off. The wound in the stomach and in the abdominal parietes was accurately sutured, and the patient recovered without a bad symptom, entirely freed from her suffering.

Small-Pox in Mexico.

Owing to the existence of small-pox in Mexico, and to prevent its introduction into the United States, the Secretary of the Treasury, upon the request of the Board of Health of the State of California, has authorized the appointment of sanitary inspectors, to serve under the direction of the Supervising Surgeon-General of the Marine Hospital Service, at Yuma, Nogales, Benson, and Albuquerque, to assist and co-operate with the State and local authorities in the inspection of passengers and baggage, etc., at the places named.

Hydronaphthol.

A pamphlet with a full description of this new disinfectant and antiseptic may be had without charge by dropping a postal card to Messrs. Seabury & Johnson, 21 Platt street, New York city.

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Items.

—At a meeting of the Knox county, Ohio, Medical Society, March 23, resolutions of respect were adopted to the memory of the late Dr. John W. Russell.

—Dr. A. G. Ely, of Girard, Pa. committed suicide March 27th. He was 67 years of age, and somewhat weakened in mind; although quite prosperous, he suffered melancholia from imagined losses.

—Mr. W. Watson Cheyne, in the April number of *The American Journal of Medical Sciences*, in a very timely article, fully describes the technique of the methods of investigating bacteria, including the study of their characters by the aid of the microscope.

—Dr. Charles B. Hough, a graduate of Jefferson Medical College, and Dr. Mary Paul Hallowell, of Horsham, Pa., a graduate of the Woman's Medical College of Philadelphia, were married by Friends' ceremony in their new home, Ambler, Pa., on Thursday evening, March 10. Dr. Mary Willits, of Philadelphia, acted as bridesmaid. They will jointly practice their profession, and will, on account of their ability and past experience, succeed in establishing a large practice in their new field of labor.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1573.] PHILADELPHIA, APRIL 23, 1887. [Vol. LVI.—No. 17.

ORIGINAL DEPARTMENT.

LECTURE.

DOUBLE DISEASE OF THE AORTIC VALVES—CARDIAC INCOMPETENCY.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

BY WILLIAM PEPPER, M. D., LL. D.,

Provost of, and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania.

Reported by William H. Morrison, M. D.

Gentlemen: I wish to call your attention to-day to a chronic form of cardiac disease. This man is fifty-two years of age, a resident of this city, and an engineer by occupation. He came to the hospital three weeks ago. His parents died of old age, and his brothers and sisters are all living and in good health. He had the ordinary diseases of childhood, and at the age of sixteen had small-pox. He states that when a young man he had a chancre and also gonorrhœa. He is married, and is the father of sixteen children, eight of whom are living. For five or six years he was accustomed to run foot-races, taxing himself in this way very severely. When the war broke out he enlisted and served four years. He received some wounds and had camp diarrhœa. After the war he became an engineer. About this time he was struck on the head and received a compound, depressed fracture of the skull, for which he was trephined, and made a good recovery, the only disagreeable effect left being slight impairment of the memory. Two years ago he discharged a lumbricoid worm by the mouth. In May, his left shoulder was dislocated. About one year ago, shortness of breath with a burning pain behind the sternum was noticed.

The history, then, is one of great exposure and severe exertion. The man has been accustomed to drive himself, so that he was constantly under a strain, and this was particularly the case when he was running so many foot-races. I refer especially to this, as it may have a possible bearing upon the condition which has since developed. He began two years ago to suffer with dyspepsia, and while in this condition, with weakness and shortness of breath on exertion, he went to work in a deep mine, running a pumping engine, and for four months was almost constantly wet to the skin. The pain, shortness of breath, and dyspepsia grew worse, and he was compelled to give up the work. The attacks were violent and were brought on by exertion. At times these attacks of pain in the sternal region would occur as often as four or five times a day. He has done no work for the past six months. The attacks have continued to recur with increasing severity, and he has been compelled to stand for five or six hours at a time in order to relieve the pain. Swelling of the hands and feet was first noticed four months ago. Since then œdema has appeared on several occasions, but has not continued. Two months ago he came to this city, and was admitted to another hospital. There was at that time expectoration of blood-tinged mucus and marked shortness of breath. Under treatment, he improved and left the hospital, but again growing worse, came to this institution two weeks ago. The attacks of pain seemed to come on without any exertion. While they often occur when he is careful in regard to his diet, they are distinctly worse when he is imprudent. The pain is felt to the left of the sternum, but it never goes up to the shoulder or down the left arm. The spells of pain have been distinctly præcordial.

He has a well-made chest. On percussion, the resonance is good. On auscultation there is no marked change in the breath sounds. The pulse is 80 per minute, regular, with a sharp rise and a quick fall. The sphygmographic tracing of the pulse taken yesterday, shows that the line of ascent is sharp, the summit is almost normal, but the fall is abrupt and the secondary rise resulting from the closure of the aortic valves is almost entirely wanting. There is visible pulsation in the arteries of the neck. The apex beat of the heart is very diffused, it extends outside of the nipple line and as far down as the seventh rib. The impulse is distinctly transmitted to the epigastrium. There is no prominence of the præcordium. Palpation shows that the impulse is diffused, but not powerfully. Percussion shows enlargement of the area of superficial dullness in a direction downward and to the left. On deep percussion the cardiac dullness is found to extend one inch outside of the nipple line and below the normal position. It does not extend above the third interspace, and does not extend beyond the median line of the sternum. There is, apparently, no dilatation of the auricles, and very little affection of the right ventricle. There is marked enlargement only of the left ventricle.

On auscultation at the base of the heart a strong double murmur is heard. The two elements are almost alike, sounding like the whispered "who," but the diastolic murmur is the stronger. Tracing these to the body of the heart and the apex, they lose in force rapidly, and at the apex a new murmur is heard quite distinctly. This would indicate that the murmurs heard at the base originate at the aortic orifice. In time, the murmur heard at the apex is systolic, high-pitched, and shrill, totally differing in quality from those heard at the base. It is carried into the axilla and is audible at the angle of the left scapula. This murmur is due chiefly to mitral regurgitation. The diastolic murmur is also heard at the point of the heart, and is slightly audible toward the axilla. There is no reason to think that there is any mitral stenosis, for the diastolic element at the apex is like that at the base. The point of greatest intensity of the basic murmurs is midsternum, opposite the second interspace and at the junction of the second costal cartilage with the sternum. The line of greatest transmission is upwards and to the right. The murmurs are heard in the carotid arteries, where the two murmurs, as is usual, unite in one. They are also heard in the subclavian arteries. The diastolic murmur is heard as low as the xiphoid cartilage. These are perfect illustrations of aortic murmurs. Pursuing the murmurs down the sternum, we find that the diastolic murmur is most strongly carried, but that the systolic murmur is also heard. We have then aortic stenosis with aortic insufficiency.

We shall consider the exact condition induced by these lesions, the exact condition of the aorta and of the arteries, and the nature of the process that has brought about these lesions. As a result of the aortic stenosis, the left ventricle is compelled to act with unusual force to overcome the obstruction. Increased force is also required to overcome the mitral leakage. The compensatory hypertrophy has not been perfect, and the circulation is not well kept up. We have not a powerful impulse. Although the area of the impulse is increased, its force is not considerable. As a result, there has been œdema of the feet. The dyspnœa is due to want of proper force in the pulmonary circulation. The pain which is experienced on excitement or exertion is the pain of cardiac incompetency. These pains are not only proof of the cardiac incompetency, but they are connected with a special condition of the nerves and ganglia of the heart. They are significant of want of proper compensation. We know, therefore, that this man has dilated hypertrophy of the left ventricle, without sufficiently increased strength of the walls of the heart to fully compensate for the effects of these lesions. Fortunately he has not had such serious trouble in the lung as to cause damming back of the blood upon the right cavities of the heart, thus inducing dilatation of the right ventricle. The only suggestive thing in that direction is the pulsation below the xiphoid cartilage. This, however, is not sufficient to indicate much dilatation of the right ventricle. As the area of cardiac dulness does not extend much beyond the right edge of the sternum, and as there is no distension of the jugular veins, showing that they have no difficulty in pouring their blood into the right auricle, we may infer that the right cavities have not suffered to any marked extent, but that the lesions are confined chiefly to the left cavities, and especially to the left ventricle.

The next point is in reference to the exact condition of the aortic valve, and to the condition of the aorta; whether there is disease of its walls or whether there is dilatation. We observe that here is visible pulsation of the subclavian and carotid arteries, and the fingers placed upon these vessels receive a strong impulse, suggesting that they are dilated. The arch of the aorta is not dilated sufficiently to force itself to the surface and enable us to recognize it by an increased dullness. It is well covered by the lungs, which appear to be somewhat emphysematous, and this may serve to explain some of the dyspnœa. We are not able to positively determine that there is dilatation of the aortic arch. The radial arteries are distinctly large and hard. If the arteries at a distance from the heart present decided changes, we may be sure that those near the heart are similarly affected. The strength of the murmur as heard over the course of the aorta suggests very forcibly that the lining of the aorta is roughened with patches of atheroma.

It is a difficult question to decide the exact cause of the cardiac and arterial changes in this case. It is to be noted that despite the many conditions which the man has presented, he has never had rheumatism, nor is there any evidence that the cardiac disease began with any acute constitutional process. It is in all probability a chronic local trouble, and this man has been subjected to several causes which would be likely to induce disease of the heart and of the arteries. In the first place, there is a possibility of syphilis. Although the man appears to have presented no secondary lesions of this affection, yet we cannot exclude it in considering the causation of this trouble—for syphilis is a fruitful cause of disease of the arterial walls and of the cardiac valves. In addition to this, he has led a life of severe muscular exertion, conjoined with extreme exposure to hardship, damp and bad hygienic conditions; all of these things are calculated to strain the arterial coats and set on foot irritation and a low grade of disease which would run into chronic endarteritis and chronic valvulitis. Whether the conditions present are the result of syphilis or whether they come from slow, degenerative changes, probably dating back many years, we cannot say. This case serves to illustrate the way in which cardiac disease often develops in persons who have led lives of exertion and exposure. We are to note that in this case, unlike those which arise acutely, where the mitral valve is more likely to be affected, it is especially the aortic valves and the arterial coats which are involved. The mitral lesion may be purely secondary, resulting from the stretching of the ventricle until the auriculo-ventricular orifice is so much dilated that the valves are not able to close it.

Where there is this extensive change in the coats of the artery, it often happens that we find that the arteries of the kidneys suffer, that the interstitial tissue of the kidney undergoes irritative changes, and that the organs pass into a condition of sclerosis, with thickening of the interstitial tissue, thickening of the arterial tunics, changes in the blood-pressure and œdema, and associated with these, changes in the epithelial lining of the tubules, although this is often absent. Examination of the urine in the present instance, shows that its quantity varies from sixty to eighty ounces, the specific gravity has been from 1012 to 1020, it contains a trace of albumen, and the microscope shows a few hyaline and faintly granular casts. This man has a certain degree of contracted granular kidney, and this condition is often associated with this type of aortic and arterial diseases.

Examination of the eyes shows atrophy of the optic discs. The vessels are small, and there are patches of pigment indicating that the arterial coats have been involved, and that there is a tendency to irritative changes in the fibrous tissue leading to contraction and pressure upon the enclosed structures and interference with nutrition.

I shall next speak with reference to the prognosis and treatment. The changes have advanced so far, that a cure of course is impossible. The man must lead a life strictly adapted to the organic changes present. He must avoid excitement, excesses, and sudden exertion. The dilated heart needs strychnia and digitalis. The diseased arteries should be treated with iodide of potassium, and on account of the possible syphilitic element, mercurials should be used from time to time. The diet must be regulated. In order to relieve the attacks of pain, nitro-glycerine or nitrite of amyl should be employed. Under favorable conditions, with such a course of treatment, we can not put any limit to the time that this man may live, and live comfortably. This is a most chronic process, and years may pass and the man be as well as he is now. Œdema will come and go, and attacks of threatened cardiac failure will appear, but this may be overcome by a stimulating and tonic treatment. If, however, he exposes himself, contracts cold, and exhausts the heart, the compensation which is now imperfect may be broken, and the man may hasten his end to any extent. His life depends upon the care with which he pursues the plan of treatment which has been indicated.

COMMUNICATIONS.

INJURIOUS INFLUENCES CAUSING DEAFNESS.

BY LAURENCE TURNBULL, M. D.,
Of Philadelphia.

The following may be mentioned as the most prominent causes:

Alternate heat and cold, when suddenly applied to the ear, are very injurious, and these alternations of temperature, combined with dampness, produce what is termed an influenza, or common cold, or cold in the head, which is sure to produce inflammation in the ear, and the repetition of this same cold alternately produces a diseased condition of the ears, which, by its alternations of tissue, both of the receptive, mechanical, and nervous apparatus, terminate in a form of acoustic deafness, the most prevalent and difficult to cure, or even relieve, unless seen in its very early stage.* There are also diseases of the auditory nerve of hearing, which will readily be understood from the character of the nerve of the ear, as reflex irritation and inflammation from various diseases, hemorrhagic inflammation of the cochlea, hemorrhagic inflammation of the labyrinth in children, primary acute purulent inflammation of the labyrinth resulting in meningitis, otitis labyrinthica, acute inflammation of the membranous labyrinth, cerebro-spinal meningitis, disease of the auditory nerve and its terminal parts, syphilitic disease of the labyrinth, traumatism involving the internal ear, atrophy of the labyrinth, changes in the auditory nerve from typhoid, scarlet, and other fever, also from variola, diphtheria, and mumps. It may also be comprehended how deafness can be an inheritance through a diseased father and mother. Yet the deafness which is charged to this cause is not as frequent as we would be led to suppose by the imperfect statistics of our institution for the instruction of deaf-mutes. A large number of cases of loss of hearing are developed during the period of infancy, when changes in the organs of hearing may occur, the result of colds, measles, whooping-cough, scarlet fever, and cerebro-spinal meningitis. The ear is so apt to be overlooked in the great anxiety for the life of the child. When the crisis is over, then the poor, damaged ear is perhaps examined, only to find the child profoundly deaf. No one can fully understand the importance of hearing, both for social intercourse and educational development, until some dear one has lost it. It is an important matter that obstetricians and nurses should be carefully taught some knowledge of the anatomy and pathology of the ear, as the deafness of many of the so-called congenital deaf-mutes is the result of mucous, cheesy matter or blood in their meatus or in the tympanic cavity at birth. Another cause is physicians not attending in time to catarrhal deafness, the result of cold from exposure or teething. The nurse is often at fault in placing the ears of the infant in draughts of cold air, and allowing cold water to enter the meatus, and pass back to the membrane, lodging there and causing acute inflammation, shown by intense pain and persistent earache, not relieved until perforation of the drum-membrane takes place or extension to the internal ear or brain.*

It has already been shown that there are two distinct ways of hearing—one by the transmission of vibrations of air through the tympanum, ossicles, fluid in the internal ear to the nerves; the other by a similar transmission of vibrations through the bones of the head to the petrous portion of the temporal bone, and finally reaching the nerves. The explanation of this is that the waves of sound being propagated in every direction, when they reach the tympanic cavity pass out, in part, through the conducting mechanism of the ear, and whenever this conducting mechanism is in its normal condition, are lost to our perception; if, however, this mechanism offers more resistance than normal, as in acoustic deafness, from immobility due to thickening, calcifications, etc., a part of the sound which normally passes out and is lost is reflected back to the nerve of the ear. Any person can make experiment on themselves in producing acoustic deafness by closing one meatus with the finger, and then testing with the tuning-fork; the closing of the meatus setting up the same sort of resistance as is offered by the calcified or thickened drum membrane. The object of artificial aids of hearing is so to intensify the waves of sound, another way of hearing, that they can overcome the resistance opposed by these diseased conditions. The different forms of ear-trumpets and conversation-tubes are calculated to bring about this intensification of the waves of sound for cases of acoustic deafness. According to the census of 1885, there were in the United States some 35,000 deaf mutes, and but a small part of them were being instructed at all, there being only about twenty-five institutions in the United States in May, 1868. In only eleven is articulation or lip-reading the method employed. These schools contain only 430 pupils out of the 7,801 that are taught the sign language, or combined method.

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* Imperfect Hearing and the Hygiene of the Ear, 3d ed., p. 99.

* Manual of Diseases of the Ear, 2d ed., p. 444.

To be able to mitigate, even in a slight degree, the distressing condition that this form of deafness implies, is to confer an inestimable boon on the sufferer. By the persistent and repeated exertions of one eminently distinguished as a teacher and friend of the deaf in the largest institution for the education of this class in this country, considerable progress has already been made in this direction.[*]

Twelve cases are reported that have been not only able to hear, but to repeat vowel sounds; and some of these pupils can already carry on quite an extended conversation by the aid of a flexible conversational-tube of special design. This tube is about four feet in length, made of wire wound in concentric circles, incorporated in rubber, around which is woven a mohair covering.

The next mode by which we hear is by what may be termed external touch, and the use of the organ of speech is acquired solely by the aid of the other senses. Sound is, therefore, neither the sole nor the primary element of voice. It is the breath set in motion by the lungs, and reduced to sonorous vibrations by passing through the glottis, which resembles the reed of a musical instrument. It is composed of rapid undulations which pass forward from the glottis, and are reverberated and modified by the organs of speech. The finger-touch of a deaf mute on our glottis can, without any previous instruction, detect these vibrations, and at once he obeys the natural impulse to produce similar vibrations. Arnold[†] has devoted much careful study to this subject of teaching the deaf mute to speak, stating, as is well known, that children who lose their hearing, soon lose their speech, because touch and its habits are not so fully confirmed, nor is the control of the will over the organs so perfect as in riper years. In all such cases no time should be lost in providing a teacher under whose skillful directions the speech may be kept up to its normal condition.[*]

SOLUBLE COMPRESSED HYPODERMIC TABLETS.[†]

BY H. AUGUSTUS WILSON, M. D.,

Of Philadelphia.

A little over six years ago I called the attention of the profession to soluble compressed tablets for hypodermic use, which I had originated some four months previously, to take the place of prepared solutions and powders, with which I had become dissatisfied.

My first paper on the subject, read before the Philadelphia County Medical Society, in October, 1880, simply called attention to their utility, and I exhibited a single formula to prove the practicability of the method. The various steps taken to obtain a convenient form, the necessary accuracy of dose, and the proper disintegrator, were all stated in my second paper, read before the American Medical Association, May 5, 1881, and it is not necessary to do more than refer to them at this time.

Where an infinitesimal amount of active drug was to be used, such as digitaline, atropia, strychnia, hyoscyamine, and other such active agents, the dose of which is from the one-sixtieth to the one-two-hundredth of a grain, it was found necessary in order to compress them to add an excipient or disintegrator. It was only after a series of very thorough and continued experiments that the sulphate of sodium was adopted for this purpose—a neutral salt, one readily soluble, having no irritating or medicinal action, with which the drug was incorporated when the tablet to be compressed did not contain more than one-twelfth of a grain of the active agent.

The salt has been found to answer every indication. At first its use was advised in all the tablets, but upon further experience and the wonderful advances and improvements in the mechanical appliances, I found it unnecessary, except as stated above, where the active agent is less than one-twelfth of a grain. The morphia salts, which are more largely used than any other in hypodermic medication, gave some trouble at first, in their tendency to harden if kept for a considerable length of time. This difficulty, however, has been entirely overcome by improved manipulation and experience in compressing.

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[*] Vide "Aural Development at the New York Institution," by Prof. E. H. Currier, American Annals of the Deaf and Dumb, January, 1885. Also "Hearing and Deafness," by F. C. Reley, pamphlet, p. 9.

[†] Rev. Thomas Arnold, Principal of Private School for the Deaf, Northampton, England, American Annals Deaf and Dumb, April, 1886, p. 120.

[*] Day School for Deaf Mute Instruction, Manual of Diseases of ahe Ear, 2d Ed., p. 410.

[†] Read before the College of Physicians, Philadelphia, January 5, 1887.

A solution is usually accomplished in from fifteen to thirty seconds by the method I usually employ, which is to drop a tablet into a teaspoon containing fifteen or twenty minims of warm water. It is then crushed with the end of the syringe, to which the needle is attached, and drawn up and forced out two or three times by the syringe, when a perfect solution is obtained. I have on my syringe a small cap with a smooth surface fitting on the needle end, which is useful in keeping the syringe in a good condition, and is a most convenient pestle with which to crush the tablet.

Let it be borne in mind, that these tablets are in reality nothing but powders put in a most convenient, accurate, and portable form, and it will be apparent that no special syringe is required.

Any ordinary hypodermic syringe can be used for these tablets, just as readily as for ordinary solutions, whether prepared or made at the time of administration from powders.

I abandoned prepared solutions for hypodermic use because of the penicilium, confervæ, and other low forms of vegetable life, which developing in solutions at the expense of the drug, increase the strength of the solution. Professor Roberts Bartholow, in his work on hypodermic medication, says that the injection of solutions containing these vegetable growths is one of the causes of the hard nodules so often seen. To prevent the formation of these organisms by the addition of such germicides as tartaric, hydrochloric and salicylic acids, is to induce chemical changes in the solutions, and greatly increases the danger of inflammatory deposits at the site of puncture. As, on the other hand, increased strength must be the result of the evaporation of the water, it will be apparent that accuracy of dose is either impossible or very rarely accomplished in the administration of prepared solutions.

In abandoning the use of prepared solutions and adopting powders, I avoided the objectionable features of the former, but could not obtain the desired end of accuracy of dose, as was clearly demonstrated by the accumulation of deposits in the recesses of my pocket-case, due to the sifting of the drug through the interstices of the folded paper. Should moisture gain access to the powder, as it not infrequently does, more or less of the contained drug will dissolve and be absorbed by the paper. The necessity for some other more reliable method became still more apparent, when such drugs as atropine, strychnine, etc., were to be administered in such minute quantities as the $\frac{1}{100}$ or $\frac{1}{200}$ of a grain.

My aim originally was to devise a method by which accuracy of dose might be invariably secured, regardless of the quantity of the drug required, permanence and freedom from change or decomposition, however long on hand, and almost under any circumstances; ready solubility, convenience of administration, and in such a form as to be readily carried on the person.

Since the introduction of this subject to the profession some six years ago, a number of alkaloids have come into general use, and their hypodermic administration is rendered practicable by these tablets. Among them may be mentioned digitaline, cocaine, duboisine, hyoscyamine, picrotoxin, conine, curarine, eserine, physostygmine, caffeine, quinia bimuriatica carbamidata, etc.

The convenience of these soluble compressed hypodermic tablets for hypodermic, ophthalmic, and general use, makes their addition to our armamentarium a decided advantage. These remedies are placed in such convenient form that a physician can carry in a very small pocket case a large number of remedies in their most condensed and active form, ready for use in emergencies, or for the needs of general practice. I have found them extremely convenient in ophthalmic medication, when the method of administering is to insert the desired tablet in the lower conjunctival sac, by drawing down the lower lid. Ordinarily a few minutes at the most are required to dissolve them. No irritation has ever followed or attended their use in my hands, and I am unable to understand how there could be any, for the disintegrator, when any is used, is perfectly non-irritating. They should, in my opinion, be substituted for the bulky changeable solutions in which germicides which would irritate the sensitive conjunctiva are rendered necessary to prevent the growth of minute organisms.

The recent use of some tablets that I have kept for six years clearly demonstrated the fact that their solubility has not been affected in that time.

At the present time the following drugs are prepared:

Morphine, morphine and atropine, atropine, strychnine, apomorphine, pilocarpine, aconitine, morphine bi-mecon., hydrarg. chlor. corros., digitaline, cocaine, caffeine, hyoscyamine, duboisine hydrochlorate, duboisine hydrochlor. and morphine, hyoscyamine sulphate, hyoscyamine sulph. and morphine, picrotoxin, picrotoxin and strychnine, conine.

hydrobromate, conine hydrobromate and morphine, curarine sulph., eserine sulph., eserine sulph. and morphine, physostigmine salicylate, quin. carbam. mur.

To sum up, I claim that the advantages of this method over any other known are—

1. The convenient size of the tablets.
2. The immunity from change.
3. Their accuracy of dose.
4. Their certainty and rapidity of action.
5. That they may be used by the mouth, nares, urethra, and rectum.
6. Their adaptability to ophthalmic medication.

SALICYLATE OF HYDRARGIRIUM, AND ITS EMPLOYMENT IN THERAPEUTICS.

BY BRUNO CHAVES, M. D.,

Of the Polyclinica Geral, Rio de Janeiro.

It is with the greatest interest that I contemplate the amazing progress with which, day by day, the great American republic continues to advance on its road to the highest place among civilized nations; and I sincerely regret that there are not closer relations, both commercial and scientific, between that country and the other nations of the American continent, which, more than any other, requires the benefits of American progress.

An ardent admirer of the United States, with which I wish my countrymen to be more intimately connected in every respect, I recently read with much pleasure some valuable scientific articles published in your excellent periodical, the Medical and Surgical Reporter, a number of which had been kindly lent me by my friend Dr. S. D. Rambo, a citizen of that republic and a conspicuous ornament of the dental profession in this city.

The perusal of these articles excited in me the desire to make known to my professional brethren in the United States some scientific discoveries recently made in Brazil. On my expressing this wish to my friend, Dr. Rambo, he kindly offered to translate my article, and, thus encouraged, I take the liberty of offering you for publication in your valuable periodical a few remarks on the salicylate of hydrargirium and its therapeutic employment, thus contributing towards calling the attention of the profession to a discovery which has proved to be of great utility in medical practice.

In the early part of last year my learned friend, the eminent Prof. Dr. Silva Aranjo, who lectures on cutaneous and syphilitic diseases in the Polyclinica Geral, of this city, received from Dr. Gamberini, of Bologna, Italy, a pamphlet written by this able specialist, in which he treats of the phenate of hydrargirium, and of the success which had attended his experiments with this substance in the treatment of syphilis.

As the syphilis is a parasitical disease, Dr. Gamberini naturally conjectured that the union of two such powerful parasiticides as mercury and phenic acid could not fail to produce a very efficacious remedy. His experiments proved that his conjectures were well founded, for he was very successful in the treatment of syphilis with this mercuial salt.

Prof. Silva Aranjo, for whom I have the honor to be clinical director, kindly allowed me to read the pamphlet of the eminent Italian specialist. In doing so I conceived the idea of causing phenate of mercury to be prepared for our own experiments on *syphilis* and *skin diseases*.

Messrs. Veiga & Delgado, two competent chemists, were intrusted with the preparation of this substance, which in our practice produced results similar to those obtained by Prof. Gamberini.

In a conversation on this subject with Prof. Silva Aranjo, Mr. Delgado suggested the expediency of preparing the salicylate of hydrargirium as well as the phenate; for, as he declared, he had no doubt that the effects of the former would be as satisfactory as those of the latter, and probably still more so. Prof. Silva Aranjo assented, and Mr. Delgado had, I believe, the honor of being the first person to prepare this new salt.

We proceeded, then, under the orders of Prof. Silva Aranjo, to experiment with the salicylate of hydrargirium, administering it in daily doses of 1 milligram (0.0154 grain), which we gradually increased to 25 milligrams (0.385 grain), in pills made of the powder and extract of liquorice. In extreme cases we have given two doses a day.

Our success exceeded our expectations, and from what I have observed I am convinced that the salicylate of mercury will become as essential to therapeutics as the iodide of potassium, calomel, and other useful medicines.

The wonderful results obtained from the employment of this mercurial salt as an internal remedy led us to experiment with its external application (from 50 centigrams to 1 grain of the salicylate of hydrargirium to 30 grams of white vaseline). The success of this experiment was no less striking than that of the internal remedy. We effected cures of syphilitic eruptions and ulcers of a syphilitic character, which had previously been treated with little or no result with other medicines, including mercurials and iodides, such as ointments of bi-oxide of mercury and iodide of potassium.

We also employed the salicylate of hydrargirium very successfully in urethral injections for gonorrhœa, mixing from 10 to 15 centigrams of the new salt with 200 grams of distilled rose-water, and adding sufficient carbonate of soda or potassium to cause it to dissolve.

Prof. Silva Aranjo, Cr. Carvalho (his substitute), and myself, communicated the result of our combined experiments to a number of physicians of this city, so that salicylate of hydrargirium is now very much used.

I must not neglect to state that Dr. Neves da Rocha and Prof. Moura Brazil have employed this salt so successfully in the collyrium in purulent and even granulous conjunctivitis, as well as in other diseases of the eye, that they prefer it to any other medicine now in use.

These specialists have also been very successful in their experiments with this substance in hypodermic injections on syphilitic patients, their formula being the following; 5 centigrams of salicylate of mercury to 10 grams of distilled water, with sufficient carbonate of potassium to cause it to dissolve.

The effects of this salt are much more rapid and efficacious than any other with a mercurial or iodic base, such as proto-iodide, which is very much used here, bi-iodide, bichloride, phenate and tannate of hydrargirium, as well as the iodides of soda and potassium. It is well received by the stomach, and we saw no instances of mercurial stomatitis, gastritis, or enteritis, resulting from its use.

We have successfully employed salicylate of hydrargirium in the treatment of several cutaneous diseases, such as *marginal eczema of Hebra, circinate pityriasis of Vidal, versicolor pityriasis, parasitic sycosis*, etc., and even *leprosy*, in which we used it internally and externally in connection with gynocardic acid, the active principle of the *oil of gynocordia odorata*.

In an article like this much that is interesting must necessarily be omitted, but before concluding I cannot refrain from referring to the following two cases:

The first is that of a syphilitic patient suffering from an obstinate generalized tuberculous syphilitic eruption, and subject besides to violent rheumatic pains and continuous gonorrhœa.

After experimenting with all the mercurial and iodic remedies usually employed in such cases, and finding them all insufficient, we succeeded in removing the facial eruption by means of the ointment of salicylate of mercury.

The second was a case of syphilitic fungus near the anus, in which it is usual in the hospitals of this city to resort to an operation with the thermo-cautery of Paquelin after giving chloroform to the patient. We, however, succeeded in destroying the fungus by means of an external application of salicylate of hydrargyrium.

In conclusion, I beg to tender my thanks to the editor of the Medical and Surgical Reporter for the publication of this article, and to Dr. Rambo for kindly translating it.

Rio de Janeiro, February, 1887.

RESUSCITATION OF ASPHYXIATED INFANTS.

BY T. C. SMITH, M. D.,

Of Aurora, Indiana

Dr. E. T. Blackwell, in his brief, practical article in the Medical and Surgical Reporter of February 19, brings again forward a good method for readily resuscitating an asphyxiated new-born infant, and one that can certainly be done while yet caring for the mother, if she should need immediate attention at that very important moment, which is to her often very critical. Yet, in most cases, the whole attention can be given to the infant if needed. An assistant can place the hand over the uterus and watch the course and conditions of the woman in most cases, while efforts at resuscitation are carried on with the death-threatened infant.

But I write to renew attention to a method brought to notice several years ago, that has served, for me, an excellent purpose in some very obstinate cases of infantile asphyxia. I regret that I do not now remember the one who first brought this method forward. It is very simple. Take the infant by its lower extremities with the left hand, suspend it head downward, then with the right hand embrace the neck posteriorly, using for this purpose the thumb, ring, and little fingers, while the index and middle fingers support the head. Now hold the head and shoulders downward and comparatively still, while with the left hand the body and feet are made to sweep forward and backward from ten to fifteen times or more in a minute, until respiration is established. Each time that the body is bent forward on the face the air is pressed out of the lungs, and when bent well back again the air enters the lungs freely. Keeping the head downward causes a full supply of blood to be given to the brain. This process does not prevent fanning, or sprinkling suddenly a little cold water on its sides by an assistant if needed for the shock it produces. Cloths wrung out of hot water can also be applied if needed. It is not good practice to lay an asphyxiated infant on its back, for if there is mucus in the mouth or throat this will tend to strangle it. If placed on its side or with the face downward this cannot occur, or, at least, is less liable to do so. If there is enough mucus in the child's throat to cause considerable noise by its rapid successions in process of respiration, all this will cease in a little time by placing the child face downward, or on its side with the face inclined downward. In this way the mucus will gravitate away from, rather than into, the throat. Of course it can be otherwise removed, but this is an easier and a very ready way to obtain relief from this harassing symptom.

Some have claimed that the Marshall Hall method of artificial respiration will not cause air to enter the lungs of an infant where the respiration has not already been partially established. In the method above recommended, one can readily satisfy himself of the entrance and exit of air into and from the lungs every time the infant's body is well bent forwards or backwards, for the evidences will be unmistakable and easily observed.

MEDICAL SOCIETIES.

THE NEW YORK NEUROLOGICAL SOCIETY.

Stated meeting, March 1, 1887. The President, Charles L. Dana, M. D., in the chair.

Presentation of the Cord and Nerves in a Case of Alcohol Paralysis; Multiple Neuritis.

Dr. H. M. Biggs presented the case. Bertha B., aged thirty-five, married, admitted to the hospital, September 20, 1886. History imperfect. Nothing of importance in the history up to the beginning of her present illness, about five weeks before admission, when she began to have sharp, shooting pains in both legs, but more severe in the right. She began to lose power in her limbs, and one week later was unable to walk because her limbs were "too weak." The loss of power seemed to begin in her feet. She complained of pain in her back and weakness when she tried to stand. Later, she began to have pain and lose power in her arms. She says she has been a moderate drinker, and denies syphilis.

On admission, the patient was almost completely paralyzed in lower extremities; could barely raise her limbs from the bed. The muscles of the upper extremities, especially the extensors, were also somewhat affected. There were some spots of hyperæsthesia and partial anæsthesia irregularly distributed over the lower extremities, and also considerable numbness. Sensation in the upper extremities seemed to be normal. The reflexes were lost. There was marked atrophy in the legs and thighs on both sides, particularly of the extensors of the foot, and a moderate amount in the arms. The extensors here were also most affected. She complained of very severe pain in the arms and legs, which kept her awake at night, and there was marked tenderness on pressure. Temperature at 9 a. m., 100°; at 5 p. m., 101.2°; pulse, 9 a. m., 104; at 5 p. m., 112. Urine, 1018; albumen, one-eighth in bulk; no casts.

Two days after admission the patient was found to have a moderate amount of fluid in the right pleural cavity. Twenty-four ounces of serum were withdrawn. She gradually failed, lost strength, emaciated; the pleurisy developed into an empyema, for which a free opening was made in the chest. Before death, which occurred in February, 1887, she had lost all power over both lower extremities, and the arms were partially paralyzed. Atrophy was very marked in both lower extremities and forearms. Pain was constant and paroxysmal, and very severe. Tenderness on pressure and pain on movement of muscles marked. Contraction of the muscles gradually developed until thighs were sharply flexed on trunk, and legs on thighs. Attempts to straighten the limbs caused the most severe pains. The bladder and rectum, the muscles of phonation, deglutition, and respiration, and the nerves of special sense, were entirely unaffected. The reactions of degeneration were present. The patient died of exhaustion resulting from the empyema.

Autopsy.—Patient greatly emaciated. Legs and thighs markedly flexed. Muscles of the leg of a yellow color, and apparently converted almost entirely into fat. Muscles of thigh much less affected. Spinal cord, nerve roots and trunks normal in appearance.

Microscopical Appearances.—Spinal cord apparently normal, with the exception of slight sclerosis in the columns of Goll in cervical region. Nerve roots normal. In one of sacral nerves before its exit from spinal canal was found a marked increase in the endoneurium, with diminution in the number of the nerve fibres, and an irregularity and indistinctness in these appearances. The right sciatic nerve showed the same changes more marked. In the posterior tibial the process was even more advanced, and in this only an occasional nerve fibre could be detected. Microscopically the gastrocnemius was composed almost entirely of adipose tissue; only here and there atrophied muscle fibres were found. The small nerve trunks in the muscle showed advanced degenerative neuritis, with comparatively little new growth of connective tissue in the nerves.

The president thought that in this case it had been fully demonstrated that the alcohol paralysis was due to a neuritis and not to a myelitis.

Dr. M. A. Starr had seen the specimens, and said there was no question with regard to the existence of neuritis in this case, and the normal condition of the anterior cells of the spinal cord. There was a slight sclerosis in the columns of Goll which he was unable to explain. The same condition had been observed in a case of Hamilton recorded by Granger Stewart. He referred to a well-prepared specimen by Dr. Van Gieson in a case of Dr. Ball's, not yet published; also to the manner of preparing specimens.

Dr. Biggs said that contrary to the ordinary condition found, the process seemed to be more a degeneration of nerve fibre than an interstitial neuritis, especially in the smaller nerves.

Dr. Noyes spoke of the frequent occurrence of amblyopia with alcoholism, and said it was due to a partial neuritis of the optic nerve, referred, as had been shown, to the centre field and not to the field at large. He suggested that in cases like the one reported by Dr. Biggs, the neurologists should make careful examination of the optic nerves. In reply to Dr. Starr, whether scotoma was due as frequently to tobacco as alcohol, he said it might be due to either, but the patients frequently combined the two habits.

The patient said the name alcohol paralysis was rather begging the question. This patient, it seems, had been only a moderate drinker. The same fact had been noticed in other cases.

Abstract of Dr. Stevens's paper on

Irritations arising from the Visual Apparatus considered as Elements in the Genesis of Neurosis.

Two classes of influences were recognized as causes of functional nervous disorders; the remote and the immediate. The remote causes may be sufficient to perpetuate a neurosis when once a nervous irritation has been instituted. While immediate causes rarely induce long continued disorders, a pre-existing influence may serve to continue it indefinitely. It is of little practical importance that some exciting circumstance has given rise to a nervous trouble. The event has passed and cannot be recalled. If there is an underlying cause, it is of much more importance.

Persons in whom underlying causes of neurosis exist are said to possess a neuropathic predisposition, and those subject to it are liable from trifling immediate causes, to suffer from various neuroses. In a considerable proportion of cases the neuropathic tendency is hereditary. But the result is not always manifested in the same form in different generations.

A third class of cases which should be recognized may be designated as *modifying tendencies*, among which may be mentioned vitiated atmosphere, the period of life, and the performance of certain physiological functions.

Often as a result of the predisposing influence, when one form of complaint is supposed to be cured, the subject of it is simply suffering from some other form.

Must the predisposing cause of neurosis be general, pervading the whole organism, or must it of necessity be located in the great nerve centres, or may it be entirely local and outside those great centres? Undoubtedly it may be local, and confined to any portion of the nervous system.

Inasmuch as the tendency is often hereditary, may not the evil consist of some peculiarity of anatomical structure, or of physiological adaptations which are inconsistent with the most regular and easy performance of the function of a part or parts; and may not certain classes of mechanical peculiarities be unusually liable to become factors of physiological disturbance?

If we answer in the affirmative, we assume a hypothesis which must be maintained by long-continued observations conducted in a spirit of judicial independence, and free from the bias which might result from occasional and exceptional experiences. The conclusions announced this evening are based upon observations in more than five thousand cases in private practice, and of a considerable number in public institutions, all of which have been made with as much precision as the exacting demands of an active professional life would permit. The central truth as arrived at by these observations may be stated as it has already been done in a memoir to the Royal Academy of Medicine of Belgium in 1883, as follows:

Difficulties attending the functions of accommodation and of adjusting the eyes in the act of vision, or irritations arising from the nerves involved in these processes, are among the most prolific sources of nervous disturbances, and more frequently than other conditions constitute a neuropathic tendency.

In the proposition, all causes of nervous irritation are recognized. It is held that the influences indicated are pre-eminent, but not exclusive permanent causes. Let it be remembered that it has been universally conceded that the nature of the neuropathic tendency is unknown. If one pre-eminently important element is demonstrated, it is not to be rejected because it may not include the whole.

The speaker proposed only to illustrate the result of his experience by exhibiting some photographs of cases of notable neuroses which showed very remarkable changes of physiognomy, such as habitually occurred when certain hurtful tensions of the ocular muscles were relieved. If he had designed to present only the most remarkable cases of the class to which these belonged, he would have chosen only a few of these. The design was, however, only to show by these contrasting photographs the very notable improvement which in obstinate and even by ordinary means hopeless cases of the most important neuroses might be expected, from relief from certain hurtful tensions of the eye muscles.

The portraits were in pairs, the first having been taken at the commencement of treatment, the second at a later period, the interval being on an average about one month. The first series represented cases in his private practice; the second series, cases which were under under his care for a short time at the Willard Asylum for the Insane last summer. The first series had been made by various photographers; the second by Dr. P. M. Wise, superintendent of the Willard Asylum. Thirteen pairs of photographs were exhibited, nine of the first and four of the second series. In all these very striking contrasts existed between the first and second portraits.

In No. 1, a weary and listless young girl, a sufferer from headache, and who had never been able to attend school, is seen to be transformed in twelve days to a vivacious and thoroughly awake child. Following relaxation of each of the inner eye muscles, the change in health was marvellous. In No. 2, an epileptic girl, whose vacant gaze and half-open mouth indicated a profound degree of dementia, within a single month put on an appearance of robust health and of lively intelligence. In another case, a boy, choreic from infancy and imbecile, whose constant movements were too rapid even for the modern photographer, showed in the second photograph, from which the distortions of the face and wrinkles in the skin had disappeared, a clever mental state.

The speaker related in brief some of the results of a short season among the most hopeless cases in the Willard Asylum for the Insane. Two of these hopeless cases, who had during the month preceding treatment directed to the eye muscles, been subjected to about one hundred and seventy convulsions, suffered only about forty convulsions in the month succeeding that treatment, notwithstanding the withdrawal of all bromides.

Fifty per cent. of epileptics so treated had remained well for a length of time varying from many years to only a single year, but sufficiently long to indicate that a great change had been wrought. Thirty-two per cent. had received very marked relief, but short of absolute cessation of the complaint. They were all better without drugs than they had formerly been with. In seventeen per cent. no good results had been obtained.

The speaker thought that with a better understanding on his own part of the extremely complicated conditions of the ocular muscles often found in epilepsy, this record could be improved.

The methods of procedure in examining for muscular defects was given. It differed radically from that proposed by Graefe and generally adopted, and from other methods which had been suggested. His method of performing tenotomy was also described.

In conclusion, Dr. Stevens said he thought it was not unreasonable to look for the future advance in medical practice along two great lines: the one related to micro-organisms, the other to irregular phenomena resulting from well-defined causes of irritation, which causes must be sought for principally in the direction of difficulties in the performance of necessary functions. With the removal of such difficulties we might look with confident expectation to the cessation of the peculiar irregularity which constituted the special form of nervous disease.

Dr. E. C. Seguin said with regard to the ætiology of neuroses and serious mental disorders that he thought we ought to look a great deal deeper than the exciting and superficial causes which occurred in many cases of that kind. In epilepsy and chorea, for instance, he thought we had to look for the efficient cause not in disturbed external apparatus, but to hereditary predispositions and faulty tendencies. That faulty external apparatus would cause more attacks, or possibly aggravate the mental disorder, he thought no one would deny. Consequently, the optic apparatus, the genital apparatus, etc., should be put in perfect order. As to the great improvement after tenotomy in epilepsy, the records of surgery and medicine were filled with cases in which trauma of various kinds had interfered with epileptic manifestations for months, or even years. It seemed to him the report of a case within six months after tenotomy was rather premature. He referred to one of his cases of epilepsy recently submitted to division of the ocular muscles, the bromides at the same time being withdrawn, and three days later she commenced to have from six to twelve convulsions in the twenty-four hours—more than she had ever had before the operation. He had had patients go three years without an epileptic attack, and then have a relapse.

Dr. H. D. Noyes thought the precise ocular conditions in the cases reported should have been recorded; perhaps they were in that part of the paper not read. He had with him exact records of a number of cases of ocular trouble, with the result of treatment. It has not fallen within his experience to meet with the class of cases referred to by Dr. Stevens. He dwelt upon the importance of making a thorough ocular examination, including that of the muscles of the eye, in every case. He had come to realize more and more the importance of insufficiency of the external recti. He had obtained benefit in many cases from prisms. He spoke of the method of examination and of performing tenotomy. The paper deserved the most careful consideration.

Dr. D. B. St. John Roosa said that that part of the paper which especially concerned the ophthalmologist was as old as ophthalmology itself, and it did not call for discussion to-night. The real point in the paper was, he thought, that the correction of errors of refraction, improper relation between the ciliary and internal recti muscles, and other deviations of the ocular muscles, was capable of curing constitutional disease. He took it that epilepsy was a constitutional disease, and not merely a functional disturbance; the same was true of chorea. The question was, did these operations cure epilepsy and chorea? But it had been shown that people with chorea got well without ever having error of refraction corrected. It had also been shown that the vast majority of people who were not myopes were hypermetropics, yet suffered no inconvenience from it. In this, the author's second paper, another step had been taken, namely, that these constitutional diseases—epilepsy and chorea—were due not solely to errors of refraction, but to want of co-ordination between the recti and ciliary muscles. Then the prism test came upon the field, and we had to exercise the ocular muscles with prisms. Then in the order of advance came the doctrines taught in the paper to-night. Granting the claims of the paper, that the patients had for a time after correction of an ocular difficulty been greatly relieved, possibly cured, yet that was a long way from assuming that the ocular disturbance, whatever it was, was the cause of the epilepsy. Many great men having strabismus had not become choreic, epileptic, nor insane.

Dr. A. L. Ranney thought that following the exhibition of the photographs little need be said in confirmation of the views advanced by Dr. Stevens. The photographs were so startling that they would be accepted in any court of justice by an unprejudiced jury as proof that unmistakable benefits had been derived from the treatment. He had personally seen and examined several of the cases, and he considered the published histories as decidedly under-estimated. Dr. Ranney had performed the operation for the relief of ocular insufficiency nearly two hundred times, and had carefully examined the condition of refraction and accommodation, as well as that of the ocular muscles, in several hundred subjects afflicted with various forms of nervous dsiease. He did not pretend to pose as an oculist, but as a neurologist. Originally he was a skeptic, but his skepticism became no longer tenable when he saw a choreic and epileptic imbecile in Dr. Stevens's office who was perfectly restored in a short time to health and mental sanity by the method he had described. He thought the paper would tend to establish a new era in neurology. Regarding the operation, in no case had he had bad effects from it, but the treatment required careful regard to detail.

Respecting the view that the eye is an important factor in creating and prolonging the so-called "neuropathic predisposition," the following facts were pertinent:

1. No one has yet shown in what this predisposition lies, hence if Dr. Stevens has shown that eye-defect is an important element in these conditions, a great advance has been made.

2. There is no recognized pathology in functional nervous diseases.

3. Heredity is very common in these affections.

4. My records, in common with those of Dr. Stevens, go to show that eye-defect is found in a very large proportion of such subjects.

5. Many of the eye-defects found can be shown to be congenital—being inherited like feature.

6. The manifestations of the neuropathic predisposition vary with each case, and are called forth often by trivial circumstances which are too frequently regarded as of great clinical interest.

In the treatment of the severer forms of functional nervous disease—for example, in chronic epilepsy—one radical cure without the aid of drugs offsets a thousand failures as a proof of the scientific value of a discovery. Dr. Stevens had seven cases free from epileptic seizures for more than five years after tenotomy of the eye-muscles, and without the aid of drugs. This could not be explained by chance. Then the records of the Willard Asylum were hard to contradict.

During the past year and a half he had seen sixteen epileptics in private practice; in only one was no defect in the eye-muscles found. He had an opportunity to operate on the eyes in eight of the cases. Three of these were cured; two had had no fits for over one year. In the five cases still under observation the attacks had been lessened in all, drugs having been withdrawn. One had been reported by Dr. Stevens. In headache and neuralgia he had had some very remarkable results from tenotomy of the eye-muscles; also satisfactory results in hysteria and hystero-epilepsy.

Dr. Herman Knapp said his practice had not brought him much in contact with people who had neurotic conditions, and most of those whom he had seen had passed into other hands. He was very much surprised to learn that there was so high a percentage of ocular difficulties in the patients Dr. Stevens examined in the asylum. He thought nervous people generally showed not only one complaint. Many people, especially young ladies, who suffer from headache, etc., cease to complain after correction of a deviation of the eye-muscles, etc. He had listened with the greatest attention to Dr. Stevens, and he felt quite sure that his work was not only legitimate, but that it was highly promising. He was only afraid he would not be spared disappointments in that line of treatment.

Dr. Gruening said his experience had been very much like that of Dr. Knapp. He always examined for muscular defect, and said that when one placed a prism before the eye it disturbed binocular vision. For the correction of this apparent muscular defect an operation was performed, but the muscle was sewed to its original place, or the lateral attachment was not divided; and this was only the simulation of an operation. He had benefited many patients by cylinders.

Dr. Stevens, in closing the discussion, said there was no suggestion in the paper regarding cures. He did not believe in cures. Take away the cause of the trouble, and they get well. If the patients could not be said to be cured, it was still a very fortunate thing that they had got rid of their chorea, epilepsy, etc.

CHICAGO MEDICAL SOCIETY.

At the March meeting of this society several papers of general interest were presented. Of these the most noticeable was by Dr. A. E. Hoadley on

Deep Tubing of the Larynx as a Substitute for Intubation, with a Report of Nine Cases.

In these cases a tube was introduced so that the head of the tube rested within the larynx. Eight of the cases were able to drink consecutive swallows immediately after the operation. While all the cases were fatal, the deep intubation gave the greatest relief. Dr. Hoadley believed the most objectionable feature in the O'Dwyer method is the projection of the head of the tube over the top of the larynx, interfering with deglutition and exciting cough. This he proposes to obviate by "deep tubing," which he accomplishes by modifying the tube as follows: shortening the tube to nearly the length of the larynx, making the head of the tube conform more nearly to the interior of the upper part of the larynx, making the upper surface of the head of the tube cup-shaped to facilitate the introduction of the extractor, having that portion of the posterior border of the tube corresponding to the arytenoid cartilages stand on a plane anterior to that of the rest of the tube, so that pressure at this point will be slight, making the obturator three-eighths of an inch longer than the tube to facilitate the deep introduction of the tube. The long tubes, owing to the mobility of their lower ends, produce irritation in the trachea, exciting cough and pain.

EDITORIAL DEPARTMENT.

PERISCOPE.

A New Treatment of Gonorrhœa Chronica by Means of Grooved Bougies.

Dr. Leopold Casper thus writes in the *Lancet:*

The extraordinary difficulty of healing some cases of chronic gonorrhœa is well known. There are men who have every morning an exudation, although they have tried every possible remedy against the evil. Frequently, especially after coitus, the chronic disease becomes acute, which often, more particularly in young married men, leads to disagreeable results. The difficulty of healing chronic gonorrhœa is to be sought less in the means used than in the way in which they are used. This will appear when we more closely consider the anatomy of the urethra and chronic gonorrhœa.

The male urethra is a tube from fifteen to eighteen centimetres long, which in its separate parts is constructed so differently that it appears unjust *a priori* to place a disease of one of these parts under the class named "gonorrhœa chronica." For the same reason that the cervix uteri is to be separated from the uterus, the pars spongiosa must be separated from the partes membranacea and prostatica. An inflammation of the pars spongiosa does not necessarily imply that the pars membranacea is also inflamed, or, *vice versa*, that an inflammation has its seat in the membranous portion while the spongious part is normal. In fact, most cases of chronic gonorrhœa are located at the end of the bulbus, or at the juncture of the end of the bulbus to the pars membranacea. They begin as acute inflammation in the fossa navicularis and slowly extend to the bulbus. This will be clearly seen by the following: Of 100 cases of callous stricture, about seventy occur in the bulbus, or at the place where the bulbus becomes the pars membranacea, twenty in the fossa navicularis, and ten in other parts of the pars spongiosa. Never does a callous stricture appear in the pars prostatica. The callous stricture being the result of gonorrhœa, the favorite seat of this disease will of course be the above-mentioned places, where strictures mostly occur. Although, as regards the pars cavernosa, the abundance of cavernous tissue will favor hypertrophy of the stricture-producing tissue in a higher degree than in the partes membranacea and prostatica, still there would be more strictures in the posterior half of the pars membranacea and in the prostatic part, if all chronic gonorrhœa were to extend to the bladder. Of course the inflammation sometimes extends to the posterior part of the urethra, but this is not a rule. In this respect the acute and chronic gonorrhœa resemble each other. Rarely does the inflammation extend to the bladder in acute cases, whereas this frequently happens in chronic cases. Thus we speak of a "gonarrhœa anterior" when the inflammation does not pass the bulbus; if it extends further we call it "gonorrhœa anterior et posterior;" if the disease disappears before the bulbus and remains located in the posterior part of the urethra, we call it "gonorrhœa posterior." The bulbus is therefore a boundary in respect to the pathology of gonorrhœa. This will appear more comprehensible when we consider that the bulbus is also a boundary in an anatomical respect. The lamina media fasciæ perinei (Dittel), or the fascia perinei propria (Hyrtl), the important boundary between those organs which lie within the pelvis and those which lie outside of it, is closely connected with the bulbus. In front of this membrane is the pars cavernosa of the urethra, with the musculus transversus perinei superficialis and the musculi bulbo-ischio-cavernosi; behind it is the membranous and the prostatic portion, with the glandes Cowperi, the prostata, and the important musculus constrictor urethræ, also called "compressor partis membranaceæ urethræ." This muscle is composed of two bundles, of which the upper lies above and the lower under the pars membranacea; both join at the median line, together with the same muscles coming from the opposite side, so as to form a broad muscular ring to compress the urethra.

The importance of the bulbus as a boundary of the anterior and posterior urethra is apparent when we consider the treatment of gonorrhœa as hitherto practiced—viz., injections by means of syringes. This method is suitable for most cases, but not for all; for the fluid injected into the urethra does not pass the bulbus without the use of force, which no one would care to employ. If an injection is made slowly, and with moderate pressure, the fluid extends to the front part of the urethra, and passes to the musculus compressor, but not beyond it; for, were this the case, the fluid would run through the posterior urethra into the bladder, and remain there, whereas it is known that after a common injection the fluid comes back on removing the finger from the meatus. The in-going solution causes a reflex action of the musculus compressor, which results in a spasmodic closing of the urethra. The inefficiency of the usual syringes for treating gonorrhœa chronica posterior is therefore clear. At the same time we must remember that, if we wish to irrigate the posterior portion of the urethra, we must not push the catheter so far that its point touches the bladder; for in this case the catheter fills the urethra, and the injected fluid flows out again through the eye of the catheter, without having touched the walls of the urethra.

Concluding from the foregoing that (1) all that which gathers before the musculus compressor in the urethra flows towards the orificum cutaneum, and that (2) a fluid gathered in the posterior part of the urethra runs into the bladder because of the inferiority of the musculus sphincter vesicæ internus as against the musculus compressor, we receive a hint as to the diagnosis between gonorrhœa anterior et posterior. If we see a drop on the orificum cutaneum, or that the lips stick together, or we find yellow spots in the washing, the gonorrhœa is surely seated at the bulbus, as all that which accumulates in front of the bulb flows toward the meatus. If these signs are absent, the diagnosis is more difficult. The passing of a button-ended bougie causes in most cases only a slight burning and discomfort to the sound portions of the urethra, but when we touch a sore part the patient feels severe pain. If there is tenesmus, we have surely to deal with a gonorrhœa posterior; if tenesmus is present, if a drop appears on the orificum cutaneum, if the lips are glued together, or there is a spot in the washing, a gonorrhœa anterior et posterior is proved. On the other hand, if there is no tenesmus, we are not justified in the conclusion that there is no gonorrhœa chronica posterior. In acute gonorrhœa posterior tenesmus always appears; in chronic we often miss it.

The examination by means of the endoscope is always decisive, but the irritation which even the most careful introduction of this instrument will cause renders its application undesirable. Less painful and much more simple is the following proceeding. Tell the patient to hold his urine for five or six hours, and then to pass it into two glasses.

If the first glass contains flakes or films, while the second glass remains clear, a gonorrhœa anterior may be diagnosed; should both glasses appear turbid, then a gonorrhœa posterior is present. To distinguish between gonorrhœa posterior and cystitis, which is likewise accompanied by turbid urine, is exceedingly easy; for, whereas in chronic posterior gonorrhœa the first portion of the urine passed is more turbid and contains more films than the second, in cystitis the reverse is the case. The reason of this is, that the pus formed in the bladder will, according to the law of gravitation, sink to the fundus vesicæ, and will therefore only appear in the urine expelled last.

Considering now the pathology of gonorrhœa, it is known that the inflammation, as differing from urethritis, does not remain in the mucous membrane. Beginning in the mucous membrane, it continues into the submucous tissue, in the corpora cavernosa, and in the muscles. The product of the inflammation is an infiltration of the cells of the diseased parts. This infiltration gradually becomes fibrous tissue (Bindegewebe), which in its turn produces the cicatrization called "stricture." At the same time epithelial cells are formed, reaching to the surface of the mucous membrane and forming a thick epithelial stratum. The upper cells of this stratum, constantly sloughing, exfoliating, and mingling with the mucous secretion of the glands, constitute the exudation which characterizes chronic gonorrhœa. The glands and lacunæ of the urethra are also affected. From the fossa navicularis to the bulbus there are many lucunæ Morgagni, from eight to twelve millimetres long and half a millimetre wide, and several Littré's glands. The catarrh extends to both glands, and Dittel considers the well-known flakes or films and the goutte militaire as a product of the catarrh of Littré's glands and of the sinus of Morgagni.

From this short review, it is clear that many chronic gonorrhœæ already represent the first stages of strictures, or, as Otis calls them, "large-sized strictures," which naturally cannot be cured by astringent solutions, or even such as are fatal to gonococci. If they are to be cured, local pressure must be used to remove the cell infiltration, while medical treatment is adopted to affect the catarrh. For these reasons treatment with bougies against chronic gonorrhœa has been mostly practiced. Some went a step further and used bougies covered with simple salves; others, as Unna, employed bougies with a paste composed of butyrum cacao and different medicaments, which dissolve at body temperature. Similar considerations influenced me in the treatment of gonorrhœa chronica. But the usual bougies and the bougies covered with salves and paste not being successful in obstinate cases, I tried a modification. I was convinced that the paste bougies did not sufficiently fulfil their purpose, for very often the bougie does not reach the bladder, because the narrow walls of the urethra will not permit it to pass with the hardened paste; consequently one would have to wait, as Unna says, until the paste was dissolved, and then melted salves would not reach the places behind the stricture, where the catarrh is very often located, and for which they are intended. Further, cacao butter should not be allowed to enter the bladder if it can possibly be avoided, for after such treatment I have seen a simple gonorrhœa anterior become a gonorrhœa posterior and a cystitis colli with severe tenesmus; twice I have observed epididymitis after it, but I cannot decide whether *post hoc* or *propter hoc*.

These considerations caused me to devise a method which would have the advantages of the combined mechanical and chemical treatment, and at the same time avoid the evils I have mentioned. For this purpose I avoided nickel-plated bougies with grooves. These bougies are slightly conical and twenty-five centimetres in length. They have six grooves, which are about a millimetre and a half deep, and become shallower towards the point, stopping entirely at about five centimetres from the point, so that the front part of the bougie is entirely smooth.* Into the grooves of these bougies I pour a paste, which hardens at the ordinary air temperature. With respect to the composition of the paste, I recommend the following: Cacao butter, 100 parts; nitrate of silver, 1 to 1·5 part;† balsam of copaiba, 2 parts. I tried, also, other preparations, such as resorcin, iodoform, zinc, and iodnatrium, but found them all inferior to the nitrate of silver. With regard to the preparation of the bougies, I must lay stress on the fact that the salve must not be heated too much, for in that case the nitrate of silver would be reduced to silver and would be inefficient; therefore, put about two teaspoonfuls of the paste into a small vessel and heat it slowly and carefully. The vessel must not become so warm that it cannot be touched with the bare hand. Such a degree of heat is not necessary to dissolve the paste, and, as I have shown, is injurious. Neither is it necessary to wait until the entire contents of the vessel are melted, for if so the already dissolved salve becomes too hot and reduced. After dissolving, the salve is poured over the bougie, which is horizontally laid over a vessel to catch the drippings. After the salve has become hardened the bougie is smoothed with any sharp-edged tool. Care must be taken that the smooth front part of the bougie is left uncovered by the salve. Before using, draw the bougie several times through the hand, the warmth of which will cause sufficient of the salve to melt to lubricate the metallic surface of the bougie. The smooth front part of the bougie is rubbed with glycerine so that the instrument, if the size corresponds to the diameter of the urethra, will easily pass. The grooved bougie leads the salve beyond the narrowed places. At the temperature of the body the salve melts in one minute.

The greater efficiency of medicaments in this form over injections is clear, as the oily cacao butter will keep the ingredients in closer and longer contact than water. As to the glands and laminæ of the urethra, it is probable that the thick fluid matter enters them more easily after they have been dilated by the bougie. Of the bougies described, I use Nos. 18 to 23, French (Charrière). I never use smaller than No. 18, but prepare the urethra with small bougies until this size will pass. As soon as this is accomplished, I begin the cure with my grooved bougies, which I pass daily. If there is difficulty in passing No. 18, I employ the same sized bougie the next day, and then pass on to No. 19, etc.

After using these bougies, I have never witnessed a case of chill or fever, but I will not say that this could not occur just as after passing ordinary bougies. The pain or disagreeable feeling is not greater than that caused by the introduction of any other instrument into the urethra. Nay, the well-known burning in the urethra frequently experienced by patients in passing urine after the first application of the bougie will often be entirely absent. The longer the bougie is left in, the more favorable is the effect on the infiltration. Some patients feel burning and tenesmus after a few minutes, others after half an hour, and others still later. The time during which the bougie may remain in is dependent on these circumstances. Although the salve is so prepared that it cannot injure the normal parts, I avoid introducing it unnecessarily into the posterior portion of the urethra, whence it would flow into the bladder. I effect this by passing the bougie, in a case of gonorrhœa anterior, only so far that its point just touches the musculus sphincter vesicæ internus. As the grooves with the salve begin at a distance of five centimetres from the point, none or very little salve will flow into the posterior urethra. In a case of gonorrhœa posterior I push the bougie further, so that its grooved part lies in the partes membranacea and prostatica. Here we cannot avoid a little of the salve flowing into the bladder. The results I have obtained with this treatment are satisfactory. On an average, I succeeded by ten applications to effect a cure of cases of chronic gonorrhœa which had before proved very obstinate. In a few cases twenty and more applications were necessary Frequently after using a very small number of bougies a striking improvement was visible.

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* Weiss & Son, of 287 Oxford street, London, manufacture these bougies, for which an English patent has been applied for.

† Old-standing cases require more than one part of nitrate of silver, but I should not recommend more than 1·5.

Whether a chronic gonorrhœa which no longer shows a secretion at the meatus will improve can be decided by simply examining the urine with the naked eye. The quantity of gonorrhœal flakes, their size and length, will diminish with the gradual process of cure. The microscope teaches us at the beginning the thick flakes are almost entirely composed of pus-corpuscles, while epithelial cells are but few. With the improvement of the chronic gonorrhœa the quantity of pus-corpuscles diminishes, and that of epithelial cells increases, till at last but few pus-corpuscles are to be found here and there embedded in the epithelial cells. Thus we are enabled exactly to observe the different stages of chronic gonorrhœa. More than once I could readily, after two applications, perceive a difference in the composition of the flakes in so far as the proportion of epithelial cells to pus-corpuscles had changed in favor of the former. Altogether by this procedure I have cured about fifty obstinate cases of chronic gonorrhœa, which had resisted all other methods; twenty-seven of these had been cases of a year and a half's standing, twelve of more than a year's standing, and others less.

On the Treatment of Sneezing, Hay-Fever, Asthma, etc., by the Galvano-Cautery.

Dr. F. De Havilland Hall thus writes in the *Lancet*, November 13:

All introducers of novel medical or surgical procedures are apt to run to extreme lengths, and to arrogate to the plans they have brought forward claims to which they can have no pretension; hence the caution with which the statements of innovators must be received. It would be a great pity, however, if these extravagant assertions should prevent attention being paid to the kernel of truth contained in the husk of excessive laudation; and this seems especially needful in regard to the views propounded by Hack, of Freiburg, who undertook to cure a large number of neurotic affections by the free use of the galvano-cautery to the mucous membrane covering the inferior turbinated bone: later on, he certainly modified his opinion somewhat, but he still claims too large a field for this plan of treatment. That there are certain neurotic affections the starting-point of which is the nasal mucous membrane cannot, I think, be denied, and in these cases cure can be most readily effected by treatment directed to the part primarily affected. Hack, by pointing out that the most ready method of influencing the nutrition of the mucous membrane of the nose is by the employment of the galvano-cautery, has enabled us to treat successfully and promptly many cases formerly very difficult to manage. As a type of the kind of case in which I would use the galvano-cautery to the nose, the following may be taken as a good example.

Mrs. C., aged twenty-seven, was sent to me last May by my friend Dr. Penny, and she gave the following account of herself. She said that she had been married eighteen months. In June, 1885, while pregnant, she commenced to suffer from violent fits of sneezing; these continued to occur very frequently until October 25, when she was delivered of a still-born child, the limbs of which were said to be much contorted. On inquiry I found that for the last three or four years she had suffered from hay fever, usually lasting about a month. When she applied to me in May, she stated that she was again pregnant, being rather more than three months advanced; that the fits of sneezing had recurred as severely as last year, and that her doctor had advised her that it was of the utmost importance, in view of what had occurred in her former pregnancy, that she should seek relief from her distressing ailment. Apart from the sneezing, her general health was good in every respect. I found the mucous membrane covering the inferior turbinated bone on the right side greatly hypertrophied; the same condition, though somewhat less marked, existed on the left side. After applying a solution of cocaine, I used the galvano cautery (as described later on) to both nostrils. The patient did not complain of any pain from the procedure. She was directed to come again in a fortnight. As I was unfortunately prevented by illness from seeing her, Dr. Butlin kindly made the second application of the galvano-cautery. I next saw her on July 3. She informed me that the sneezing was not so bad as formerly; it was less frequent at night, and there were only about four attacks daily. On examining the nose, the mucous membrane was found to have contracted to such an extent that I did not think it necessary to make another application of the galvano-cautery. I recommended her to use a 2 per cent. solution of cocaine in the form of spray night and morning, and to have a bottle of carbolized smelling-salts to inhale whenever an attack of sneezing seemed imminent. The further history of the patient is best told in an extract from a letter I received from her husband on August 17: "I am very pleased to be able to report *very great* improvement; I cannot say that it has quite left her, but it is only very occasional now, and nothing like it used to be. The carbolized salts prevented many an attack of sneezing, and she is able to do without the spray, and I think it may now be said that she is cured of a most inconvenient and, in her case, dangerous complaint."

When I undertook the treatment of this case I was not very sanguine as to success. In the first place, I do not think that the condition of the nervous and vascular system which obtains in pregnancy is likely to influence favorably a procedure, the object of which is to remove the tendency towards certain reflex actions by diminishing or annihilating the irritability of the locality upon which the train of symptoms depends. Secondly, it was to my mind very uncertain to what extent the fœtus in utero was itself the predisposing cause of the attacks. In favor of this view was the fact that after delivery the attacks ceased, only to recommence when she became pregnant. Lastly, there was the history of several attacks of hay fever, and I was afraid that though she might get temporary relief, nevertheless during the summer months she would probably have a return of the complaint. The result, however, was better than I expected.

The introduction of cocaine has inaugurated a new era in the treatment of nasal diseases and of the various reflex symptoms dependent thereon. This has been brought about in two ways: first, and most important, the local anæsthetic effect of cocaine enables one to perform most operations within the nose without causing the patient pain worth speaking of, and without having recourse to general anæsthesia; and, secondly, by the power it has of causing contraction of the nasal mucous membrane, a much better view can be obtained of the posterior nares. The method of treatment I employ is the following: In the first place, it is necessary to make an examination of the nasal mucous membrane without the use of cocaine; otherwise, owing to the action of the drug to which I have just alluded, the hypertrophied parts might be overlooked. Having settled which areas are to be attacked, I spray out the nostril with a 10 per cent. solution of cocaine. Then I wait five minutes, and apply, by means of the brush, a 20 per cent. solution of the same drug to the part of the mucous membrane which is to be cauterized. Again waiting five minutes, I try if the sensibility of the mucous membrane is annihilated; if not, I wait a little longer, or, if necessary, make a second application with the brush. As soon as I have satisfied myself that the mucous membrane is insensible to pain, I make two or three deep furrows parallel to one another in the mucous membrane by means of one of Schech's delicate platinum-headed galvano-cautery instruments heated to a red heat by a galvanic battery. All that the patient will have to do after the operation is to pass a little cold cream or zinc ointment up the nose, which will relieve the smarting caused by the burning. In about a week or ten days, according to the depth of the furrows and the idiosyncrasy of the patient, the burns will have healed, and, if necessary, a further application may be made, though I prefer to wait two or three weeks to see how much contraction has taken place before repeating the process. If the cocaine has been properly applied, there is little or no pain at the time of the operation, and though occasionally the patients complain of the smarting which comes on the next day, some cooling application generally suffices to relieve this.

Notwithstanding that I have a firm belief in the efficacy of this operation—if so simple a procedure may be dignified by the name—I do not usually employ it till I have tried other measures and failed. I remember one case in particular which I saw three years ago. In this patient there was hypertrophy of the mucous membrane of the nose, with the history of violent attacks of sneezing and running from the nose; after a time the sneezing ceased, and was replaced by attacks of asthma, coming on about 1 a. m. and lasting till 4. I had quite made up my mind to operate, but, as the patient was pregnant, I thought it advisable to wait until after her confinement, so I ordered her a mixture containing three grains of citrate of caffeine and ten grains of bromide of potassium. I did not see the patient again for some months, but on her next visit she told me that she had experienced great relief from the mixture, and that she had not had a bad attack of asthma since her last visit. I have seen her again within the last few months, but, as her condition has much improved, I do not think it will be necessary to have recourse to the galvano-cautery. In Vol. I. of the Westminster Hospital Reports, I have recorded a case of excessive sneezing which had lasted for eleven months; in this patient, syringing out the nostrils with a luke-warm solution containing the glycerine of carbolic acid, borax, and the bicarbonate of soda, sufficed to effect a speedy cure. I have mentioned these two cases to show that it is not necessary in all attacks of violent and protracted sneezing, hay fever, asthma, etc., to employ the galvano-cautery, though in some cases the cautery is the most speedy and certain method of treatment.

Before ending this short account, I would wish to direct attention to the carbolized smelling-salts, from which the patient on whose case this communication is based derived much benefit. I have ordered the salts very frequently, and they almost invariably give relief; and to persons prone to coryza I would strongly recommend them. Directly the usual indications of a cold in the head are experienced, the salts should be inhaled, and recourse had to them every ten or fifteen minutes while the irritation about the nose lasts. In my own case I have aborted many a threatened attack of coryza by this means. As regards the use of cocaine spray for the relief of hay asthma, I do not think much good is to be expected from this drug; the constringing action which at first results from its use is followed by a dilatation of the vessels, and the fluxion which accompanies this sometimes sets free the reflex, which results in an attack of sneezing or asthma.

The Dietetics of Pulmonary Phthisis.

Dr. A. L. Loomis formulates the following rules to govern the dietetics of phthisical subjects (*Journal of Reconstructives*, October, 1886):

1. Every phthisical patient should take food not less than six times in the twenty-four hours. The three full meals may be at intervals of six hours, with light lunches between.

2. No more food should be taken at any one time than can be digested easily and fully in the time allowed.

3. Food should never be taken when the patient is suffering from bodily fatigue, mental worry, or nervous excitement. For this reason, mid-day naps should be taken before, not after, eating. Twenty to thirty minutes' rest in the recumbent posture, even if sleep is not obtained, will often prove of more value as an adjuvant to digestion than pharmaceutical preparations.

4. So far as possible, each meal should consist of such articles as require about the same time for digestion, or, better still, of a single article.

5. Within reasonable limits the articles of any one meal should be such as are digested in either the stomach or intestine alone, *i. e.*, the fats, starches, and sugars should not be mixed with the albuminoids, and the meals should alternate in this respect.

6. In the earlier stages the amount of fluid taken with the meals should be small, and later, the use of some solid food is to be continued as long as possible.

7. When the pressure of food in the stomach excites cough, or when paroxysms of coughing have induced vomiting, and the ingestion of food must be delayed until the cough ceases, or an appropriate sedative may be employed. In those extreme cases where every attempt at eating excites nausea, vomiting, and spasmodic cough, excellent results are attained by artifical feeding through the soft-rubber stomach-tube.

8. So long as the strength will permit assimilation and excretion must be stimulated by systematic exercise, and when this is no longer possible, the nutritive processes may be materially assisted by passive exercise at regular intervals.

The following may serve as a sample menu for a day in the earlier stage. The meat soup is made by digesting finely chopped beef (1 lb.) in water (Oj.) and hydrochloric acid (♏ 5) and straining through cheesecloth. Menu:

On waking, one-half pint equal parts hot milk and Vichy, taken at intervals through half an hour.

8 a. m. Oatmeal with abundance of cream, little sugar; rare steak or loin chops with fat, cream potatoes; soft-boiled eggs, cream toast; small cup of coffee, two glasses of milk.

9 a. m. Half ounce cod-liver oil, or one ounce peptonized cod-liver oil and milk.

10 a. m. Half pint raw meat soup; thin slice stale bread.

11–12. Sleep.

12:30 p. m. Some white fish; very little rice; broiled or stewed chicken; cauliflower; stale bread and plenty of butter; baked apples and cream: milk, kumyss, or Matzoon, two glasses.

2 p. m. Half ounce cod-liver oil, or one ounce peptonized cod-liver oil and milk.

4 p. m. Bottle kumyss or Matzoon; raw scraped beef-sandwich.

5:30–6 p. m. Rest or sleep.

6 p. m. Some thick meat or fish soup; rare roast beef or mutton; spinach; slice stale bread; custard pudding; ice cream.

8 p. m. Half ounce cod-liver oil, or one ounce peptonized cod-liver oil and and milk.

9–10 p. m. Pint iced milk; cup meat soup.

1–2 a. m. Glass milk, if awake.

An Experimental Research upon Rabies.

Dr. Harold C. Ernst, having received two rabbits which had been inoculated in Pasteur's laboratory, undertook to prove experimentally the following propositions:

1. Is there a specific virus in the brains and cords of rabbits inoculated with Pasteur's material and after his methods?

2. Does the treatment by drying, proposed by him, modify the strength of this virus? And, finally,

3. Does injection with such "modified virus" produced an immunity against an inoculation (or bite) with virus of full strength?

His results with the experiments in detail appear in the April number of *The American Journal of the Medical Sciences.* Dr. Ernst began the investigation as a skeptic, but his experiments seem to justify a change from skepticism to a belief in, at least, a portion of Pasteur's assertions.

The conclusions which Ernst draws from his experimental work he summarizes as follows:

1. There exists in the cords and brains of animals inoculated in Pasteur's laboratory *a specific virus*, capable of the production of similar symptoms through a long series of animals.

2. That these symptoms are produced with absolute certainty when the method of inoculation is by trephining the skull, and injection under the dura mater, with less certainty when the inoculation is by subcutaneous injection.

3. That the strength of this virus is lessened when the cords containing it are removed from the animals and placed in a dry atmosphere at an even temperature.

4. That the symptoms produced by the inoculation of this virus only appear after a certain period of incubation, distinctly shorter when the inoculation has been done by trephining, than when done by subcutaneous injection.

5. That injections of the virus, modified in strength by drying, and in the manner prescribed by Pasteur, exert a very marked protective influence against an inoculation with virus of full strength.

6. That a very moderate degree of heat destroys the power of the virus entirely, whilst prolonged freezing does not injure it.

As will be seen, all of these conclusions are in complete accord with the declarations of Pasteur; their importance lies in the fact that they were reached at a distance from him, and by work entirely separated from any personal influence or bias.

The Means of Topographical Diagnosis of Focal Disease Affecting the So-called Motor Region of the Cerebral Cortex.

The necessity for exact knowledge of the relations between the external surface of the head and the various encephalic regions has arisen so rapidly within the last few years as to force each practical surgeon to work out the required facts for himself with the aid of the few papers that have appeared on the subject. Owing to the absence of any comprehensive monograph giving a complete directory, as it were, of those parts of the brain whose function is so far understood as to admit of the localization of lesions within their boundaries, Mr. Victor Horsley has presented in the April number of *The American Journal of the Medical Sciences*, for the use of those who may be called upon to explore the cranial cavity, a summary of the means adopted by himself as topographical guides to definite portions of the brain, which have so far, in his experience, fortunately been equal to the exigencies of ten cases submitted to operation.

The localization of disease of the encephalon is obviously a two-sided process. First, the diagnosis of the seat of the disease in the nerve tissue, by observation of the symptomatic perversion of function; and, secondly, the determination of the particular part of the skull and soft parts covering the focus of disease. The second part of the process has usually been separated from the first, and considered by itself, under the title of cerebral topography, and may, doubtless, with advantage be thus studied as a distinct subject: but it really is in closer connection with the other division, namely, cerebral localization, than may appear at first sight to the anatomist.

Mr. Horsley points out that the localities in which different functions are represented are not separated by hard outlines (and this belief is also borne out by experiment), but that they occupy absolutely constant focal positions, and in this way will in the immediate future be very accurately mapped out.

The topographical relations of the so-called motor region to the exterior of the skull are lucidly explained, and then he presents an enumeration and limitation of the areas of representation of the different parts of the body in the gyri thus topographically determined. The text is fully elucidated by numerous diagrams.

Pilocarpine in Rheumatismal Tetanus.

The *Pester Med. Chir. Presse*, No. 11, publishes notes of a case of rheumatismal tetanus cured by pilocarpine. A peasant woman, 40 years of age, complained of difficulty in swallowing, which had troubled her for several days. She was unable to open her jaws more than 4 millimetres wide. Dr. Brunäuer (of Eslau) remarked that the muscles of the jaws, of the thorax, and of the abdomen were painfully contracted; the teeth were pressed together so tightly that the patient could not put out her tongue. During the night the attacks were not so frequent (from six to eight); there was a slight relaxation of the masticatory muscles, but the jaws could not be opened more than 2 or 3 millimetres wide; the contractions of the thorax and of the abdomen were clonic, and only became tetanic accidentally; the patient complained of suffocation. T. M., 38; T. V. 38.5; P. 110. The patient could not account for her disorder. The smallest excitement, a draught, a sudden exclamation, etc., caused the contractions. Subcutaneous injections of morphine were practiced during five days. Bromated and iodated preparations, preparations of zinc, salicylic acid, quinine administered internally and in injections, gave no relief. Dr. Brunäuer practiced injections of pilocarpine in doses of 2 centigrammes a day; violent perspiration was induced and prolonged for six or eight days. During the night hydrate of chloral was administered. At the end of nine days' treatment, the patient took 18 centigrammes of pilocarpine; the convulsions completely disappeared, and the patient was able to open her mouth.

Cataract Induced by the Vibrations of Tuning-forks.

Dr. S. Th. Stein, in order to examine the functions of the cochlea, acted on the eyes of very young porpoises, both in the unmutilated state and after the ears had been destroyed, by means of the vibrations of tuning-forks of different pitches. Cataract was produced in both classes of experiments. In the entire animals continuous subjection to the action of a high-pitched tuning-fork induced cataract in from eighteen to twenty-four hours, while a tuning-fork vibrating 100 to the minute produced the same effect in twelve hours. In animals whose ears were destroyed the cataract was much more quickly induced by the tuning-fork, some two or three hours being then sufficient. Dr. Stein's theory is that the condition of the lens is affected by the giving off of heat from the body, and that this is altered by the vibrations, the perception of sound again tending to retard the development of cataract. The members of the Moscow Medical Congress, before whom Dr. Stein related his experiments, did not appear inclined to accept his theories; and Professor Khodin remarked that it was not an uncommon thing for young porpoises to be born with cataract. To this, however, Dr. Stein replied that the cataract produced by his tuning-forks passed off after a time, and could then be re-induced by the same method.

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Midwives in Finland.

The obligatory course of studies for midwives in Finland is of one year's duration. There is a supplementary course of two weeks, for those who have shown unusual aptitude, in obstetrical operations, such as embryotomy, the use of the forceps, etc. The students are almost all women of the lower classes, and the only requirements are that they shall be able to read and write. They are allowed to perform operations only when it is impossible to procure the services of a physician.

THE

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OF

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HOW CAN THE PRESENCE OF SINGLE TUBERCLE-BACILLI BE DEMONSTRATED?

Though there still may be some authors denying the pathogenic character of micro-organisms, all agree that the presence of the so-called tubercle-bacilli in the sputa of persons suffering from cough and expectoration, proves beyond the shadow of a doubt, the existence of a tubercular diathesis, while on the other hand the absence of these microbes is by no means a sure indication of the non-tubercular character of the lung disease, as in certain stages of the tubercular malady and under certain conditions these bacteria do not appear in the sputa. It surely is of grave importance as regards regards diagnosis and treatment, as well as regards prognosis, to be able to decide early in such a complaint the tubercular or non-tubercular nature of the ailment. Physical exploration in the earliest stages often leaves us in the dark, and the demonstration of the presence of tubercle-bacilli in the sputum, if possible, is therefore of great importance. There is ne longer any difficulty in discovering large quantities of these microbes, and the MED. AND SURG. REPORTER has at various times informed its readers of the best methods to be pursued in these investigations. The difficulty heretofore existing when the presence of but a few of these bacteria had to be discovered, has now happily been removed, thanks to the exertions of Dr. Biedert, who, in the *Berl. Klin. Woch.*, 12–13, 1887, dedescribes a procedure calculated to prove the presence of single tubercle-bacilli in the sputa.

B. conceived the first idea of his procedure from the fact that in tuberculous pus the bacilli collect at the bottom as time wears on. Though they are first intimately mixed with the sputum, slowly but surely they sink to the bottom. His method is as follows:

A tablespoonful of the expectorated matter is boiled with two tablespoonsful of water and fifteen drops of liquor sod. caust. until the whole has become a uniform fluid with no viscidity whatever remaining; then four tablespoonfuls of water more are added, and the boiling is continued until a uniform fluid is obtained, in which only here and there some minute particles swim. Then the mass is allowed to cool, and should then the whole not remain a thin uniform fluid, not coagulating, and with no viscid character, from three to six more tablespoonsful of water may be added to it. The mass resulting is preserved in a glass wider at the top than at the bottom, but after 48 hours the fluid on top is poured off until there remains a layer from five to eight mm. high. From this a few drops are removed by the aid of the (first brought to a white heat) platina-spoon, care being taken to bring with them some of the minute particles swimming in the fluid, and the whole is transferred to the slide, dried, and colored.

In this manner, even should in the original sputum but a few bacilli have been present, one will find in the new preparation a great many of them; but to clearly demonstrate their presence it is necessary, on account of the addition of the caustic soda, to employ the Neelsen-Johnes method for the purpose of coloring. The latter consists in leaving the suspected sputum for one hour in a 5 per cent. solution of carbolfuchins, then the color is removed with 25 per cent. sulphuric acid and the recoloring done with malachite green.

B.'s method saves the trouble with numerous slides, and enables us to demonstrate the presence of tubercle-bacilli in the sputum, even when only one or two bacteria are contained in the latter. In conclusion, B. quotes two cases, where after a chronic consolidation of a portion of the lung had been in existence for some time, a tubercular deposit occurred later and led to tubercular phthisis, the examination of the sputa alone having indicated the grave change.

DR. SQUIBB ON MEDICAL ADVERTISING.

Dr. E. R. Squibb, of Brooklyn, N. Y., is a manufacturer of medical supplies, and publishes a small periodical called *The Ephemeris*, for the purpose of discussing and advertising them. He does not advertise himself in other medical journals, having one of his own: and this manner of doing business no doubt pays him, and he is not open to criticism for adopting it.

But when he goes out of his way to indulge in covert sneers at the advertisers in the medical press generally, and publishes half-disguised expressions of contempt for all physicians who read these advertisements and are induced to buy goods of somebody besides Squibb—then he does deserve criticism, and that in severe terms.

To justify these remarks, we quote the following from the January number of the *Ephemeris*:

> "There are a large number of physicians who, for both therapeutics and materia medica, depend largely—if not mainly—upon the traveling salesmen and their pamphlets and lists, and on the advertising pages of the medical journals. The relations of this class to their supplies is most simple and most favorable. They come in very direct and very close contact with the sources of their supplies, and have much less trouble than any other class of artisans. *With others smarter, more ingenious, and more plausible than they, to think for them*, and then to apply vigorous mercantile principles to their wants thus suggested for them, *they have the least practicable amount of thinking for themselves to do*, in regard to their remedies and the novelties of the day, and therefore, as they argue, more time to think of and study out their cases. To this class the ready-made prescriptions in the form of beautifully colored and coated pills, or palatable solutions and mixtures, do not appeal simply as gratifying various degrees of laziness, or indisposition to think for themselves, but they present themselves as true labor-saving devices, skilfully prepared for the over-worked ability to use them, and as giving more time for the higher and more scientific reaches of the profession."

The words we have italicised are as deliberate an insult to the intelligence of the profession of the United States as we remember to have read. They are false in spirit and in letter, and for Dr. Squibb, who has amassed his large fortune by the favor of his profession, thus to turn upon it, is not creditable to him in his latter years.

Is he losing the market for his products, that he turns thus bitter? Does he forget that to travel about to medical society meetings and read papers about the drugs he has for sale is just as much advertising as to take a page in the *Record* or the REPORTER? Dr. Squibb has received a great deal of gratuitous advertising in medical journals; he has been smart enough to get to windward of a good many medical editors; let him not display ingratitude for what the medical press and the medical profession have done for him.

NOTES AND COMMENTS.

Waking Numbness.

Dr. Andrew H. Smith, in the April number of *The American Journal of the Medical Sciences*, describes, under this title, a heretofore undescribed neurosis, and reports four cases—from a study of which it appears that the numbness is something added to the normal condition. It is a purely subjective condition. There is no paralysis of motion or sensation, the tactile sense is unimpaired, there is no change in the temperature of the affected part, the surface is not blanched or mottled, there is no tenderness on pressure. These characteristics separate this condition widely from those known under the names of night-palsy, local asphyxia, digiti mortui, Raynaud's disease, erythromelalgia, and from the various paræsthesias and acroneuroses heretofore described.

Doubtless the conditions upon which the numbness depends are present during sleep, but the sensation is not sufficiently strong to arouse the sleeper, and he first becomes conscious of it when awakened by some other cause.

The cause of this condition is probably central, since the effect is usually symmetrical. It would seem to be connected with the lowering of the circulation which takes place during sleep, and to disappear when the circulation returns to the waking condition, whether the return be spontaneous, or the result of rubbing, etc. As to the latter, it is doubtful whether it has any other effect than that upon the general circulation which the muscular exertion would necessarily produce.

As for treatment, in the only case in which the condition existed by itself, and independently of more serious conditions, ergot, digitalis, strychnia, and aconite, were tried at different times, but without result. The inconvenience produced by the affection was so slight that no treatment was carried out efficiently, so that even these negative results were of no value. In each of the other cases there was a diseased condition present, to which the numbness was subordinate, and which afforded the indications for treatment. In proportion as the treatment of the underlying condition was successful, the numbness disappeared. If it be true that the cause is central, no local treatment is likely to be of service.

Inoculation as a Preventive of Yellow Fever.

Dr. Bustamente, of Cucuta, Colombia, says of this subject:

"Dr. Urricoechea, surgeon of the frontier battalion, inoculated, by way of experiment, and with good results, five of his soldiers. Twenty minutes after the operation the temperature gradually ascended to 40° C., accompanied with all the symptoms of yellow fever. This lasted forty hours, at the expiration of which had disappeared the fever and all attendant symptoms. This operation was effected in a place called Moras, three leagues from Cucuta, and where a body of troops were stationed, who have not come to this city for fear of the fever. At present the inoculated soldiers are here, exposed to the action of the focus of infection. As in Moras, no case of the epidemic has as yet presented itself." Dr. Bustamente, in his letter, states that "as my labors in the field of inoculation as a preventive of yellow fever are only, it may be said, mere experiments, which, although they may satisfy me with a well-founded hope of successful and complete result, cannot be of genuine utility until the best and most efficacious method is decided upon. I am thinking, however, of making an abstract of my observations, together with the method pursued, the results obtained, and everything that may be useful in the premises. For the present I will confine myself to the statement that in more than forty persons whom I have inoculated, a fever, with many of the characteristic symptoms of yellow fever, has presented itself; this fever, developed by inoculation, varying several tenths of a degree, and in some cases ascending to 41° C., but never presenting the most grave symptoms of yellow fever. The result of my observations permits me to state positively that the fever produced by inoculation is attended with no danger, and it is safe to inoculate, as I have already done, from children of two years of age to the oldest individuals. Many of the persons inoculated have come to this city, and in no case has the yellow fever attacked them, which gives me hope of a final result completely satisfactory. The municipality, assisted by the merchants, sent to Mexico, January 10, a commission composed of two physicians, in order to study the inoculation of the fever."

Intussusception Produced by the Presence of a Tumor Growing from the Mucous Membrane of the Transverse Colon.

Mr. Arbuthnot Lane described this before an English Medical Society. After an attack of diarrhœa, in a chronic case of hip-joint disease in a child æt. eight, a tumor as large as a walnut was found projecting from the anus. It was much congested, blood oozed from its surface. The nurse in attendance supposed it to be a prolapse of the mucous membrane of the rectum, and attempted to return it within the anus, but was unsuccessful. On examination, the tumor appeared to have a very long pedicle, which gradually increased in thickness, extending beyond the reach of the finger. As there were no symptoms of strangulation and as the length of the pedicle was doubtful, he returned the tumor within the rectum. It soon passed out of reach. On the following day the tumor could be felt in the middle line, between the umbilicus and symphysis, between the finger in the rectum and the hand on the surface of the abdomen. Some days after, during another attack of diarrhœa, the tumor was again extruded from the anus. On this occasion it was found that the tumor was sessile, and that it was attached to the very congested mucous membrane by a constricted neck, the prolapse of gut being abundant and lax, so that on the first occasion the whole of the thin apparent pedicle must have been formed by mucous membrane and the intestine itself. On the removal of the tumor, the prolapsed gut was readily replaced above the pelvic brim by the finger, and examination on subsequent occasions showed no signs of an intussusception. No tumor could be felt in the abdomen on either occasion in which the growth projected from the anus.

Congenital Occlusion of the Pharynx.

A Spanish practitioner, Don M. D. Illera, gives in *El Siglo Médico* an account of a case in which a newly-born child could not be taught to suck, and whose mouth on the introduction of the finger grasped it like a ring. On inspection, the middle third and edges of the tongue were found to be connected to the superior alveoli by firm adhesions, which entirely prevented the organ from being depressed. In addition to these adhesions, two little tumors were seen on the palate near the arch of the fauces, which almost occluded the passage into the pharynx, thus rendering swallowing of liquids almost impossible. It was evident, therefore, that unless operative measures were resorted to, the child must necessarily succumb very shortly from sheer inanition. The parents, however, though the state of the case was laid before them, refused to permit of an operation till the fourth or fifth day, when they decided to allow it. Don Illera seized the tumors with forceps, and cut them off at the base, touching the bleeding surface immediately with the actual cautery. The adhesions were then divided, and after the application of a sponge with cold water for a few hours, repeated very frequently, the child was able to swallow some milk quite easily, and ultimately attained complete use of the tongue. Don Illera was induced to publish the case, as he once saw a similar case in which the practitioner in attendance had considered the risk of operation too great to be attempted.

Inherited Congenital Deformity of the Hands and Feet.

Before the Clinical Society of London, Dr. H. B. Robinson read notes of a case in which a plastic operation had been done on the feet. The patient was a child, æt. 3½. The two inner toes were coalesced into a single great toe, and the three outer toes were similarly united into a little toe; the coalescence extended in part into the metatarsal bones, and there was a wide and deep cleft between. The operation consisted in removing the skin from the contiguous parts of the cleft, and then uniting the edges after the toes had been pressed together. A more shapely and more sightly foot was thus obtained. The child was one of several who suffered from a similar deformity, and her mother, herself affected, feeling the inconvenience of such a foot, had taken her to the hospital to see whether something could not be done to remedy the defect. The author showed a family tree, from which it could be seen that the deformity affected three generations. The first to suffer was the child's grandmother, and of thirty-six lineal descendants sixteen were malformed. The malformation was perpetuated through the female branches of the family. It was singularly uniform in its manifestations, and was attributed originally to a fright. The patient and several members of her family were exhibited.

Brachial Monoplegia Complicating Enteric Fever.

A male, æt. 22, came under the observation of Dr. Archer (*Med. Press*) at the beginning of the second week of enteric fever. The case was a severe one, and was marked by absence of diarrhœa; there was also delirium and picking at bedclothes, and occasional profuse sweatings. On the fifteenth day numbness was first noticed in the right arm. This was accompanied by general sweatings and considerable prostration. The affection of the arm progressed until the limb and hand became almost completely paralyzed. For several days there was great hyperæsthesia and a burning sensation complained of in the limb. This was followed by rigidity of the elbow joint, which became fixed at a right angle, and any attempt to straighten it caused considerable pain. The muscles were considerably atrophied. Improvement was gradual, and on the patient's discharge, about the ninth or tenth week from the onset of the fever, the limb had not recovered all its movements, and there was some atrophy remaining. Dr. Archer drew attention to the extreme rarity of these local paralyses in enteric fever, and remarked that when such complications do occur in the acute specific fevers, they are usually observed during the period of convalescence, and not in the acute stage.

Epilepsy Due to an Old Blood Cyst.

On the 22d of February (says the *Med. Press*), Mr. Kendal Franks operated in the Adelaide Hospital on a man, æt. 25, who had been subject to epileptic attacks for four years, the result of a fall of nine feet on the top of his head, in 1879. Part of the frontal and parietal bone on the left side had been depressed by the fracture. Immediately after the accident the patient had been unconscious for three weeks, but subsequently he had suffered no ill effects until the epileptic attacks came on, six years later. These recurred about once a month, although sometimes he had five or six a month. Under the use of bromides continued for a year and a half, he once had an interval of three months. Mr. Franks trephined the skull immediately behind the left frontal eminence, and on opening the dura mater discovered a cyst the size of a large walnut beneath it, with a corresponding depression in the brain. The cyst contained serum, and an old blood clot. This was evacuated, cleaned out, and drained. The patient recovered rapidly, and was allowed up on the twelfth day. Since the operation, he has had no return of the epilepsy. The full returns of this interesting case will be published when sufficient time has elapsed to judge of the permanency of the cure.

Infecting Whitlow.

Dr. Estéban Borrero Echevarria, writing in the Havana medical journal *La Enciclopedia*, mentions the case of a young woman of twenty-three, badly nourished and ill developed, appearing like a girl of sixteen, who had a whitlow commencing in the middle joint of the middle finger of the left hand, which, being neglected, went on to produce caries of both the distal phalanges, with serious deformity of the finger. In about two months after the commencement of this whitlow another formed in the second and third joints of the ring finger of the right hand. She then presented herself for treatment. Dr. Echevarria promptly opened the whitlow down to the bone, and this healed satisfactorily; however, in about a fortnight a third whitlow formed in the ring finger of the left hand. This was also opened. These three whitlows were all quite idiopathic. The writer does not attempt to explain the succession of these inflammations, but suggests that they may be considered as all due to a general vice affecting the whole system, or to infection through unnoticed abrasions of the skin by pus. Some, he says, may consider the case as one of infectious osteo-myelitis, but at all events he gives the facts as showing the existence of osseous panaris (*panadizo óseo*).

Decoction of Mallow in Leprosy.

Lepra maculosa is not universally recognized as a separate form of leprosy, entirely distinct from the tubercular and anæsthetic varieties. It is, however, considered to differ from these by Mexican physicians, two of whom, Drs. Lucio and Alvarado, have written a good deal on the subject. Quite recently it has been stated that a cure has been found for this form, Drs. Velasco and Egea having each successfully treated a very severe case in a hospital in Mexico (*Gaceta Medica de Mexico*). The remedy was very simple, and was suggested by Don Joaquin Rodrigues, a student, who had seen it used with advantage. I consisted merely of a strong decoction of a malvaceous plant which grows in gardens in Mexico, and is known there as the "ball of fire" (*bola de fuego*). Of this from one to two pints are given daily. In both the cases in which it was given a marked improvement rapidly occurred, recovery with cicatrization of enormous ulcers taking place in about four weeks. It is worthy of remark that these two patients, the one a man, the other a woman, were not in isolated buildings, but occupied beds in the general wards of the hospital, the authorities apparently disbelieving in the infectious character of leprosy.

Parencephalus.

Mr. Stocks showed a girl, aged 16½, to an English medical society, whose height was 40 inches, and who weighed 35¼ pounds in her clothes. During her intra-uterine life her mother had good health; both her parents were healthy. Since her fourth year she had grown very little. She had had measles, and what was said to be typhoid fever. Her intellect was about on a par with the development of her body; sometimes she would talk and at others not. She straddled in her walk, and had a tendency to walk on her toes. Her temporary teeth were shed in the usual manner, but had been replaced only by the incisor, canine, and first lower molar on the right side. There were no indications of puberty, save a slight development of the hips. She could tell her letters and spell short words. She occasionally became cyanotic, though there were no apparent cardiac lesions. Her developmen appeared to have been arrested when abou five years old. Her head was 19 inches in circumference.

Dr. Ross pointed out that the tendon reflexes were very marked, as well as ankle clonus, and that the case was one of parenphalus.

Retention of Placenta for Twenty-two Months.

Dr. Rangé reports in the *Journal des Layes-Femmes,* January 1, 1887, the following case: A woman, thirty years of age, primipara, had a miscarriage in September, 1879, at the second or third month of pregnancy, followed by severe and repeated hemorrhages. No doctor was called in, and little is therefore known of the circumstances or causes of the accident. The hemorrhage continued for some time, gradually getting less, and ceased entirely for four months, reappearing in April, 1880. Since that date the patient suffered constantly from severe abdominal pains, with red and white discharges, and a deranged state of the bowels. Matters mended to some extent, and the patient thought she was getting well again, when, in July, 1881, she was seized with labor-pains, and in two hours was delivered of a placenta in a state of putrefaction, about the size of the closed fist. She made a tedious but perfect recovery. This patient had had no marital intercourse since her miscarriage, and no doubt is therefore possible as to the reality of the placental retention having lasted twenty-two months.

Fracture of the Internal Epicondyle Treated with Splints.

Dr. G. T. Loomis, of Minneapolis, Minn., reports the following case to the *Med. Record:*

"H. D., aged nine, was thrown forcibly upon the ice, striking his elbow, and was brought immediately to my office. He was suffering severe pain about the internal condyle, which was increased by any attempt at extension, although the latter could easily be done. The arm was semiflexed, the point of the condyle being displaced downward one-half inch, and could be moved easily in any direction. I flexed the arm and reduced the displacement easily, and applied a bandage firmly, the arm being held in a sling. No pain and little swelling next day. The dressing was left in position one week, and the arm could then be extended about one-half. The bone remained in position. Passive motion was made nearly every day for four weeks, the arm swinging at the side without bandage. At the present time, two months after the accident, the boy can extend and flex the arm nearly as well as ever."

Quinsy.

Dr. Easby recently read a paper before an English medical society on quinsy and its treatment. After speaking of the old method of antimonials, free purgation, complicated gargles, leeches and blisters, Dr. Easby advised the use of aconite given after Dr. Ringer's method, or from ten to fifteen grains of salicylic acid or salicylate of soda given every two hours, which had invariably afforded speedy relief. Gargles were strongly condemned as both useless and cruel to the patient. As a local application, a powder consisting of equal parts of tannin and iodoform puffed on to the swollen tonsils he had found give great relief to the pain.

Dr. Latham agreed that gargles were useless, and advised the use of the spray, chlorine water, or some antiseptic. It was especially useful for children. He strongly endorsed Dr. Easby's remarks on giving salicylic acid and salicylate of soda in the early stage, more especially if there was any association of rheumatic symptoms.

Intra-uterine Amputation of Forearm.

Before an English Medical Society, Mr. Street said that A. B., aged twenty-two, a healthy young woman, was first seen by him when suffering from inflammation of the left olecranon bursa. From an inch below the elbow the limb is wanting, and the stump presents all the appearance of an intra-uterine amputation. On inquiry he found that she was born with this deformity; the stump was quite healed at birth, and no evidence of any remains was to be found. The cicatrix is very small, being only three-quarters of an inch long, and the skin is very little puckered around it; it is not adherent to the deeper parts. The bones of the forearm can both be distinctly felt, and the olecranon seems almost equal in size to the right one. The humerus and muscles of the left arm are no smaller than can be accounted for by not being so much used as the right arm. There is no history of syphilis in the mother, nor was any accident remembered during gestation.

Rhinitis with Spasmodic "Snorting."

Mr. Spencer Watson read notes before an English medical society of a case in which a young woman, aged 26, after a great mental shock, was seized with spasmodic inspiratory "snorting," very frequently repeated. This soon became uncontrollable, and continued for many months, in spite of treatment, the spasm coming on sometimes every half-hour and sometimes every ten minutes during the day, ceasing, however, during sleep. Large doses of bromide were given with temporary good effect; but, on their being discontinued, the "snorting" soon recurred with its original intensity. On rhinoscopic examination. Mr. Watson discovered great thickening of the turbinated bodies, which were partially removed with very good effect. Subsequently, nasal plugs were used, and the nostrils were freely sponged with hazeline. The "snorting" had not recurred since the last operation (in January, 1887), and the smell and taste, which had been much impaired, were now perfect. The general health had also improved.

Mumps and Peripheral Neuritis.

Many diseases not strictly speaking of nervous nature have now been found to be associated with peripheral neuritis. Phthisis, typhoid fever, diphtheria, and other febrile diseases, are the best known of these. Mumps may be added to the list on the authority of M. Joffroy. The paralysis that occurred in Joffroy's case affected all four limbs. The legs, as usual were first affected. Lancinating pains preceded the paralysis. The deep reflex actions were abolished. The muscles gave the reaction of degeneration when tested with the faradaic and voltaic currents. The muscles appeared to be increased in sensitiveness, for slight pressure caused pain. The paralysis was observed first three weeks after the onset of the mumps. Is it necessary to ask whether the case was one of true mumps? Mumps is certainly complicated and sometimes followed by cerebral paralysis. In M. Joffroy's case the paralysis endured for four months. Iodide of potassium was the medicament administered.

Inhalations of Oxygen in Eclampsia.

Lvoff (*Journal de Medecine*, January 2, 1887,) describes the case of a primipara who was attacked with eclampsia at the beginning of labor. Delivery was effected with forceps; but the attacks continued, although chloroform and chloral were given. Inhalations of oxygen were then prescribed; but, in spite of this, the symptoms grew more serious, the attacks became more frequent, and the respiratory stertor increased. The patient was cured by subcutaneous injections of hydrochlorate of pilocarpine. Nevertheless, M. Lvoff recommends inhalations of oxygen in such cases, because, as he asserts, eclamptic attacks stand in direct relation to the accumulation of carbonic acid in excess and the want of oxygen in the blood, the latter circumstance being the cause of the diminished circulation, the greater arterial tension, and the disturbance of the circulation or nutrition of the nerve-centres.

Foreign Body in the Nose.

Dr. Hunt relates two cases in a foreign exchange. The first was that of a boy, æt. 4, who for eight months had had a fœtid discharge from the nose. On careful examination, the right nostril was found to be obstructed by a foreign body, which on removal proved to be a cherry-stone. The second case was somewhat similar, except that the offending body was a plum-stone, which was removed by forceps. He laid down the rule that in all cases of fœtid discharge the nasal cavity should be examined by the speculum (a bent hairpin, or two bent hairpins, formed a most effective speculum, not unlike Baber's). In case of a foreign body being present, it should not be removed by a current of water injected up the other nostril; this might get dammed up, and damage the middle ear. Cocaine was doubly useful; it not only acted as an anæsthetic, but it also reduced vascular turgescence.

Injury to Shoulder.

Before an English medical society Mr. A. F. Clay showed a man, aged 77, who had fallen down stairs on his shoulder; he was told by his medical attendant that he had "broken his arm high up." Three weeks after this, Mr. Clay saw him, and found his humerus and clavicle intact; but, about an inch and a half above the lowest part of the anterior boundary of the axilla, a round, hard prominence, the size of a marble, was seen and easily felt. It was slightly movable, but more in the lateral than the vertical direction. It followed the movements of the humerus. Since then it had become absolutely immovable, and was smaller. The coracoid process on the injured side was not so prominent as its fellow.

Warts—Remedy For.

Warts are amongst the petty annoyances of life (says the *Med. Press*), and few are capable of submitting to the annoyance with the equanimity of "Old Noll." Amongst the latest remedies for the growth is the addition of 15 grains of corrosive sublimate to an ounce of collodion, and with this sublimated collodion the wart is to be brushed once daily. *Zeitschrift d' Oester. Apotheker*, v. A more safe and equally efficacious applicacation is a saturated solution of the carbonate of sodium, common washing soda. After many trials, I have found it superior to all other remedies for removing warts.

The Aniline Treatment of Phthisis.

Dr. Kremianski's idea of curing tuberculosis by converting the blood into a dilute solution of aniline (see the *Lancet*, March 5,) has been tried by Dr..Nesteroff on a patient who was about to be sent to the south, with the result that he became rapidly worse and died in a fortnight. The Moscow Medical Society, before whom the matter was brought, were nearly unanimous in the opinion that the aniline treatment would be not merely useless, but positively dangerous.

The Gonococcus in Gonorrhœal Arthritis.

Dr. P. V. Smirnoff has examined the seropurulent fluid aspirated from the inflamed knee-joint of a patient, aged twenty-eight, in whom arthritis had developed about a month after his contracting gonorrhœa. Numerous groups of Neisser's microbes were found within the pus-cells. Hence the author comes to the same conclusion as Petrone, Kemmerer, and M. I. Afanasieff—that is, that the articular inflammation is caused by the gonococci entering the blood.

Excision of the Entire Clavicle.

Dr. John Sloan reports in the April number of *The American Journal of the Medical Sciences* a successful case of excision of the entire clavicle for central carcinoma in a boy aged fourteen years. Four months later there was evidence of the return of the cancer in the line of the cicatrix and in the glands of the neck.

Anal Fissure.

A one-in-fifty solution of chloral hydrate in water applied on a rag to the fissure immediately after the morning stool, is recommended by Dr. Crequy, in the *Therapeutic Gazette.* Its action as a stimulant to granulations, and as a local antiseptic, makes it very suitable in such cases.

CORRESPONDENCE.

Puerperal Convulsions after Miscarriage.

EDS. MED. AND SURG. REPORTER:

On December 20, 1886, I was called to see Mrs. I. V., aged 20, primipara. Blonde, of small stature, but rather fleshy. Mother died in a convulsion some years ago. Symptoms: headache, pains in back and lower bowels, and wasting. I prescribed ergot for wasting, brom. pot. for headache, and to take 20 drops tr. opii for the pains every one and a half hours till easy. I heard no more of the case until December 31, a. m. She was taken in labor and delivered of a dead male child, partly decomposed. The placenta came away all right. I left her about noon, doing, I thought, as well as any woman I ever delivered. At 1:45 her husband came and said she had had a fit, and was dying. When I arrived she was rational; could talk; said her head hurt and she was sleepy. Pulse 130, face flushed, feet cold. I gave her 30 grains bromide of potash and 5 drops Norwood's tr. verat. viride, and applied mustard to feet. Slept till 2:30 p. m. Vomited and had another convulsion. As soon as she could swallow, I gave her 30 grains hyd. chloral, and went after my hypodermic syringe. She slept until 3:15 p. m. Vomited, and had a harder convulsion than before. I then gave hypodermically sul. morphia gr. $\frac{1}{12}$, verat. viride, drops 5. She slept until 4 p. m. Vomited and had a fourth convulsion. Before it was entirely off, I gave her hypodermically sul. morphia gr. $\frac{1}{6}$, verat. viride N. drops 10. She rested until 6 p. m. Vomited, and had a convulsion, and I repeated the last injection. She slept until about 10 p. m. Woke up and asked for water, and tried to vomit. I then gave her 30 gr. bromide of potash, to be repeated if very wakeful. Rested well through remainder of the night, and slept nearly all the next day. January 1, 1887, at 6 a. m., I gave a dose of comp. cath. pills. This, the seventh day of January, 1887, and eighth day of sickness, she is able to sit up in bed. I did not have a chance to examine the urine. S. R. HUMSTON, M. D.

Smithville, Ind., January 7, 1887.

A New Departure.

EDS. MED. AND SURG. REPORTER:

The Board of Governors of the Maternity Hospital have unanimously determined that the vacancy now existing in the visiting obstetrical staff of the Hospital should be filled by a competitive examination. Dr. Edward L. Duer, Dr. Wm. Goodell, and Dr. W. H. Parish have consented to conduct the examination.

Those desiring the position must apply by letter before the 1st of May to Dr. Edward L. Duer, 1704 Arch street, Chairman of the Committee, and soon after that date the applicant will be notified of the place where and time when the examination will be held.

J. V. Ingham,
Chairman of Executive Committee.
Philadelphia, April 18, 1887.

News and Miscellany.

The Fifty-two Years' Plague.

The *Lancet* says, according to Procopius, "the Byzantine Herodotus," the plague began A. D. 542 in the Nile delta at Pelusium, and dividing its forces it attacked Alexandria and the rest of Egypt on the one hand, and Palestine on the other. Beginning always on the sea-shore, it penetrated inland, depopulating islands, caverns, hill tracts—wherever, in short, human beings were found. In its second year it invaded Byzantium in the middle of spring. Many of its victims felt themselves struck in some part of the body, when, by way of exorcising the assailant, they would utter some sacred word and hurry into the nearest temple. To escape the importunities of friends, others, again, would barricade themselves in their rooms and plug their ears so as not to hear the loud knocking at their doors. A feverish malaise arousing them from sleep or arresting them in their walk or at their work was the first symptom; but there was no change of color, or sense of burning heat, or inflammatory affection, so that in the evening neither patient nor physician was alive to any danger. But many on the same day or the day following, or a considerable time thereafter, saw a bubo rising on the groin, or in the armpits, or on the parotids, or in other regions, and this symptom was common to every sufferer from the disease. Somnolence, stupor, or acute delirium were often present, with forgetfulness of every call of nature, so that many who happened to be without attendants died of hunger. Contact with patients or with the dead gave the malady neither to physician nor to sexton, while many—they did not know why or how—were attacked and succumbed in a few hours. Patients flung themselves into the sea or from high places in anticipation of death, while in others the bubo, not preceded by visions of delirium, passed into gangrene, and they died in convulsive agony. The physicians, suspecting these plague ulcers to contain a poison which caused the disease, opened them in many dead subjects, and found them to contain a large carbuncle. Those cases in which the body was covered with black pustules, the size of a lentil, died within twenty-four hours, while others vomited blood till death relieved them. . Errors in prognosis were infinite, able physicians foreseeing death where marvellous recovery supervened, and predicting recovery just before fatal collapse. Therapeutics were equally at fault. The bath was of use in some cases; worse than useless in others. It was quite as ineffectual to fly from the disease as to treat it—such was the ignorance as to its origin or its issue. Those in whom the bubos proceeded to copious suppuration got well, as with the defervescence of the carbuncle the signs of returning health revealed themselves. Recovery was not always, however, complete, the survivors being often afflicted with semi-paralysis of the tongue, impairing distinctness of articulation for life. In Byzantium the plague lasted four months, during three of which it was at its maximum, when the mortality reached 10,000 daily, till the city seemed deserted. Other details confirmatory, with few exceptions, of the powerful description by Procopius fill in the sombre picture, and must be drawn from the histories of Agathias and Evagrius. Gibbon, in his condensation, followed with greater authority by De Renzi, contests the dictum of Procopius that the disease was non-contagious, an epithet scarcely applicable to a visitation which passed from country to country, beginning at the seaports and penetrating inland. Another point indicated by De Renzi is the evidence deducible from Procopius that the Byzantine physicians practiced morbid anatomy and sought out the causes of disease by pathological research: "Even the Christians of the sixth century did not hold the dead subject to be so intangible as not to afford to science the means of exploring the structure of the body, and so of aiding anatomy" ("Scuola Salernitana," vol. i., p. 31).

Foreign University Intelligence.

Basle.—Dr. Fehling, Director of the Stuttgart School for Midwives, has been appointed Professor of Midwifery.

Berlin.—Professor Karl Möbius of Kiel will take up the duties of the chair of Zoology after Easter.

Bordeaux.—M. Blarez (*agrégé*) has been appointed Professor of Chemistry.

Cracow.—Professor Hofmokl, of Vienna, has refused the invitation to Cracow on account of the wretched condition of the surgical clinic. The names of Drs. Rydygier and Obalinski are now mentioned in connection with the vacant surgical chair.

Giessen.—Dr. Spangel, Director of the Town Museum of Natural History, has been appointed Professor of Zoology.

Helsingfors.— Dr. Holsti has been appointed Extraordinary Professor of Internal Pathology, and Dr. E. Sundvik Extraordinary Professor of Physiological Chemistry and Pharmacology.

Innsbruck.—Dr. Borysiekewicz, of Vienna, has been appointed Professor of Ophthalmology.

Lyons.—M. Laroyenne, who takes one of the gynæcological courses, has been appointed Professor-adjoint. M. Perroud, who takes one of the courses on children's diseases, has also been appointed Professor-adjoint.

Munich.—Dr. Karl Schloesser, Assistant in the Ophthalmic Clinic, has become *privat docent.*

Nancy.—M. Hergott (*agrégé*) has been appointed Professor of Midwifery. M. Spilmann (*agrégé*) has been appointed Professor of Clinical Medicine.

Rouen.—Professor Duménil has been appointed Director of the Preparatory School of Medicine.

Tomsk.—The Medical and Physico-Mathematical Faculties of this the new Siberian University are to be opened this year.

Toulouse.—M. Charpy has been appointed Professor of Anatomy, in succession to M. Bonamy, decased.

Vienna.—Professor Max Gruber, of Graz, has been appointed Extraordinary Professor of Hygiene. It has been decided that the vacation courses are only to be open to foreign medical men in cases where the full number of the classes is not made up by Austrians. This may prove rather a serious matter for some of the English and Americans who frequent the Vienna Hospital for the short courses, for which it is famous.

Würzburg.—Dr. Matterstock has been selected by the Senate as successor to Professor Geigel, the recently deceased Professor of Medicine.

Peculiar Legal Evidence.

A young woman of Mercer county, Pa., swore out a warrant for the arrest of a man, claiming that he had choked her, and had almost dislocated her left wrist by twisting it. She was in the ninth month of pregnancy, and although the discharge of the defendant was looked for, owing to the absence of witnesses, the birth of the babe revealed what the justice considered sufficient evidence to convict the man on. The child showed the marks of a thumb and fingers about the throat, and the left wrist was twisted and swelled, as if from a sudden wrench. The *Med. News*, in commenting on the case, says:

"On general principles, we should say the judge should not have admitted the baby as testimony, and certainly no man should be convicted on such trashy evidence as is afforded by ordinary birth-marks."

The Profession in Austria and the Government.

The Austrian Medical Association, now comprising 4,500 members, recently held itsseventh annual meeting at Innsbruck, and resolved to petition the Government to make vaccination obligatory throughout the empire by imperial statute, also to restrict the privilege of private practice to medical men who have already served in a hospital. The Association expressed an opinion that considerable changes were desirable in the regulations concerning the training of medical students; and, lastly, a request was preferred that a law should be made assigning substantial pensions to the widows and orphans of medical men who might meet with their death through attending to their duties during an epidemic.

The Title "Doctor."

An official decision regarding the printing of the title "doctor" on United States stamped envelopes, postals, etc., has recently been rendered. A physician of New York city ordered one thousand stamped envelopes printed with the prefix "Dr." before his name. The New York post-office refused to allow the prefix to be used, holding that it advertised his calling. On appeal to the Washington authorities the decision was overruled, and the doctor was allowed to have his envelopes printed as he desired. The decision is manifestly the just and correct one, and we are glad to place it upon record.

American Public Health Association.

The fifteenth annual meeting of the American Public Health Association will be held at Memphis, Tenn., November 8–11, 1887.

The Executive Committee have selected the following topics for consideration at said meeting: 1. The Pollution of Water-Supplies. 2. The Disposal of Refuse Matter of Cities. 3. The Disposal of Refuse Matter of Villages, Summer Resorts, and Isolated Tenements. 4. Animal Diseases Dangerous to Man.

These topics are exceedingly important, and apply to every section of the United States and the Provinces. Therefore, it is hoped that sanitarians, and others who have had experience and observation in these matters, will give their views to the Association, and through it to the public.

Official Representatives to the International Medical Congress.

Dr. Leopold Servais, of Antwerp, has been appointed by the Belgian Government as representative to the Ninth International Medical Congress (says the *Medical Bulletin*). More recently we learn that the Deputy Surgeon-General, Jeffrey A. Marsten, M. D., of the British army, has been designated a representative by his government; and the Government of France, through the Academy of Medicine, has designated as its representatives Drs. Charpentier, Dujardin-Beaumetz, Léon Le Fort, Trélat, and Vallin. From all directions, at home and abroad, the indications of a very large and brilliant assemblage are of the most gratifying character.

Packer's Tar Soap.

When we say that for years we have used Packer's Tar Soap in our family, and recommended it to numerous patients and friends as the most agreeable soap known to us for toilet purposes, and the most remedial in diseased conditions of the skin, we do nothing more than pay a just tribute to its merits. It is composed of pure materials associated with fresh pine tar, and both for its cleansing and hygienic properties deserves an extensive patronage from the profession and the public.

Another Jubilee.

According to the *Vratch*, on April 17th (29th), Professor S. T. Botkin, of St. Petersburg, celebrated the thirty years' jubilee of his professorship. His colleagues, disciples, and admirers made due preparations to honor the man whose serivces to the Russian medical profession cannot possibly be overestimated.

The Late Professor Schroeder.

An influential committee has been formed in Germany for the purpose of establishing some memorial of the late learned Professor Schroeder. A marble bust to be placed in the University Frauenklinik has been decided on as a part of the memorial, but its further development has not yet been determined.

A Giant.

According to the *Kievlanin*, January 27, 1887, a Greek, a Turkish subject, who recently died of pulmonary phthisis at the Simferopol Town Hospital, was 3 *arshins* and 5 *vershoks* (about seven feet and nine inches) in stature. He slept on three beds laid close together.

Items.

—Dr. Sinclair Coghill, of Great Britain, has been elected a Vice-President of the International Medical Congress, to be held at Washington on September 5th proximo.

—The British Association will this year meet at Manchester, and the session will commence on August 31. Sir Henry Roscoe, M. P., F. R. S., has been elected president.

—Buffalo claims a birth-rate of 31.5 per 1,000 in 1886: Rochester, which is very near, has a rate of 16.66 per 1,000. The *Buffalo Medical and Surgical Journal* says that there is some grave defect either in the vital statistics or in the fecundity of Rochester people.

—Vaccination is, it is stated, to be enforced among all the workmen employed on the coming Paris Exhibition. Each man will be vaccinated as soon as engaged, and the government will not only pay for the necessary medical treatment, but will continue the man's wages should his arm become bad and prevent him from working.

—M. Dupuis, of Brussels, has made a number of observations for the purpose of ascertaining the effect of vaccination on puppies, with special reference to its power of protecting them from the distemper. He found that it was quite possible to inoculate them with vaccine, but that it had no protective influence against distemper.

—It is stated on the authority of Dr. Grawitz, an assistant of Dr. Virchow's, that in as many as one-third of the cases of so-called muscular rheumatism which have been examined post-mortem, the presence of *trichina spiralis* has been demonstrated. In many of these cases the parasites must have been present in the muscles for many years.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE RELATION BETWEEN DRINKING WATER AND TYPHOID FEVER.

BY DR. DOWLING BENJAMIN,
Of Camden, N. J.

Typhoid fever is caused by a peculiar and specific poison. I do not know that this is denied to-day by any one competent from careful study and thorough investigation to give trustworthy information on this subject. Does it arise "de novo?" All the investigations that I have made have proven to my mind that the poison which produces typhoid fever cannot be generated spontaneously, but must come from another case. I am aware that there are some physicians who, even now, believe that it originates "de novo," and they give the examples and cases which prove to their minds the truth of such belief. But the cases cited as proofs, in my opinion, are generally defective, and do not exclude the possibility of infection from a preceding case.

Take, for example, the four instances given by Dr. R. W. Hutchinson, of Queens county, N. Y., published so late as October 9, 1886, in the MEDICAL AND SURGICAL REPORTER. I will not occupy your time by criticising all these cases, but will select the fourth, which seems to be the strongest, as follows:

"4. In the last part of August, 1885, a party of young folks, numbering some fifteen, started out to spend the day on the banks of a creek, near East Rockaway. They carried no water with them, but relied on securing a supply from a sunken barrel, near the creek, that had been used for a number of years. On this occasion it was noticed that the water tasted and smelled badly, so much so that some of the party refused to drink it. Exactly one week from the day of the picnic most of those who had drunk the water, some nine in number, were stricken down abruptly with typhoid fever. I regret very much that I did not have the opportunity of examining the barrel with its contents immediately after the picnic, as I am now left in doubt as to the cause of the decomposition in the water. Shortly after the outbreak of the fever, some person, fearing that others might drink, pulled up the barrel and destroyed the well. But, from a number of reasons, I can positively say that there was no possibility of the water being contaminated with the fecal matter of a patient suffering from typhoid fever, which is the recognized way of communicating the disease; and if the germs of the disease did not originate "de novo" in the well water, I ask the question—where did it come from?"

You see the doctor gives no reasons why the well could not be contaminated with typhoid fever, though he says he has a number of them—yet he says he had no opportunity of examining the barrel, nor its contents, but he *heard* some of the party say that the water tasted and smelled badly. Notice that in less than seven days most of the party of nine who drank of the water were suddenly stricken down. This fact, in itself, might occasion some doubt of the fever being a true typhoid, as the incubation period of typhoid fever is usually longer, though there are instances on record which would have a tendency to show that typhoid fever may occur with a shorter incubation period than two weeks. Two weeks, however, is about the usual time.

What a blessing it might have been if the doctor had only told us the precious little secret of how he knew that no one had been in that vicinity, whose fecal matter might have affected the well.

Then, take the cases cited by the illustrious Murchison, who has done so much for the thermometry of typhoid fever, but who has, perhaps, led astray more students on the origin of the poison than any other man. None of his cases are, in my opinion, conclusive, and this opinion is sustained, also, by the opinion of Dr. J. H. Hutchinson, of Pennsylvania, who says, in an article on this subject, that the cases referred to are by no means convincing. See page 256, "System of Medicines, by American Authors," just published.

The case put forward by the advocates of the spontaneous origin theory, as one of their strongest, is that reported by R. Bruce Lowe, Medical Officer of Health, Helmesley, Yorkshire, published in the *Brit. Med. Jour.*, in 1880. "It occurred," he says, "in a lad who had not been away from home for months. No stranger had visited the house, and there was no fever in the district;" but Mr. Lowe admits there was a case before, only eight months past, and only eight miles distant, and he does not prove there was no possibility of infection, either by domestic animals or by streams of water. It is a well known fact that when the great forests of pine are cut off the land, in the northern part of the United States, there comes up a thick growth of oak timber, immediately succeeding, and the common opinion of people who notice this strange phenomenon is that the little oak plants originate spontaneously in the soil. I think you will hardly believe this explanation correct, but the same agencies that sowed the original seeds in the forest, it must be admitted, are equally competent to sow the seeds of typhoid fever in unexpected places, occasionally, at least. The man who starts out in this stage of opinion to prove that typhoid fever originates "de novo" assumes a great a greater task than Hercules.

No combination, either of filth, fecal matter, or sewer-gas, has ever yet been discovered that will produce the disease.

What are the physical characteristics of the virus of typhoid fever? Is this virus a liquid, a solid, or a gas? Evidently it is matter of some kind. Inorganic matter may be either solid, liquid, or gas; organized matter is never liquid, never gas. We conclude it is not a gas for the following reasons:

1. The gas has not been isolated.
2. It would be more apt to go through the air than otherwise, which is not the case with this virus.
3. All known gases that affect the system profoundly, or that affect the system at all, do so at once, or in a few minutes after their reception into the system.

Can a dose of carbonic gas, ammonia gas, illuminating gas, or any other poisonous gas, be taken, and lie in the system for from two to six weeks, and then begin to develop a train of trouble—a uniform succession of symptoms, like typhoid fever, or small-pox, or any other of the zymotic diseases? Never. Is it a liquid—this virus? The same objections apply to this theory as to its being gas. Is it composed of solid particles? If so, these particles must be of nearly the same specific gravity as water. There is no evidence to the contrary, at any rate, and these solid particles must be very small, for water known to contain typhoid fever poison is often apparently clear and bright. Filters do not seem capable of sieving out these particles—these poisonous particles, and this poisonous matter. At least water has been filtered through ten and even one hundred feet of sand and earth, coming out clear, but still bearing the poison in sufficient quantities to produce fever and cause death. So far as is at present known, the poison has not been filtered out of the water by any kind of filter. This would lead us to think it was really dissolved in the water, but for the fact that a system of very fine filtration has not been tried upon suspected water, and then the water given to persons to drink, to see if the disease would be produced by it. There is no case on record of any person ever having taken the disease from water that has been boiled, thus showing that, as far as known, the boiling temperature destroys the poison.

The theory that the poison of typhoid is an organized poison, or germ, or bacillus, seems to explain its action more completely than any other.* This phase of the subject was carefully discussed, and its progress given at length by me in an essay written in 1876, and published in the *Country Practitioner*, volume 2, Nos. 6 and 7. Whatever may be considered the nature of this virus, the fact that water is its principal distributor is certain. Indeed, a careful study of the cases and statistics that I have examined, seem conclusive that at least 95 per cent. of the cases of typhoid fever come directly from the water. The poison which produces this disease does not go through the air. Physicians permit people to go into the sick room where the disease exists. Washerwomen have been known, in rare instances, to take the disease from the water containing the soiled linen, which has infected their hands and gotten into their mouths and absorbents.

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* Klebs and Eberth both claim to have discovered the bacillus.—*Philadelphia Medical Times*, Dec. 3, 1881.

The infected wash water is very often thrown on the ground near a well or into a sewer, with the more poisonous dejecta. I have seen two cases that occurred among sailors, who drank water from the Delaware river opposite the Philadelphia sewers.

There is one instance* where it has also been shown that cattle have been afflicted with this disease; but in tracing this disease still further back, it was found that the cattle caught the disease from drinking infected water. The milk supply has also been known to have been affected. So, the more we investigate the subject the more strikingly the fact stands out that water is the main habitat of the poison. Several facts show, also, that when water contains a little organic matter the virus will be active for at least a year, in still water, and very probably for a number of years, as some of the cases cited prove.

The ways in which a well, or a spring, or a stream, may become infected are so numerous and hard to trace, that sometimes they defy detection. For instance, a man may leave the city where typhoid prevails more or less at the time, and be either in the first stage of the disease, in a slight form, or convalescing, or be a walking case, perhaps not even knowing what is the matter with himself, getting out of his carriage or a railway car, taking his gun for a few hours recreation, and, as it so often happens, is seized with a desire for evacuation. This may take place in the vicinity of a spring, or stream of water, whence will thus start up one or more cases of typhoid fever, and the manner in which the water became infacted will never be known—will forever remain in doubt, and a mystery. Even the presence in that locality of this person may never become known, or they may have known of the presence of such a person and may have forgotten it. Recent investigations show the intimate relations of this disease to drinking water to be so close and so constant, that it is hardly ever worth while to think of any other source of contagion. One of the most remarkably clear examples of this relation of drinking water to typhoid fever occurred last year at Plymouth, a small city in Luzerne county, Pa., and for the invaluable lessons taught by this epidemic we owe much to the committee sent by the Mayor of Philadelphia to investigate the subject.

I quote from the report of the committee as follows:

"The mountain stream is a small one, running down over a rocky bed, and on a declivity not eighty feet from its bed a dwelling is situated, wherein, during January, February, and March, was located a case of typhoid fever, that is only now convalescent, the worst period of the case being about the 30th of March. The attending nurse was in the habit, during each night, of carrying the excreta from the patient and depositing it on the ground towards the stream. The ground, during all this time, was frozen, and covered with snow, until the thaw and rain already alluded to occurred. The poisonous character of the dejecta is not destroyed by freezing, but is only kept in a state of hibernation. A great part of the three months' accumulation of dejecta was suddenly swept into the rapidly-running stream, and reached the lower reservoir as quickly as a man walking fast would have arrived there.

"In fifteen days from this time the epidemic began, fifty cases occurring daily between the 10th and 20th of April. Up to the present 1200 people have been sick, and one hundred have died, out of a population of eight thousand. For the first three weeks the few people in the town who used well water exclusively escaped the disease. The period of incubation varies from ten to twenty days, or longer, and therefore no other conclusion can be arrived at than that the infective poison existed in the mountain stream water, and originated from the one case of fever in the house on the side of the stream."

This entire and comprehensive report is on file in the Mayor's office, Philadelphia.

Last October a severe epidemic of typhoid was in progress in Imlaystown, N. J., about forty miles from Camden, and I went out there to investigate it, and was greatly assisted in so doing by the kindness of Dr. H. G. Norton.

I found that a brook about four feet wide runs through the village. A street runs parallel with the stream about one hundred feet from it. A row of houses is situated between the brook and the street, and the back yards extend to the brook, about forty feet distant. Between the brook and the houses is situated a row of privies and a row of wells for drinking water. The privies are situated on the bank of the brook, so that the fecal matter from them has run into the brook, a distance of only about four feet. The wells are between the stream and the dwelling-houses, and about thirty or forty feet from the brook. The somewhat impervious stratum has a slight dip towards the wells, and underlies the locality. On measuring it was found that the floor or the bottoms of the wells was not more than a few inches below the floor of the brook, and when the water was high in the brook it was also high in the wells. The soil was porous between the brook and the walls of the privies.

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* Kloten, Germany, 1878, Berlin, Klein. Wochenschrift

Beginning up street, and designating the houses, which are but a few feet apart—not over fifty feet—and numbering them "one," "two," "three," I will give you the following explanation:

In 1883 a family came to number one, suffering with typhoid malarial fever and diarrhœa. The children had fever and bowel trouble, with diarrhœa, lasting for months, until the spring of 1885. On August 4th, 1885, a young lady was taken with typhoid fever in this same house. On August 28th another young lady was taken with the disease in number two, the next house below, down the stream. August 27th a patient at number three took the disease. September 12th another patient took the disease in number three. In September a relative of the family in number two visited the town, drank the water, and died in a few weeks afterwards of typhoid fever. September 30th a patient opposite to number two took the disease. In the spring of 1886 the family had moved out of number two, the well had been kept closed and had not been cleaned out. A new family moved into number two in April or May, 1886. The boys drank the well water, in spite of protests, and took the disease in June, 1886. One of the brothers died. The girls, who would not drink the well water, escaped the disease.

An analysis of this water from the wells for the State Board of Health by Professor H. B. Cornwall, of Princeton College, showed the water to be thoroughly contaminated with fecal matter. Evidently the virus had remained in one of these wells; a year had passed, and yet the winter had not been able to kill it.

The length of time that the virus will remain active has not been ascertained, but it is known to be years, in water that is not much disturbed.

I have cited these examples because they are so recent and so near at hand. Hundreds of instances might be cited, and the evidences piled up *ad libitum*; but, if further examples would not be superfluous in this paper, the time allotted to me would preclude my citing them here. I might say now that much of the data upon which my remarks have been based is not included in this paper for the same reasons.

In the face of what is already known, I do not think any student of sanitary science can deny that the poison of typhoid may be carried by the water supply. I do not know that any do deny this, but the *extent* to which it is carried by water, and the preventability of the same, are the great points that do not seem to be sufficiently appreciated by us, and scarcely appreciated at all by the people in general.

If the people can be made to understand that almost all the cases of typhoid fever come from the water-supply, and that there is no disease more easily prevented than this, we shall have accomplished the first great step towards the annihilation of one of the worst destroyers of mankind.

Look at the dreadful suffering caused in Philadelphia and Camden to-day by ignorance or indifference to these facts. Only a few days ago a noble wife and mother died in our city of this dread disease, thus blighting the prospects of a happy family; and as I stood by her bedside I could but regret that another valuable life had been needlessly sacrificed.

The city of Camden had connected the water-closets and sewers containing the poison with the water-supply, and then distributed it thus laden with the deadly virus to the inhabitants of this city, but a few hours after it had left the deadly sewers. The husband of this lady, "as a lamb, dumb before his shearers, opens not his mouth;" so he paid his water tax to the city, his wife drank the dearly-bought "distillment," and gave up her life as the result.

Is there no redress? Is there no hope of escape for the people of these great cities? Must they continue to die by hundreds, as the death returns show every year, at a greater cost and expense than pure water could be procured for? Philadelphia also pours the poison into the cup, and then puts it to the lips of her most choice citizens, and kills off about seven hundred of them in a year, according to the official report.

The disease cannot occur without the virus to produce it, and the virus can be kept out of the drinking-water, and it should be kept out at any cost. It would pay at *any* price. Every death that is preventable is needless, and is a reproach to the community. Dr. E. O. Shakespeare, an eminent investigator of contagious diseases, who has been sent abroad by the highest executive authority of the United States, to investigate the nature and causes of cholera, says, in the *New York Medical Journal*, in January, 1885: "That epidemics of typhoid fever are absolutely preventable and controllable, and neglect to employ proper means to this end should be regarded as inexcusable."

Great reforms and revolutions have taken place within our own recollection, and the student of sanitary science even dares to indulge the hope that even during his short life he may have the pleasure of seeing the death-rate from typhoid fever reduced more than ninety per cent.

INEBRIETY TRACED TO THE INTOXICATION OF PARENTS AT THE TIME OF CONCEPTION.

BY T. D. CROTHERS, M. D.,
Supt. Walnut Lodge, Hartford, Conn.

The physical health of the parents at the time of conception controls the future of the child to a large degree. An old writer said "that distempered and unhealthy children could often be traced to family broils at the time of conception." Dr. Downs, in his late Lettsonian Lectures, states that the physical health of the parents at the time of conception can be traced in the child; also that when the parents are disturbed in health, and their relations broken up, unhealthy children will be the result,

Exact facts in this field are difficult to obtain, but often the circumstantial evidence points out facts beyond all doubt. Dr. Russ relates that the miners of Westphalia, who live away from their wives, are generally intoxicated when they come home on visits. The result is that a large proportion of the children born of these families are idiots and feeble-minded.

Galton has pointed out some very curious facts concerning the children of professional men, which indirectly relates to my topic. He found from a study of the heredity of the members of some of the largest scientific societies of London, that the legal profession presented the most eminent men and the fewest idiots. The medical profession came next, and lastly clergymen, who produced the smallest number of eminent men, and the largest number of idiots and feeble-minded. The lawyers gave origin to six times as many more eminent men as the clergy. The clergy gave origin to six times as many more idiots and feeble-minded as the lawyers.

This curious fact evidently applies to Europe, where the clergy do not represent the brain vigor of the educated classes. It also indicates that occupation at the time of conception, as well as physical vigor, has a power over the future of the child. In the study of the heredity of inebriates, many cases appear where the parents were greatly disturbed in health and their social relations on or about the time of the conception of the child, which grew up and became an inebriate, without any special exciting causes.

In the following cases inebriety was traced directly back to the parents at the time of conception. While it is not a new fact in science, it is not often so clearly traceable; usually intoxicated states in the parents appear in idiotic, feeble-minded or defective children.

In the *first case*, the father was a sea captain; a healthy, robust man, who never drank except on shore, and then in great moderation. His ship went to China and the South Seas, and was away twelve or fourteen months at a time. He married in middle life; and, on returning from a long voyage, would go to his country house and be intoxicated with his wife for a week or more on wines—then recover, and start away again. His wife would drink with him, and be partially intoxicated. Several children were born, all of whom died in infancy except one, a boy, who grew up and became a periodic drinker, and came under my care. He was a nervous, melancholy young man, who could not follow any steady work long, and every two or three months he would rush away to a low house and secure some female inmate, and drink in the room to continuous stupor for days, then become exhausted, have gastritis, call in a physician, and quickly recover—then go back to the shipping-house where he was employed, and exhibit great energy and industry for a long time. His mind was unstable, and he was credulous of all things outside of his business. If he became angry and excited, he would stagger and talk like a man drunken, his face would grow red, the pupils of the eyes dilate, and the lids swell, and he would be more or less stupid for a long time. The approach of the drink paroxysm was marked by great business activity and anxiety to help some one. Then suddenly he would find a woman, and go away and drink as before. His early life was uneventful. He was a good student, of quiet, retiring manners, and held up as a model for his companions. At puberty he suffered from a low, nervous fever, of several weeks' duration.

He lived in his uncle's family, and had the best society and most temperate surroundings, when suddenly one day he disappeared. A week later he was found in a brothel, where he had been intoxicated from the time he came in. He gave no reason why he did this, and seemed indifferent to all counsel and advice. For a year after, he was temperate and exemplary in every respect. Then he disappeared as before, and drank wine in a room to stupor for a week or more, then came back. Then from this time these drink paroxysms were noted by the great secretiveness to go where he could not be found, and also by his never drinking until he found such a place, and a woman to join him. He was twenty-five years old when he came under my care. Two months after admission he ran away, and was brought back before he drank. He went to bed, and was more or less stupid on small doses of bromide of ammonia for ten days, then recovered. He seemed very sensitive to ten-grain doses of bromide. The next paroxysm was anticipated, and he was in bed a week with a low nervous fever and stupor. These paroxysms grew further apart, and finally merged in severe headaches, which gave way to simple remedies. He became heir to a large property, and finally married and went West. In this case a most striking similarity was apparent between the drink paroxysms of his parents, which were marked by continuous use of wine to stupor for days in a room alone. In his case, beginning at puberty, it seemed to burst out as an inherited impulse, using the same spirits, and lasting about the same time. It was not apparent that he was licentious at any other time, or even when drinking; the presence of a woman seemed all he cared for. His unstable, weak, nervous organization, and these peculiar drink paroxysms, pointed to the state of his parents at the time of conception. How the periodical drink manias of the parents should so impress the child as to be reproduced, antagonized by the circumstances and surroundings of life, is a mystery. Why he should suddenly, and without premonition, go away and drink to great excess in a peculiarly unusual way for a boy, and ever after keep it up at intervals under the same circumstances, can only be answered from a study of the heredity.

In a *second case*, the father was temperate, the mother had drank beer at meals all her life. After marriage, and for several days, both were intoxicated, and continuously under the influence of spirits, celebrating this event. Conception took place at this period. A little fretful child appeared, which cried night and day for the first year. By accident, whisky was found to produce the most perfect relief. From this time nothing but some form of spirits would allay the nervous irritation, and as he grew older he would cry for it, and refuse to be satisfied with any other fluid. At ten he drank beer regularly every night, and at puberty he drank to great excess. I was consulted. In appearance he was feeble and imperfectly developed. His mind was uncertain and changeable; he said the taste and effects of spirits gave him the greatest pleasure. When he could not get spirits he was delirious, and after using two or three glasses he became stupid, and laughed at everything until he fell asleep. He was placed in the care of a physician, who tried to withdraw the use of spirits by reducing it from day to day. After the spirits were withdrawn, he developed mania and delusions of persecution, during which he escaped from control and drank to stupor. The mania disappeared; again the effort to break up the use of spirits was tried, the mania returned more violent than ever, and the spirits were resumed and continued up to death, at twenty years of age. Three other children were born to this couple, who were temperate and of average strength and vigor. The parents never used any spirits after the first year of marriage.

In the *third case*, a man was placed under my care who had occupied a very responsible position of trust, and who with an insane indifference had drank to great excess, and forfeited all honor and respect. He was educated, and a man of talent and great energy. He was temperate up to forty years of age, when suddenly he drank to intoxication, and was seen on the streets shouting in a delirious way. In two or three days he became temperate, and seemed to have no regrets or sorrow for the past. He manifested no interest in the advice and counsel of his friends, and made no remarks of explanation, nor gave any reason for his conduct. Several months later he drank as before, and returned to his work with the same cool indifference as to his conduct and its consequence. He was forced to resign his position as officer of a bank, and gradually went down lower and lower, until brought to me. He drank periodically; the free interval being from three to eighteen months, the drink paroxysm lasting from three to six days. During this paroxysm he was maniacal, and reeled up and down the street, or was seen in an open carriage, always going where he was most prominent, and making public speeches. He seemed possessed with delusions of power and grandeur, and placed himself in the most prominent places, interpreting the attention he received as evidence of his greatness. When he recovered he seemed to have a paralysis of all conception of the nature and character of his conduct. On all other matters he was clear and intelligent, but on this he was silent and reserved. He recovered, and went to the far west to live on a cattle ranch. In his history it appeared that his father, who was a temperate, healthy planter, married for the first time at forty. Soon after he drank to great excess, and was after this a periodical drinker until his death ten years later. His son, mentioned above, was conceived in one of these early drink paroxysms. The father was delirious at these times, and spent his time on the street and in prominent places, preaching and lecturing in a maudlin way. When he recovered he was strangely oblivious to any past conduct; said he did not remember or believe he was intoxicated. The later years of his life, he was very angry if talked to about drinking, and would not listen to any counsel or believe he drank to his injury. This drink storm always came on suddenly, and passed away after a short time, leaving the mind in a blank state of confused recollection of what he had done. In the case of the son, he seemed to have no realization that he had done anything strange or unusual, and listened with doubt and indifference to all that was said. The remarkable similarity of the symptoms of father and son, coming on at the same time of life, and following periodically, noted by delusions of power and grandeur, and desire to appear prominent, and the loss of consciousness of the past, or its relation to the present, in his own case, seem to indicate a direct heredity from father to son. These cases are sufficient to call renewed attention to this subject, and throw light on many of those unexpected outbreaks of inebriety that are a source of wonderment. Inebriety will always be a confused field of speculation, until it is made a special study by physicians.

ANOTHER CASE OF PERFORATION OF THE VERMIFORM APPENDAGE.

BY J. M'F. GASTON, M. D.,

Of Atlanta, Ga.

This contribution to the history of a lesion which ordinarily is not recognized in time to operate successfully, may aid to some extent in elucidating the obscurity connected with a differential diagnosis of the grave condition. The different phases of typhlitis, perityphlitis, and paratyphlitis, in the outset, correspond so nearly to the local phenomena associated with the initiatory stage of the inflammation preceding and accompanying perforation, that close attention to all the details of its development is of the utmost importance. It is evident from the comparative frequency of the cases reported latterly, that this accident has heretofore escaped observation, when peritonitis has supervened without resorting to operative measures, and terminated fatally, without any post-mortem examination. The symptoms which are associated with acute typhlitis correspond in most respects to those of perforation of the vermiform appendix, and the usual progress of the former being attended with more or less diffused inflammation, it is a difficult point to determine what may be the nature of the local trouble until the constitutional disorder has reached such an aggravated form as to preclude any expectation of relief by laparotomy.

The case now presented occurred in the practice of Dr. T. D. Lougins, who has kindly furnished me the following notes of his observations previous to my visit:

"I saw Johnny Caldwell, aged 13, February 28, at 7 p. m. Found him suffering with severe pain in right side of abdomen, located more particularly in right umbilical region. Thought I detected slight swelling at this point. I got following history: About twelve o'clock that day, while at school, ate raw potato. Came home at 2 p. m., complaining of pain in side, also of being very hungry, though ate very little and vomited soon after. Pain increased till I saw him. I administered morphia every fifteen minutes in one eighth grain doses till one-half grain was taken. He then became easy. Left two grains calomel to be given at 12 o'clock, also one-quarter grain morphia to be given during night if pain returned, which was done. March 1, rested badly. No action from bowels; vomiting occasionally. Ordered four grains of calomel in two doses, to be given two hours apart. Bowels moved about 11 o'clock twice, discharging the potato in an undigested state. Pain continuing, ordered dose of castor oil, which was retained four hours and vomited up. Gave an enema, which passed off immediately, with no fecal matter, producing violent pain in testicle, which was relieved by applying hot cloth. Gave morphia during night. March 2, rested badly. Some fever and pain. Gave tr. aconite and morphia during day and night, until better. March

3, no action; pain less; more fever; anxious look; bowels very much swollen and tympanitic; much weakness; mother had given dose of salts before I saw him that morning; no vomiting. I thought the only chance was in an operation. Called in Drs. Bennett, Olmsted, and Crow, who agreed with me. We called Dr. Gaston.

Upon receiving substantially the foregoing account of the case, with a statement from the mother of the patient that very little of the fluid used for the enema was retained, and that he complained of pain in attempting to force it into the rectum, I was induced to make an exploration per anum. When the index finger passed within the sphincter the rectum was found to be enormously dilated, and to be occupied above by a protrusion of the large intestine, leading to the inference that there was an invagination of the lower bowel, and not simply a prolapse of the intestine. Moderate force with the finger did not succeed in returning it, and upon attempting to pass the point of my index finger within the canal I was unable even to verify the site of the opening. Each of my four colleagues was requested to make this exploration, and they all concurred in the view that the mass which was felt in the rectum was a protrusion of the large intestine. Upon consultation, it was determined to bring hydrostatic pressure to bear upon it, with the expectation of uniting the bowel to its proper relations; and the boy being placed in the knee-chest position, warm soap water, with a little salt and spirits of turpentine, was injected with a Davidson syringe, while the margin of the anus was secured with the fingers closely around the tube. After a time a portion of the fluid regurgitated, but the effort was eventually successful in replacing the protrusion. This was very evident to Dr. Olmsted and myself on examination.

Supposing that the symptoms indicating an extension of inflammation throughout the cavity of the abdomen might have resulted from constriction of the sigmoid flexure of the colon, which had become invaginated and passed into the rectum, we were now encouraged to hope for relief by the release of this portion of the large intestine; but it was understood that Dr. Longino, who remained in charge of the patient for the night, should advise the rest of us at daylight next morning of the condition of the patient. Not receiving any message before sunrise, I telephoned a neighbor of the family, and learned that the patient had died at 3 o'clock a. m.

It occurred to me as very desirable to get such elucidation of the obscure points in this case as would be afforded by an autopsy; and after overcoming the obstacles in our way, the post-mortem was made by Dr. Crow and myself, with the presence of all the physicians who were in attendance on the previous evening. The first step was to verify that the bowel had not descended again into the rectum, by a digital examination per anum; and after opening the abdominal wall by a careful inspection of the descending colon and sigmoid flexure, even extending to the rectum, it was very perceptible that the lower portion of the bowel had become inflamed and somewhat thickened by the previous constriction from which it was freed.

Upon turning our attention to the condition of the abdominal viscera, adhesions were found between the great omentum and the small intestines, with their mesenteric attachment agglutinated to the coils that were superimposed. To the right of the median line the peritoneal surfaces of the viscera and parietal wall were adherent, so as to require a forcible separation. Upon carrying the exploration into the ilio-cæcal region, an effusion of a sero-purulent dirty fluid was encountered which penetrated upward along the ascending colon to its curvature, and was confined by adhesions in front of the colon to this locality. The tissues surrounding this collection were thickened and almost necrosed, and the gall bladder was distended so that it reached downward to some distance below the margin of the liver, and was in contact with the upper boundary of this foul accumulation of decomposed matter. Upon a minute examination of the small intestines, commencing at the ilio-cæcal attachment and passing the fingers along every portion, nothing unusual was discovered, until within a few inches of the duodenum it was found to be held down by a band, and above this constriction the duodenum presented signs of inflammatory engorgement and thickening of its walls, which, however, did not seem to involve the pylorus. The liver presented an increase in the size of the left lobe, extending across the epigastric region.

Turning again to the ilio-cæcal region, the vermiform appendage was found enlarged, and with a dark-red hue throughout its entire length, being straitened out in a right line from the cæcum. About midway between its attachment and the end there was a perforation, caused by the sharp point of an ovoidal fæcal concretion, about ¼ inch in diameter and ¾ of an inch long, which was forced out of the cavity by the fingers through the opening. There had evidently been an escape of the contents into the peritoneum for some days, so as to have caused the extension of its septic influence to such a distance, and the peritonitis was an effect of the local irritation from its pressure.

The question which naturally presents itself in connection with the history of this case, and the developments of the autopsy, as to the indications for laparotomy, is that, if warranted by the symptoms at any stage of its progress, whether an operation could have been resorted to with any prospects of success after the tenderness and meteorism led to the conviction that general peritonitis existed.

At the time I first saw the patient, it is clear that laparotomy could not have averted the fatal result, and it was a subject of congratulation that no operation was undertaken. But the issue must be squarely met by surgeons, as to the diagnosis of such perforations at an early period, and the practicability of removing the appendix and suturing its cæcal attachment, with thorough antiseptic treatment of the adjacent tissues; and this report may aid in solving that problem.

MEDICAL SOCIETIES.

THE NEW YORK NEUROLOGICAL SOCIETY.

Stated meeting, April 5, 1887.

The President, C. L. Dana, M. D., in the chair.

Report of a Case of Sarcoma of the Brain (Occipital Lobe) Causing Hemianopsia, Removed by Operation.

By Dr. W. R. Birdsall and Dr. R. F. Weir.

Dr. Birdsall gave the history of the case, of which the following is an abstract: The patient, a Hebrew, aged 42, first came under his observation October 16, 1886. He had always been healthy until the summer of 1885. He denied injury to the head, or venereal disease. In August, 1885, he observed for the first time unsteadiness of gait, and had a severe attack of vomiting. Soon after diplopia for distance and increased awkwardness in walking was observed; also a disagreeable sensation akin to numbness, in the right leg, hand, and shoulder, but not in the face. This and the diplopia were transitory. Headache, usually frontal, was present occasionally, but never severe. October 7, 1885, he consulted Dr. E. C. Seguin. who found the eye-muscles normal (no diplopia with red glass). Left pupil a trifle wider than right; both active; fundus normal. Left lateral hemianopsia, vertical line passing little to left of fixation point. No paresis of tongue, face, or limbs; no anæsthesia; patella reflex normal; walk somewhat staggering, with decided tendency to the right.

October 20, diplopia had recurred; left externus weak; hemianopsia the same; no hemiopic pupillary reaction. Grasp of right 42°, left 30°.

November 7, beginning neuro-retinitis. Drowsiness during the day. Difficulty in rising from chair.

Diagnosis.—Tumor of mesal aspect of right occipital lobe, involving primarily the cineus, extending downward toward the tentorium cerebelli, and perhaps also upward toward the para-central lobule (leg centre).

Treatment.—Large increasing doses of potassium iodide.

From January to July, 1886, patient under care of late Dr. McBride. During the early months of this period his diplopia disappeared, and never returned; his gait improved somewhat, but had two attacks on street, feeling he could proceed no further, and staggered toward the left. From September on, his difficulty in rising, standing, and walking together with drowsiness, rapidly increased. In October, 1886, Dr. Birdsall found double optic neuritis, most marked in left eye; left pupil somewhat larger than right; no diplopia; no ocular paresis present. His movements were clumsy rather than ataxic; at times being accurate, at others wide of the mark, especially in left extremities; gait slow and uncertain. There was frequent expectoration of a viscid saliva. Left hemianopsia, Dr. Birdsall thought, could be accounted for only by a destructive lesion in the neighborhood of the gyrus cineus of the right occipital lobe. The locomotory disturbances appeared to him to be due to pressure effects of a tumor or structures below the tentorium, thus implying a growth of considerable size. His disturbance of equilibrium continued to increase in a very irregular manner. His intellect was not impaired. His family observed no change in his character or disposition. He was extremely uncomfortable mentally. An operation was proposed in February, 1887.

The operation was performed by Dr. Weir. Regarding the tumor Dr. Birdsall said it was of so large size, so much of the occipital lobe was compressed by it, that the case was of little value for determining the limitation of the visual area in the occipital lobe. The growth was a sarcoma, originating in the meningeal structures, producing destruction of the cerebral tissues by pressure alone. Absence of severe headache should be noted, as it is usually a prominent symptom of tumors involving the meninges. One of the most important lessons that the study of cerebral tumors taught was that growths remaining limited to the meninges may attain a large size before disturbing the functions of neighboring parts of the brain. In these cases regions away from the tumor may give signs of importance before those in contact with the tumor. The extreme fatality of intracranial neoplasms was high warrant for taking an extreme surgical risk. The co-operation of neurological science and surgical art in the present state of each could hardly fail to build up an experience which would in some cases save life that would otherwise be lost.

Dr. Weir described the operation, which was performed March 9, 1887. Special antiseptic precautions prior to and during the operation were taken. The periosteum was raised, two openings were made with the trephine, the first one an inch above the occipital protuberance, and the same distance from the median line, the other immediately above; the openings were joined, and enlarged by the Rongeur forceps to two and three-fourths inches by two and one-fourth inches. The dura mater divided two-thirds the extent of the bone opening, its retained attachment being toward the median line. The tumor has at once recognized, and enucleated. It was necessary on account of its large size to incise it and press out some of its substance before it could be completely detached and removed through the opening. A great deal of venous bleeding took place, and sponges were stuffed in for temporary pressure; the cavity was inspected by the electric light, and showed that a great amount of pressure had been exerted upon the brain; the falx was crowded to the left of the median line; the tentorium was depressed to a horizontal line. The tumor weighed five and a fourth ounces. It measured three and a fourth by two and three-fourths by two and one half inches. One of the bleeding points was found to be in the region of the straight sinus, not free enough to be from that vein, but probably from the pedicle of the tumor; the other, apparently arterial, probably from a terminal branch of the posterior cerebral artery. The flow from each was readily checked by direct pressure, and it was determined to control them by packing the cavity with idoform gauze. The dura mater was partly united over the gauze by loose sutures. The operation was well borne until the final enucleation of the tumor, when the pulse fell, apparently from loss of blood. Some hours afterward slight diverging strabismus of the left eye was noticed; blood stain appeared through the dressings; the pulse was weak; stimulants were given; the patient was restless. At night transfusion of a saline solution was made with temporary improvement, and the dressings were removed to control hemorrhage which was seen to be taking place in a small stream; but the pulse again gave out, and nothing further could be done than reapply pressure in the supposed direction of hemorrhage. Death occurred at 2 a. m. An autopsy was not allowed, but in the lower part of the brain cavity was seen a large collection of coagulated blood.

Dr. Weir said that in another case, where the hemorrhage was from vessels too deeply situated to apply a ligature, he would control it by leaving on clamp forceps to be removed after a period of 24 or 48 hours. The opening, although large, was not sufficiently large to enable him to remove the tumor entire. It was intended to adopt Macewen's method, and employ bone drafts. Dr. Weir had recently replaced the pieces of bone removed by the trephine in a case of epilepsy, the opening being nearly two and a half by three inches; and now, about seven weeks after the operation, the wounds had healed save one, and the bones were felt to be solid, and were painless. Brief reference to the cases of tumors of the brain for which operations had been performed was made.

Report of a Case of Cyst of the Brain, with Operation.

Dr. Graeme M. Hammond related the case. The patient, a married woman, complained of severe pain an inch above the right ear, and had left hemiplegia. At the time her symptoms began she was about 29 years of age; she had had four children; during the progress of her disease she had a fifth child. All were strong and well. Her sickness lasted about two years and a half. It commenced by sudden loss of consciousness, and convulsions limited to the left side. The left side of the face became, and remained, paralyzed. About a year later she noticed gradual loss of power in the left arm; things dropped from the hand. At the end of another year the left arm was completely paralyzed. She then noticed increasing weakness in the left leg. When Dr. Hammond first saw her she was able to stand and walk slowly. While the paralysis was extending she had four or five epileptic seizures, confined to the left side. Headache developed about the time the legs became affected, grew more constant, and was described as agonizing.

She denied syphilis. Physical examination showed loss of motion on the left side of the face, tongue, and soft velum, of the left arm, and partial loss of motion in the left leg. There was no disturbance of sensibility of any kind. The reflexes were exaggerated on both sides. Sight, hearing, smell, and taste were normal. Choke disc on both sides was observed at a subsequent examination.

Under treatment the headache was controlled to a considerable extent. Dr. Hammond's diagnosis was probable cerebral tumor, involving the cortical or sub-cortical substance of the motor centres. An operation was refused. The patient grew worse until the 20th of March, 1887, when her husband asked that the operation be performed. Dr. Spitzka then saw the patient with him, and made two examinations. He rather coincided in the diagnosis. The operation was performed in the hospital last Wednesday. Dr. H. Josiah Roberts assisted at the operation, removing the portion of skull by his electro-osteotome. Four buttons were removed by the electro-trephine; these were connected by straight lines made with the circular saw. The diameter of the opening was over two inches. A crucial incision was made through the dura. A hypodermic needle was introduced in different directions, but no fluid was withdrawn. The dura was closed, a drainage tube was introduced, the skin flaps were sewed up, the patient was put to bed. She lived only twenty-four hours, remaining unconscious after the operation. Prior to the operation she had become completely paralyzed in the left lower limb, she had delusions and hallucinations, she talked incoherently; bed sores developed.

The autopsy showed little hernial protrusion at the wound; the cortical substance here was thin. Incision through the motor region revealed three cysts in a line, deep in the white substance. The fluid in the cysts had been only partially examined; it was serum, and contained broken-down brain substance. The cysts were close together, and in a position to affect the face, arm, and leg centres. He could not explain why the syringe failed to bring forth fluid, unless it was that the cysts were too deeply striated or the needle passed between them. He added to the clinical history that the head was drawn to the right side the last three days of life.

Dr. E. C. Seguin was partly responsible for the operation in the first case, but it seemed the patient would not live more than two or three months without it. He expected to find a large tumor, but was somewhat surprised to see it encapsulated and non-parenchymatous. During the early history of the case the symptoms pointed to destruction of brain-tissue. He asked Dr. Hammond whether the sensory or motor symptoms determined the seat of his operation.

Dr. Hammond replied that the headache corresponded to the centres for the motor symptoms, and the seat of the operation.

Dr. Seguin added that the seat of the pain would be a very uncertain indication for the seat of the operation. In some cases of cerebellar tumor, for instance, the pain had been mostly frontal.

Dr. E. C. Spitzka, referring to the case reported by Dr. Birdsall and Dr. Weir, said that an artery large enough to cause fatal hemorrhage entered the gray and white substance of the right occipital lobe. It had been overlooked in many text-books.

Dr. Roberts explained how the circular saw could be used without injury to the brain, and the operation of the electro-osteotome.

Dr. Starr suggested the desirability of an analysis of reported cases of cerebral tumors for the purpose of determining their rapidity of growth and size.

Dr. R. L. Parsons read a paper entitled

Nomenclature in Psychiatry: Monomania or Oligomania, Which? Paranoia, What?

An examination of the reports of fifty-one asylums for the insane, taken at random, showed that of the whole number of patients enumerated less than two per cent. were classified as cases of monomania, while in twenty-four of these reports the term did not appear. But, however much systematic writers on the subject of insanity deprecated the use of the term monomania, they rarely succeeded. There were manifestations of insanity which were neither melancholia nor dementia, but which differed so much from mania that another designation was required for them, and the objectionable term monomania was the only one generally employed. Dr. Parsons thought a suitable substitute could be found. Paranoia had been used to a considerable extent, but if the meaning of the term monomania was too narrow for the purpose required, that of paranoia was too broad. "In conclusion, then, with the assumption that monomania, as defined and explained by certain writers on psychiatry, designates phases of insanity of sufficient importance and well enough differentiated to require a place in the general classification of mental diseases; and with the further assumption that the reasons adduced in this paper are sufficient to justify the substitution of the term oligomania for monomania, it only remains to apply the proper meaning of the latter term to the former, to wit: A form of insanity which, although potentially affecting all the mental faculties and operations, apparently involves only a part, as the intellect, the emotions, or the will, or certain manifestations only of a faculty of the mind, which originates in the intellectual faculties rather than in the feelings, and the manifestations of which are well-defined, persistent, dominant, and systematic in character."

THE CLINICAL SOCIETY OF MARYLAND.

Stated meeting, held March 18, 1887.

The 190th meeting was called to order by the president, Randolph Winslow, M. D., in the chair.

Dr. A. Friedenwald exhibited a specimen and related a case of

Osteo-Sarcoma at the Base of the Skull.

The patient was a female, æt. 57 years, who had never borne children. She came under his care August 27, 1884, complaining of great pain in the head, which had troubled her for two months previously. Left side of the face was congested. Impairment of vision for two weeks. Partial ptosis of both eyes, more marked in left than right. Divergent paralytic strabismus in both eyes; pupils of normal size; no reaction of pupil in right eye; in left eye contracted slightly on admission of bright light. Had vertigo about one year ago. Unsteadiness of gait. Ophthalmoscope showed atrophy of the optic nerve in right eye. Pallor of disk and slight attenuation of vessels in left eye. Diagnosis of tumor at base of brain. He had the patient under observation till March, 1885. Muscular movements restored in right eye. Only partially so in the left. About this time a polypus presented itself in the left nares, which was removed. Shortly after this the superior maxillary and malar bone became hypertrophied. The sense of smell was the first of the special senses affected. Diagnosis was then made of tumor at the base of the skull. Autopsy showed a large tumor situated outside of the dura mater, within the skull. It involved the left half of the cribriform plate and the posterior parts of both fossæ. The tumor closely encircled the optic nerves and the nerves of the middle fossæ. It extended downward, through all of the bones which it covered, entirely absorbing them and leaving minute osseous granules throughout the tumor. It extended into both the nasal and orbital cavities. Microscopical examination showed the tumor to be a sarcoma.

DISCUSSION.

Dr. John Chambers said that he had once observed a case similar to the one reported by Dr. Friedenwald. The patient was about 22 years of age. He had suffered greatly with facial neuralgia, which finally subsided. The muscles became atrophied and were drawn to one side. Swallowing was very difficult. Autopsy showed the presence of an osteo-sarcoma, of the spindle-cell form, which occupied the wing of the sphenoid bone. The fifth nerve was incorporated in the growth.

Dr. L. McLane Tiffany related a most interesting case of

Nephrolithotomy.

The patient was a female, aged 25 years, and in the third month of pregnancy, upon whom he had performed successfully the operation of nephrolithotomy.

DISCUSSION.

Dr. John Chambers asked Dr. Tiffany if the patient had been subject to renal colic.

Dr. Tiffany replied that there was history of pain in the loin, but none of any calculus having passed. So the pain was attributed to the presence of stone in the kidney.

Dr. R. Winslow asked if there was any swelling in the side of the patient.

Dr. Tiffany replied that an examination was made under chloroform, and no enlargement of any kind was revealed.

Dr. S. T. Earle read a paper entitled

Two Cases of Tetanic Convulsions from Muriate of Cocaine.*

DISCUSSION.

Dr. R. Winslow asked Dr. Earle the size of the dose of the drug used.

Dr. Earle replied that two grains were used in the first case and five in the second.

Dr. I. E. Atkinson said a case had been reported where tetanic symptoms followed when only one grain had been given. A

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* See Maryland Medical Journal, March 12, 1887.

German author had also reported a case where these symptoms followed its use. In both cases the drug was administered hypodermically. He thought these tetanic convulsions evidently belonged to the toxic effects of cocaine.

Dr. A. Bond asked Dr. Earle if there was any difference in the preparations of the drug used? and if he thought the location where he administered it had any influence on its action?

Dr. Earle replied that the preparations used were exactly the same. He did not think the location had anything to do with it. He gave it hypodermically into the connective tissue around the arms. In referring to the remarks of Dr. Atkinson, he said that he was always on the lookout for the toxic effects of cocaine whenever he gave it. As much as 40 grains had been given without bad results; but as these symptoms do occur, it is well for us to vary the dose in in- individual cases, a fact which he always observes.

Dr. G. Rohé had removed several wens from the head of two patients, mother and daughter, under the influence of cocaine. The mother did not feel the cutting at all, but had fainting symptoms to come on. He thought it due to the fact that the mother was probably more emotional than the daughter.

Dr. R. Winslow had seen a similar case where fainting symptoms were produced in a patient not all emotional.

Dr. John Chambers had once seen a man in a very emotional state from one grain given hypodermically. He tried a two-grain solution locally on his own gums for the purpose of having a tooth drawn, and it produced very peculiar symptoms about his legs. As the dose seems so uncertain, he asked if it is not safer to use ether or chloroform? They are less dangerous, as comparative statistics seem to show.

Dr. Earle said by experience he finds that he can get along with much smaller doses.

Dr. Winslow asked Dr. Gorgas if cocaine was used to any extent in dentistry?

Dr. Gorgas replied that his father had employed it both locally and injected into the gums, but it did no good.

Dr. Atkinson said hypodermic injections of cocaine for minor operations on the skin can be done very satisfactorily. He related a case where he had scraped an epithelioma of the face and the patient did not feel the slightest pain. He would not feel like discarding it from use.

Dr. W. H. Norris had often used cocaine very satisfactorily. In one case, a female, he introduced a catheter without the slightest pain, where it was impossible to do so before the drug was used. He did not think that fainting symptoms were always due to cocaine. He had observed them where none of it was used.

Dr. Rohé has used it on the surface of the skin for electrolysis, in five per cent. solution. Some modification of sensation was produced, though slight. Epithelium of the skin seems to prevent absorption. He had used injections for scrofuloderma, and did not get good results. Thought it due to the fact that he injected it into the tumor substance instead of around it.

Dr. Craighill thought the temperament of the patient should be considered. He had a patient to faint in his office while percussing his chest for examination for life insurance.

Dr. Samuel Theobald had obtained good results on the skin from injections of cocaine. He had had two patients upon whom he operated for cleft nose with good results. He also had used it on the eyelids with satisfaction.

Dr. Winslow asked Dr. B. B. Browne if he had ever used cocaine in the vomiting of pregnancy.

Dr. Browne replied "Yes," and in other forms of nausea very satisfactorily. He gave it in the dose of ten drops of a 2 per cent. solution.

A New Probe.

Dr. Samuel Theobald then described a probe, which he now uses, made of aluminium. It has the advantage over silver of being lighter and more slippery. He related a case of stricture of the nasal duct in a patient who lived in the country, and who could only come to see him occasionally. Each time she came the duct would be closed. He taught her to use the probe herself, which she does with ease, and she is now nearly well. Patients must be kept under observation in order to bring about cure.

Concussion of the Spinal Cord.

Dr. R. M. Hall related the case of a man, driver, who had jumped from a wagon with 75 pounds of glass in his arms. It produced great pain in the lower extremities. When he first saw him, patient was stiff from the abdomen down; no nausea. He administered an anodyne to him. The next day pain still great, and manipulation produced intense pain below Poupart's ligament on the right side. The day following the left leg moved with ease; right still stiff. He continued to grow better on anodynes. He made a diagnosis of concussion of the spinal cord, and asked the opinion of the members of the Society in regard to it.

DISCUSSION.

Dr. I. E. Atkinson said that judging from the description Dr. Hall had given of the case, he thought the diagnosis was correct.

EDITORIAL DEPARTMENT.

PERISCOPE.

On a New Acid found in Human Urine which Darkens with Alkalies.

Dr. Robert Kirk thus writes in the *Brit. Med. Jour.:*

About two years ago I met with a family of which three members had, from their infancy, passed urine giving the reaction of Bödecker's alcapton (*Annal. der Chem. und Pharm.*, cxvii., or New Series, xli., 98), assuming a dark color and greedily absorbing oxygen when rendered alkaline. All were boys, one of whom had died of whooping-cough, at three years of age; of the remaining two, one was a lad of 8 years, and the other an infant. The only other member of the family was a boy 10 years old, whose urine was quite free from the peculiarity which that of the others presented. Both parents were healthy, and their urine was found quite normal; but there was a history of jaundice and biliousness on both sides. The baby was large and apparently robust; the other two, however, had always been more delicate than their eldest brother, whose urine appeared to have been always normal. The most noteworthy symptom about the two who passed the peculiar urine was very frequent but painless micturition, which was also recorded in Ebstein and Müller's case (*Virch. Archiv.*, lxii., 554). The majority of the cases already published have been in children: I learned from Dr. Armstrong, of Dublin, in whose practice the last of these occurred, the interesting fact that another child of the same parents, since born, voids the same kind of urine. A comparison of some points in the present case, with those previously recorded, would be of interest, but cannot be attempted in this brief paper; neither can I do more than mention the investigations of Bödeker, Ebstein and Müller, and, lastly, of Dr. Smith, of Dublin (*Dublin Med. Jour.*, vol. ii., 1882, p. 465), the latter of whom examined the urine in Dr. Armstrong's case. In all these instances the urine was characterized by the same general reactions.

I commenced an investigation of the urine in the present cases in 1884, and had often the coöperation of the Rev. Mr. Gibson, of Partick, who is well versed in practical chemistry. The urine presented the following general characters. When rendered alkaline it assumed such a dark-red color that it required dilution with several volumes of water before it became translucent. On one occasion 10 cubic centimètres of it, of specific gravity 1014, when alkalinized, absorbed 7.8 cubic centimètres of pure oxygen over mercury; another sample of specific gravity 1019, absorbed 10.2 cubic centimètres of oxygen. It always reduced the copper test, its action on it corresponding to that of 8 or 10 grains of sugar to the ounce, as estimated by Dr. Pavy's ammonio-cupric method. It was either pale, almost like water, or of a peculiar brown tint, and never of the color of normal urine. The amount of urea was never in proportion to the specific gravity. The result of one determination with the ureometer was 1.26 per cent (specific gravity 1016); of another, 1.4 per cent. (specific gravity 1019); of a third, 1.68 per cent. (specific gravity 1028). The uric acid was estimated roughly a few times by hydrochloric acid, and seemed little more than a trace. Judging from the color of the urine the urobilin seemed to be nearly altogether absent, and the quantity of indican was never found to be above the normal. The urine was always free from albumen and sugar, being entirely without action on Lowe's bismuth solution. In all these points our urine corresponds closely with what has been recorded of previous cases.

In our first attempts to isolate the body which communicates the characteristic reactions to this kind of urine, we repeated all the experiments of Ebstein and Müller, and found that we could obtain essentially the same results. We found further, however, that our urine, and the substance we obtained from it after their method, presented those characters which identified it, as pointed out by Professor Smith on the authority of Preusse, with protocatechuic acid, and distinguished it from pyrocatechin, and which led Professor Smith to conclude that he had found the former of these in his case. These were, that in alkaline solution it was insoluble in ether; that it did not pass over with watery vapor when distilled in an atmosphere of carbonic acid; and that it gave a green color with ferric chloride, which turned dark red on the addition of ammonia Nevertheless, we could not rest satisfied with the result, although convinced that we had the same body to deal with. A few points suggested doubt, and the necessity for further inquiry. Ebstein and Müller state that their pyrocatechin gave first a green, and then a brown color with alkalies; and that, on shaking up the urine with ether, a little of the pyrocatechin passed into the latter. Now, our urine never gave a green, but on shaking up with ether we obtained a product which gave a very distinct green with alkalies before becoming brownish red. Here was a difference which called for explanation. Again, we could hardly regard the green color with ferric chloride satisfactory proof of the presence of protocatechuic acid; it was but a pale grass-green, difficult to catch, and readily disappearing in excess or with agitation. The urine in Professor Smith's case, morever, had been analyzed by Professor Tichborne, who noted an action on the sugar test corresponding to eight grains of sugar to the ounce, and who did not fail to remark the small amount of urea in proportion to the specific gravity, namely, 1.2 per cent. with specific gravity 1025. Protocatechuic acid has no action on Fehling's solution; and it must be pointed out, as a defect in Dr. Smith's investigation, that he did not put this to the proof with the isolated product of his analysis. Further, the same urine was subjected to a spectroscopic examination by Professor Hartley, who came to the conclusion that the amount of protocatechuic acid in it was about 1 in 10,000, and certainly not more than 1 in 5,000. Such results furnished no explanation of the chief peculiarities of the urine, and, if correct, the subject was of little interest, scarcely calculated even to excite scientific curiosity.

Accordingly, we procured a specimen of pyrocatechin from Germany, and prepared some pure protacatechuic acid, from East Indian kino, according to the directions of Stenhouse, in Watt's *Dictionary.* We at once felt certain that we had a different substance to deal with, in our urine at all events, from either of these. Protocatechuic acid gave only a trifling brown color with alkalies, had no action on the copper test, and struck an intense deep green with ferric chloride in every proportion. We therefore cast about for another method of isolating the peculiar body in the urine in these cases, and at last hit upon one so simple and obvious, that the only wonder is it did not occur to previous inquirers, or earlier to ourselves.

This consisted in acidulating with hydrochloric acid, and shaking up with ether. By this process, an acid was at once set free, which proved nearly equally soluble in water and ether, and the behavior of which clearly showed it to be the immediate object of our search. It existed in large amount in the urine, and we found it could be extracted in abundance; from less than a week's urine we obtained from 200 to 300 grains of this acid. In doing so, we proceeded as follows: The urine was concentrated to a tenth or less, and was then washed with several volumes of ether to remove gummy and resinous bodies, which interfere with crystallization. Amongst the substances so removed was a yellow body, which also appeared to be peculiar to this kind of urine. The ether and the concentrated urine were next separated from each other, and the latter acidulated with dilute hydrochloric acid (one-half per cent. of the anhydrous acid to the original amount of urine). The urine was again shaken up with ether, when the new compound passed freely into it, communicating to it, at the same time, a yellow color, and from which it was afterwards deposited in a crystalline form.

Crystals could also be obtained without previous washing with ether, but of course mixed with some impurity. It was found that, if we acidulated and set free the acid before concentration, we could not afterwards obtain it by the ether, but only a product resulting from its decomposition. In this behavior, it resembles an acid which Schmiedeberg and Meyer obtained from the urine of dogs to which camphor had been administered, and to which they have given the name of glycuronic acid (*Zeitschr. für Physiol. Chem.*, B. iii., S. 422). If the acid were not liberated in the first instance, however, the urine might even be boiled down without producing any change in it. Another curious fact may here be noted. If the urine were acidulated and then shakenup with ether while still somewhat warm, much of the acid passed into a gelatinous state, and the whole tube might thus be filled with a jelly-like mass. This was also more readily produced by using large amounts of hydrochloric acid, and more strikingly still by the use of sulphuric acid. It was found that the acid might also be set free by acetic acid, but this required some time to act. This decomposition of the new acid during the evaporation of its watery solutions explains the failure of previous attempts to isolate it by precipitating first with neutral and then with basic lead acetate; decomposing the second precipitate by hydrosulphuric acid, and subsequently evaporating down. If, before, the latter procedure, we shook up with ether, we found that we could obtain the same crystals as by the other method, but in small amount, and not so pure.

The crystals formed on the evaporation of the ether assumed the form of large stellate groups, and sometimes also of sheaf-like bundles. On another and deeper watch-glass, they took the form of long thin prisms, with oblique ends. They possessed a strong aromatic odor, and a brown color, although in mass they seemed almost black, with shining colorless points or needles scattered here and there. They were very soluble in water and ether, but rather more so in the former, and the solutions were of a yellow color, becoming red, however, when sufficiently concentrated. We have not been able to identify this acid with any known to us, or of which we can find an account; and we would propose to call it, from its source and from its color, *urrhodinic* acid.

The crystals of urrhodinic acid thus obtained seemed tolerably pure; we could not detect any hippuric acid or other body amongst them, and a special search for the latter acid in the urine showed that it did not occur, if at all, in anything beyond mere traces. Three independent calculations proved that the urine contained one-half per cent., or a little more, of this new acid. A solution of this strength gave a reduction of the copper-test about the same as an equal quantity of the fresh urine, and produced the same depth of color with alkalies. In these two observations, the crystals had only been dried in the air, and still retained some moisture, so that the results must have been under and not over the mark. The amount of oxygen absorbed by 10 cubic centimetres of a half per cent. solution, in an alkaline condition, of crystals which had been dried over sulphuric acid, was found to be 8.2 cubic centimetres. Now the urine, of specific gravity 1019, had absorbed 10.2 cubic centimetres of oxygen, and therefore contained more than one-half per cent. of the urrhodonic acid. From the foregoing results, it will be seen that the acid has a reducing action on the copper-test about five times greater than an equal quantity of glucose, and this point was made the subject of a number of very careful determinations.

The crystals of urrhodinic acid were further characterized by the following properties and reactions:

1. In solution, they showed a decided acid reaction to test-paper, and gave all the reducing actions of Bödeker's alcapton and Ebstein and Müller's pyrocatechin, and which need not be here detailed.

2. When exposed to the air on watch-glasses, they absorbed moisture, and became viscid, but did not apparently undergo any further change. On recrystallizing from ether, however, after some lapse of time, the crystals were found to be yellower than before, and probably some alteration had been induced by the water they had absorbed. In watery solution, they spontaneously decomposed, gradually in the cold, but more rapidly if boiled, depositing a dark powder, and leaving still something in solution, which was unaffected by further boiling, which did not crystallize, or only very imperfectly, and which still exercised a marked action on the alkaline cupric oxide solution. The dark powder was insoluble in water, alcohol, and ether, but dissolved in alkalies, and turned the copper solution green, but without reduction.

3. An ethereal solution, so strong as to have a bright red color, did not appear to undergo any change, though exposed to light for months; but, on evaporating the ether, crystals were not deposited as before, but an amorphous mass, apparently a mixture of a yellow and a brown substance. The latter only was now found to be affected like the original acid by alkalies; and, after being made alkaline, the yellow could be readily removed by ether. It was deposited in little yellow masses, and radiating lines with a remarkably silky appearance, and of a beautiful canary-yellow. This body, which for convenience we may call serixanthin (*σηρικός*, silken), was neutral in reaction; very soluble in ether, but more sparingly in water; was unaffected by alkalies, and had no action on Fehling's solution beyond turning it green. The brown has not yet been obtained apart from the yellow; the solution of both together was more yellow than that of the original acid, was of acid reaction, darkened as before with alkalies, and reduced cupric oxide.

4. The crystals formed somewhat pasty cakes when left on watch glasses exposed to the air; over sulphuric acid, these became thin scaly plates of a brown color, but with glistening points scattered over the surface. When pulverized in a dry mortar, a dull, earthy-looking powder was formed, and this

melted at 180–185° Fahr. (82–85° Cent.) to a dark, viscid, treacly, almost tarry mass, evolving at the same time a fæcal odor. The mass boiled about 260° Fahr. (126.6° Cent.) and boiled steadily for some time at 264° Fahr. (128.8° Cent.). It then fell gradually, still boiling, to 248° Fahr. (120 Cent.), after which it rose again, and on continuing the application of heat till the temperature rase to 400° Fahr. (204.4° Cent.) and upwards, carbonic acid was given off, and the fæcal odor already mentioned became very powerful. Some of the crystals were strongly heated in a crucible, and the fæcal odor thus developed was overpowering. Bödeker's alcapton, though *ohne Geruch und besonderen Geschmack*, evolved, when heated on platinum foil, an excessively disagreeable, penetrating odor, reminding him of biliary substances. From the dark, half-charred residue, ethereal and watery extracts were obtained, which we found to yield crystals on evaporation. Ether extracted a compound to which a good deal of foul odor clung: and which crystallized in little pyramids and small radiating or stellate forms. These were brownish, dissolved very freely in ether, but sparingly in water; the watery solution was neutral, and even when apparently very weak gave a deep green and then a brown with alkalies, and exercised a strong reducing action on Fehling's solution. We obtained a watery extract which deposited large, irregular red crystals; a deep, almost coppery red solution of these, evaporated in a steam bath, left a deposit showing all the colors of the spectrum in concentric circles.

5. The behavior of urrhodinic acid with ferric chloride was peculiar. When to a solution sufficiently strong to have a tinge of color a weak solution of the chloride was cautiously added without agitation, a distinct but not very deep green was perceived, apparently belonging to a precipitate and not in solution, but this almost immediately disappeared, no matter what the proportion of the constituents of the mixture. If the solution of the acid was so strong as to be reddish-brown, the precipitate was dark, as if brownish-black, and a coppery color was developed before its disappearance.

6. The acid gave beautiful white precipitates with both neutral and basic lead acetate.

7. On platinium-foil the crystals burned with a luminous, somewhat smoky flame, leaving a small residue of charcoal, which was more slowly but completely consumed.

8. Heated with soda-lime, no ammonia was evolved. The compound was therefore free from nitrogen.

It is unnecessary to give further reactions. We have not yet made an ultimate organic analysis of this body, but have everything now in hand for doing so.

We have already stated that a peculiar yellow body may be extracted by ether from this urine without acidulation. This crystallizes with some difficulty in wavy and branching forms. It is of neutral reaction, not affected by alkalies, and only turns Fehling's solution of a green color. Without certain precautions, it is obtained along with a small admixture of the compound which yields the urrhodinic acid, and this mixture gives first a green and then a brown with alkalies, and is unquestionably the supposed pyrocatechin of Ebstein and Müller. This yellow body is probably itself a decomposition-product of urrhodinic acid, but the crystalline form is not the same as that of the serixanthine already mentioned.

It would appear as if all the peculiarities of this urine were not explained, even by the presence in it of so remarkable a body as urrhodinic acid. The low amount of urea, and apparently of the other nitrogenous compounds of normal urine, seems to forbid such a conclusion. The further we proceed in the matter, we feel the more certainty in stating that this urine contains some nitrogenous compound peculiar to itself, and of which the urrhodinic acid is a decomposition-product. By a certain method of extraction, we have, in fact, obtained a body which yields a large amount of urrhodinic acid by acidulation, and which, when heated with soda-lime, evolves ammonia in abundance. We believe this compound was not altogether free from impurity, but feel sure that it could not contain so much of a nitrogenous nature as to yield the large amount of ammonia given off. We are repeating this process with further precautions against error from this source.

It is interesting to observe that the urine in the case published by Schmiedeberg and Meyer also contained a nitrogenous compound which they believed to be a uramido-campho-glycuronic acid. The kind of urine we have been considering must result from a profound perversion or arrest of the metabolic processes, and its further investigation may throw fresh light on some important problems, as that of the antecedents of urea and others.*

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* We have examined human urine in many diseases, and the urine of the horse and cow in a few instances, but have not found any trace of urrhodinic acid.

Sounding the Frontal Sinus.

In the *Berliner Klin. Wochensch.*, No. 3, 1887, is a paper on this procedure, which has hitherto been thought impracticable. Ph. Schech in his work says that he failed to pass a sound from the nasal cavity into the frontal sinus "after repeated attempts;" and C. Michel believed that it would be necessary first to remove the middle turbinated bone. It will be remembered that the opening from the middle meatus into the frontal sinus is only diminished by the mucous membrane, not entirely closed. Jurasz's first attempt was made four years ago in a case of purulent catarrh of the frontal sinus and temporary retention of the secretion. The following is a short abstract of this case, which was narrated at Freiburg in 1883 (Laryngological Section): A servant girl, aged 17, attended among the out-patients on December 18, 1882, complaining of severe frontal headache. There was an abundant purulent discharge from the nostrils, and whenever this discharge diminished, the pains increased, and *vice versa*. After galvano-caustic removal of the hypertrophied part of the middle turbinated bone, the nasal cavity was douched three times daily, and various means were used in addition—insufflations of boracic acid and various astringents—all without effect. On February 4 the first attempt to pass the sound was made. A fine thin metal probe was introduced into the right middle meatus and pushed gently forwards, when engaged in the aperture, to the frontal sinus; measurement showed that the sound must have passed into this. No pain was given, though a few drops of blood escaped with the pus. The patient soon felt better, and the probing was repeated once or twice a week, with great relief, not only on the right, but the left side. The final result, however, could not be stated, as the patient soon left Heidelberg. So far there was no proof of the actual passage of the sound; but in July, 1883, there was brought to the notice of Prof. Jurasz a patient whose frontal sinus was fully laid open by a cancerous ulceration of the forehead. The dressings were not at once removed, but the sound was first passed from the left middle meatus, and then, on removing the dressings, the end of the probe was plainly visible in the frontal sinus, being freely movable therein. Dr. Kilian, of Worms, a specialist, was present at the time, besides others; but in this case the probe could not be passed from the right side till three attempts had been made, the opening being oblique. Since then this probing has been tried in twenty-one cases more, principally for catarrh of the frontal sinus. In five cases this was done equally on either side, and without trouble; in six great difficulty was encountered (and finally overcome) on one or both sides; and in ten the attempt had to be abandoned. In all these cases the aperture into the frontal sinus could be distinctly seen; other cases in which, from new growths or swelling of the mucous membrane, or deviation of the septum, that opening could not be seen, are not reckoned here. Thus the percentage of successful operations is as yet but small, but may be increased. Metal probes very fine and slightly knobbed were used; but perhaps whalebone would be a better material. A handle is unnecessary. The difficulties vary: the ostium frontale may even be absent on one side, or there may be more than one opening. In any case the anterior part of the infundibulum is the site of the opening, if present, where there is a comma-shaped rim rounded off upwards, when the head is thrown back. This is the place to aim at. The length of the bony canal is twelve to sixteen millimetres, and its lumen is not uniform. Its direction, too, may be either outwards or inwards, and may even be angular. The probe must be moved forwards lightly and carefully, otherwise the mucous membrane may be injured, and the sound be entangled in a false passage. The chief indication for this procedure is purulent catarrh of the frontal sinus, when the secretion is pent within and cannot escape. The case narrated shows the good consequences of this operation, which may thus prove an acceptable substitute to the usual puncture of the sinus from the nasal cavity by a trocar, or the occasional trephining from without.

Case of Undue Frequency of the Pulse.

Before an English medical society, Dr. Blaikie Smith read notes of a case where this was the only apparent deviation from health. The patient, a blacksmith, aged 54, was admitted into the infirmary on March 1, complaining of an uneasy feeling over the præcordia, and shortness of breath on exertion. The apex-beat was invisible, and could not be felt; slight heaving was felt over the epigastrium, but no other pulsation. Auscultation showed the heart's action to be 196 per minute; the sounds were like those of the fœtal heart, and there was no murmur. The heart was not enlarged; the pulse was regular, but feeble and compressible, and its beats corresponded with those of the heart. The lungs were healthy; there were no abdominal symptoms; the urine was normal, and there was no dropsy. Save that for several years he had suffered occasionally and without evident cause from attacks of beating and jerking over his heart, the previous history was unimportant. Shortness of breath and sometimes perspiration attended these attacks, and they subsided abruptly. The present attack came on several days before his admission. Bearing in mind that attacks of undue frequency of the pulse sometimes end spontaneously, the case was simply watched for twenty-four hours. The pulse-rate was then still unchanged. 196 per minute, and the sphygmograph gave a hyperdicrotic pulse-tracing. With the view of lowering the pulse-rate and increasing its tension, tincture of strophanthus (1 in 20) in five-minim doses was ordered to be given every four hours until the pulse-rate was reduced, the quantity of urine being measured. On March 3, after three doses of strophanthus, the pulse was 200, regular, and could be counted only by auscultation of the heart and timing with a watch. Sphygmographic tracing showed the pulse to be of still lower tension and feebler character than on the day before; urine 100 ounces. On March 4, after eight doses of strophanthus, the pulse was 64, natural. Sphygmographic tracing showed a regular pulse, with very characteristic marks of high tension. The heart's action and sounds were normal; the apex-beat was in its usual situation. One hundred and five ounces of urine were passed, and the patient felt well. From that date till he left the hospital on March 8, nothing further worthy of record occurred. The pulse rose to 80, the sphygmographic tracing became more natural, and the urine fell to the usual amount. Dr. Smith considered that the treatment had conduced to the relief of the symptoms on account of the remarkable changes in the pulse-tracing, and the concurrent increase in the secretion of urine. Dr. Smith had hoped to confirm his opinion by further observation in similar attacks, but the patient, probably alarmed at the frequent use of the sphygmograph, levanted from the hospital before this could be attained.

Washing Out the Stomach in a Case of Intestinal Occlusion.

In a communication to the Clinical Society of Paris, M. Jacos relates the following case, a summary of which appears in No. 7 of *La France Medicale:*

B. Valentine, æt. 26, was admitted to the Hotel Dieu under the care of M. Empis, on the 17th of March, 1886. B. is three months pregnant, and is stout in build. She states that on the 14th instant she was suddenly seized with a severe fit of vomiting unaccompanied by pain. In the evening of the same day she vomited several times again; after ten hours she began to feel pain in the abdomen. The vomit was a yellowish fluid; and pain now became more marked in the abdomen. During the next two days she was unable to keep down any nourishment, and her urine was very scanty. On admission to hospital, her eyes were sunken; the abdomen was distended and tender to pressure, and the form of a pregnant uterus was easily made out by manipulation. Nothing was learned from a rectal examination. The hernial orifices were free. From the 18th to the 22d, her condition was miserable; no action of the bowels; the abdomen greatly distended; urine very scanty; and the yellowish non-feculent vomit continuing without cessation. On the 22d she became very restless. The tympany increased, with considerable dyspnœa and a continuance of the vomiting. Injections produced no result; 40 grammes of eau de vie were given.

23d. The same injection as yesterday, without result. The patient sinking.

24th. The general state of the patient worse. Pulse small, temperature 97°; tympany very severe; suppression of urine; vomiting non-feculent but continuous. First washing: Two litres of very cold water (kept cold by ice) were introduced into the stomach, but were quickly returned, as clear as when introduced. It was noticed that on the introduction of the water, the patient complained of a very violent pain in the stomach. No vomiting occurred that evening, and the patient appeared greatly relieved, and passed about 200 grammes of urine. Ice applied over the abdomen.

25th. Vomited once to-day; during the night complained of violent pains in the abdomen, and passed some wind per anum. Second washing out of stomach as yesterday with ice-cold water, followed by similar pains to those of yesterday. During the evening of the day she passed a very liquid stool, with much wind.

26th. The more alarming symptoms have disappeared, so it was deemed unnecessary to again wash out the stomach.

On the 27th she was discharged cured, and her health remained good during her confinement at the normal period.

In the discussion that followed the reading of the paper, the question came up as to how the washing out acted, some holding the opinion that poisonous products were washed out; others, that the cold fluid by causing contraction of the viscus, excited a peristaltic movement. Considering the apparently hopeless case that was so quickly cured, the remedy is one well worth trying before operative procedures are resorted to in cases of intestinal occlusion.

The Cause of Chronic Gastric Ulcer.

The pathology of chronic ulcer of the stomach, in spite of the great mass of clinical and anatomical facts collected, remains unsolved. The usually accepted theory as to its cause is that it is the result of self-digestion by the stomach over an area of mucous membrane the vessels of which have been blocked by embolism or thrombosis. This theory is very plausible in appearance, though no facts directly tending to establish it have been discovered. Rasmussen, of Copenhagen, has lately suggested another theory, which he considers will explain many cases of ulceration of the stomach. It is, for example, not uncommon to find, after death, a groove on the stomach extending from about the middle of the lesser curvature obliquely towards the greater curvature. This groove is often marked by a distinct thickening of the serous membrane, and may be continuous with a similar groove on the liver. In some cases the mucous membrane beneath the sulcus is atrophied; in others it is normal, and lies in folds. The groove of the stomach takes the direction of the left ribs, and is caused by pressure on the organ through tight-lacing. Rasmussen compares the number of cases where this groove is found with the number of scars of ulcers in actual ulcers found in the cases. In the hospital from which the cases are taken, and which is reserved for the incurable and the aged poor, he finds scars, representing old ulcers of the stomach, in seven per cent. in men and thirty-two to thirty-six per cent. in women over forty years of age, the majority of the scars being in the same position as the groove caused by pressure. A closer examination of many cases showed that the groove of pressure was present, and was accompanied by a scar of the mucous membrane lying underneath. Rasmussen further states that if tight-lacing be considered the cause of ulcer of the stomach, it is readily understood why the scars observed *post-mortem* are often symmetrical on each side of the lesser curvature, why they are more numerous on the posterior surface of the organ, and why they are usually about the middle of the lesser curvature. Ulcer of the stomach, according to this idea, would therefore be considered as a pressure necrosis.

Electricity in Epilepsy.

Dr. A. D. Rockwell thus concludes a paper in the *N. Y. Med. Jour.:*

1. Electricity possesses a certain value in the treatment of epilepsy. It is not known, nor is it alleged, that used alone it can cure epilepsy. Used in connection with the bromides, however, its value is unmistakable, and under its use a certain proportion of patients will recover that otherwise would fail to do so.
2. It is in the nocturnal variety of epilepsy more especially that the good effects of electricity are seen, although day attacks have been successfully controlled.
3. The methods of electrical treatment that have proved most efficacious in my hands are central galvanization and general faradization.
4. When electricity fails to cure, or aid in the cure, it is often efficacious, by the method of general faradization, in affording grateful relief from nervous symptoms of an indefinable subjective character; in other words, from that general instability of the nervous system recognized under the term neurasthenia.
5. The systematic use of electricity renders the system more tolerant of the bromides, and will diminish bromic acne.
6. It is important that electrical treatment should be administered with care and judgment; especially should all interruptions of the current be avoided in central galvanization, as the resultant shock is liable to hasten rather than prevent an attack.
7. Two years must elapse without any attack before any case of epilepsy can be considered as one of positive cure.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——The 68th Annual Report of the New York Institution for the Instruction of the Deaf and Dumb, which we have received from Dr. F. C. Riley, shows how admirably that beneficent charity is managed, and how valuable are its services to the afflicted under its care.

——In a reprint just received, the eminent laryngologist, Mr. Lennox Browne, F. R. C. S., describes a successful case of partial excision of the larynx on account of intralaryngeal epithelioma.

——The annual address before the American Academy of Medicine last fall was by Dr. R. S. Sutton, his subject being "Medical Education in the United States, its Defects, and the Remedy." The address is now issued in pamphlet form, and is a thoughtful production.

——The Long Island College Hospital of Brooklyn issues its 29th annual announcement in unusually attractive form, and with an ample amount of matter.

——The Medical Jurisprudence Society of Philadelphia have published a paper by Walter E. Rex, Esq., entitled "Will Contests." It is a valuable resumé of customs and decisions upon this important subject.

——Dr. C. H. Hughes of St. Louis, in a paper before us, maintains the curability of epilepsy and allied affections by galvanism and the phosphated and arseniated bromides.

BOOK NOTICES.

The Practitioner's Hand-book of Treatment, or, The Principles of Therapeutics. By J. Milner Fothergill, M. D., etc. Third American edition. Cloth, 8vo., pp. 660. Philadelphia: Lea Bros. & Co., 1887.

In writing this treatise, Dr. Fothergill undertook to approach the subject of therapeutics in a new and more philosophical manner than previous authors. Taking up one after another each of the great processes which are the conditions of the existence of organic life in man—such as assimilation, excretion, respiration, reproduction, etc.—its physiology is first explained, and then the interferences with it are considered, which leads to an examination of the action of remedial agents, and finally to their clinical application.

This scheme is excellent, and that Dr. Fothergill has been enabled to meet the expectation of readers in the management of it seems shown by the sale of several editions of his work, both in this country and in England.

To the present edition he adds two chapters, one on "The Dietary in Acute Diseases and Malassimilation." and another on "The Management of Convalescence," while the whole of the text undergoes a careful revision.

Medical Electricity; a Practical Treatise on the Applications of Electricity to Medicine and Surgery. By Roberts Bartholow, A. M., M. D., etc. Third edition. Illustrated. Cloth, 8vo., pp. 304. Philadelphia, Lea Bros. & Co., 1887.

The third edition of this work has been prepared by its author with his usual careful research into medical literature. The additions, he states, fall chiefly within the therapeutic sections, and a fuller account has been given of the appliances for electrical illumination, for electrical baths, and for galvano-cautery.

The volume is in moderate compass, and contains a brief exposition of the general topics of electro-physics, electro-diagnosis, and electro-therapeutics, including the applications of the agent to surgery. The author congratulates the profession on the growth of the appreciation of electricity as a remedial agent. He thinks that to utilize it in practice is now a commercial necessity for every physician, and is entirely confident that the time has now come when we may claim for it positive therapeutic results.

The Medical Student's Essentials of Physics and Chemistry. By C. W. Cutler, M. D. Second edition. 12mo. J. H. Vail & Co., N. Y., 1887.

This is a small, well-arranged, carefully-prepared book for the use of students of medicine, and will no doubt be welcomed by many to whom these branches are particularly dry and difficult.

Treatment of Typhoid with Quinine.

At a recent meeting of the Academie de Médecine, M. Dujardin read a paper on the treatment of typhoid fever by quinine and warm baths. The quinine is administered every day in divided doses, of which the total would be about twenty grains. During the first week powdered digitalis is given (four grains daily), and the warm baths are used morning, noon, and evening, the patient remaining therein about 20 minutes each time. The author of the communication, a doctor from Montpellier, assures that out of sixty-five cases thus treated he had only one failure. M. Dujardin, in commenting upon the paper, while encouraging his confrere, thought that we shall never be able to understand the real treatment of typhoid fever until the microbe be better known and cultivated.

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BRIGHT'S DISEASE WITHOUT ALBUMINURIA.

According to Dieulafoy (*Semaine Medicale*, March 16, 1887), as there are now and then cases of albuminuria without nephritis ("transient" or "physiological albuminuria"), so Bright's disease may run its course without a trace of albumen in the urine, or with the presence only exceptionally of this proximate principle in that excretion. This is a fact which is generally admitted in its application to the contracted kidney. In cases, then, where albumen is persistently absent in the urine, the diagnosis of nephritis must be made by the help of other semeiological indications, such as headache, visual troubles, deafness, hypersecretion of urine, "dead fingers" increased sensitiveness to cold, pruritus, dyspeptic troubles, dyspnœa, etc., which will often give a hint as to the true nature of the malady, with or without the convulsive, comatose, and delirious manifestations which characterize the uremia of clinical observers.

Dieulafoy advances three orders of proofs —clinical, experimental, and anatomical.

1. Clinical observation teaches that at the onset of certain cases of chronic nephritis, there may be entire absence of albumen in the urine for a long time; this it is which Mohamed has called the *pre-albuminuric period of Bright's disease*, a denomination which Dieulafoi does not accept, as many well marked cases of Bright's disease have been observed by him where throughout the disease, at the end as well as at the beginning, the urine was free from albumen, and yet the autopsy disclosed the lesions of chronic nephritis. He reports several cases which present great interest in this connection; we have room for only one.

A woman entered St. Antoine Hospital, May, 1886, for a violent cephalalgia. Four years before, without appreciable cause, she had been taken with anasarca of the extremities. At this period she was suffering from headaches, pains in the loins, painful cramps in the legs, and asthmatic breathing. This group of symptoms led Dieulafoi to suspect the existence of acute nephritis. At the end of three months there was improvement in all these symptoms, although the patient was subject to frequent headaches; this state of relative health lasted two years, when the patient found that she could no longer hear well; the headaches became more violent and more persistent, while the pains in the loins, the paroxysms of dyspnœa with precardiac distress, returned. At the time of her entrance into the hospital, the headaches and cramps were very severe, the legs were œdematous, there were noises in the ears, motes before the eyes, and a marked sensitiveness to cold, especially in the evening. Auscultation of the lungs revealed a healthy state of these organs, but there was a *bruit de galop* (a very important diagnostic sign, according to Potain,) over the heart. Dieulafoi made the diagnosis of Bright's disease of four years' date; and nevertheless the urine examined for twenty-six consecutive days never gave a trace of albumen, while urea and the potash salts were in less than normal amount. The autopsy showed the diagnosis to be correct.

2. The experimental proof consists in the ascertainment by chemical analysis and otherwise of the diminution of urea secretion. A good way to determine the lessened toxicity of the urine by reason of diminution of its nitrogenous waste, is to note the result of the injection of a certain quantity in the veins of some animal, as the hare. With normal urine, it is necessary to inject 50 grms. for every kilogramme of the animal's weight in order to kill the animal. Thus if the animal be a hare weighing two kilogrammes, the quantity necessary to produce death will be 100 grms. of urine. In the pathological state, however, where from atrophy of the glomerules, or other cause, impeding or suppressing their function, the waste matters are much less than in the normal state, it takes a much larger quantity of urine when injected into the veins of the animal to kill it; 100 grms., and even more, per kilogramme, will fail to have a decided toxic action; sometimes such urine seems to be almost as harmless as water.

In the case of the patient whose history we have just sketched, Dieulafoi found that he could inject with impunity in a hare of two kilogrammes weight, 230 grms. of urine without any toxic results, excepting a little dyspnœa and the rather profuse diuresis and some diarrhœa which followed. An injection of 100 grms. of normal urine, says Dieulafoi, would infallably have killed this animal.

3. The patho-anatomical proofs are such as the autopsy furnishes in confirmation of the diagnosis made by a careful estimate of the pathognomonic symptoms of the disease, albuminuria only being wanting. It is worthy of note that in the cases reported by this writer, the lesions noted were those of *the small contracted kidney* with arterio-sclerosis, and marked wasting of the cortical substance. It has long been known that in this form of Bright's disease, which is frequently unattended with dropsical effusions (sometimes there is only a slight œdema about the ankles in the last stages), the absence of any considerable amount of albumen in the urine is rather the rule than the exception.

NOTES AND COMMENTS.

Poisoned by Bichloride of Mercury.

What enormous quantities of corroding poisons may occasionally be taken without directly endangering life, is shown by the history of two cases reported in the *Deutsche Med. Woch.*, 12, 1887, by Dr. Hildebrandt. In both cases, by mistake, instead of a morphine powder the patient swallowed sixteen grains of corrosive sublimate. Happily emesis rapidly occurred, and the accident being promptly discovered, large quantities of the white of an egg, dissolved in water and opium, were at once administered. In both cases recovery was complete and rapid. There was no indication of a profound destruction of the primæ viæ—as should have been expected from the effect of so large a dose of a corroding poison.

The cases are instructive, but if Dr. Hildebrandt at the conclusion declares "our fear of corrosive sublimate" as exaggerated, we must confess we cannot understand him. Does the fact of the two cases having survived at all prove the non-corroding character or the innocuous nature of the bichloride? It is well known that enormous quantities of the most virulent poisons have at times been swallowed without their having caused any ill-effects whatever. These cases are easily explained, for almost all poisons, when taken in too large a quantity, at once act as an emetic, and many a would-be suicide has to thank for the preservation of his life, his ignorance of the dose of poison needed to induce death. They wish to make assurance doubly sure, and take too much. Further, the prompt administration of the proper antidotes, especially if at once given in those cases where the swallowing of the intoxicating substance was immediately followed by vomiting, has saved lives over and over again. Many experiments have been made on animals, showing the value and importance of early action. Only recently the MEDICAL AND SURGICAL REPORTER published the experiments of a German investigator, who immediately after administering fatal doses of various poisons—aconite, strychnine, alcoholic—had completely neutralized their effect, and therefore totally prevented all evil consequences, by at once applying the proper antidote, which in the cases referred to consisted in injecting into the circulation an indifferent fluid corresponding in quantity to 8 per cent. of the bodily weight of the animal experimented upon. The same has often been done with physiological antidotes.

That the two cases reported by Hildebrandt survived cannot surprise, therefore; but we must wonder at the conclusion of the doctor, who believes himself justified in drawing the inference that corrosive sublimate is not as corroding nor as virulent as is generally supposed. We question whether Dr. H. would be willing to swallow two grains of the bichloride, to test its innocuous character and non-corroding action. We would advise him in such a case at once to adopt the same procedure which proved so successful in his own two cases, otherwise he might never live long enough to tell the tale.

Such statements as that of Dr. H. concerning the action of a poison well known to be one of the most virulent and corroding of all mineral poisons, can only lead to mischief. No matter how many persons may preserve their lives notwithstanding their swallowing large doses of the corrosive sublimate—either because of the latter, or on account of the prompt application of antidotes—the fact will always remain undisputed, that the drug is a highly poisonous substance, which should invariably be used with the utmost care. Its action must be watched, even when applied externally to ulcerating or suppurating surfaces, or to wounds of any kind, Many cases have been reported but recently where the prolonged application of the bichloride to a wound produced alarming symptoms of poisoning. *Sapienti sat!*

The Treatment of Tonsillitis.

In the *Journal* of January 3, 1885, Dr. G. Partagas recommends the local application of bicarbonate of soda in tonsillitis "before the pain of swallowing is excessive." "Since that date I have tried (says Dr. W. J. Baker, *Brit. Med. Jour.*,) this treatment in a large number of cases, and have invariably found it give great relief, not only in the early stages of the disease, but also when suppuration seemed inevitable. Many patients who were quite unable to swallow even liquids without acute suffering were, in the course of an hour or two, almost entirely free from pain, and in the course of four or five days the disease was cured. I advise the patient, having moistened the tip of the index finger, to dip it into the powder and then rub it gently all over the tonsil; to repeat this every five minutes for half an hour, and then once every hour for the rest of the day. After that two or three applications a day are sufficient until the inflammation has subsided. Since I commenced this treatment, I have never yet had to incise an inflamed tonsil. In one case where suppuration was manifest, the abscess burst under pressure of the finger. The last case I treated was a young soldier just out from home who was suffering from follicular tonsillitis of both glands, with gray patches of exudation, accompanied by a certain amount of fever. He was discharged cured in four days. I can strongly recommend all who have not yet used this treatment to give it a trial."

Inhalations of Carbolic Acid in Whooping-Cough.

About a year ago, Dr. R. Pick published the results which he had obtained from the inhalations of creasote by the aid of an apparatus which, while confining the vapor to the air-passages, allows the entrance of the atmosphere. This apparatus, which has the character of a mask, was described in the MED. AND SURG. REPORTER. Dr. Pick has next tried the effect of the inhalation of pure liquefied carbolic acid in whooping-cough (*Deutsche Med. Woch.*, 12, 1887). He places into the apparatus a small ball of cotton-wadding, into the centre of which 15 drops of the carbolic acid are poured. The mask is then worn the whole day, or at least for six hours consecutively. About three times daily the cotton ball is replaced by a fresh one. For the purpose of early discovering any possible intoxication, the urine was examined every day. Dr. P. records the results which he obtained by this method in five children as follows:

1. The course of the whooping-cough becomes much milder, and is decidedly shortened.
2. Notwithstanding the prolonged application, no symptoms of poisoning made their appearance.

The latter point is important, as Dr. A. Schmitz not long since reported the occurrence of convulsions after the inhalation of carbolic acid gas.

Degeneration of the Cortex.

All parenchymatous encephalites, no matter what their direct result, can never be considered completely cured, unless the individual has been for years under observation and given no signs of disturbance of the functions of the brain. It seems as if these inflammations are apt to give rise to a peculiar degenerative process in the convolutions of the brain, and the longer the inflammation, and therefore the disturbance in the nutrition of the parts continues, the greater appears to be the danger of fatal consequences, which may develop years later.

These cases are rare, and one observed by Dr. Hess (*Wiener. Med. Jahrb.*, 1887, p. 211,) is therefore of great interest. A woman, æt. 67, had suffered when 31 years old from a parenchymatous encephalitis. She was seized, a year before her death, by several apoplectic attacks, became finally palsied on the right side, and showed diminution of intelligence in general. The autopsy revealed a peculiar degeneration in the cortex of the cerebrum, the surface was uneven and hard at places, and disseminated hollow spaces of irregular shape and of various sizes, empty or filled with areolar tissue and fibres, were met with, all evidences of some chronic degeneration going on for years. In the cerebellum one single larger focus was met with. H. observes that the few cases recorded in literature, where the post-mortem gave the same result, all had a previous history of a parenchymatous encephalitis years before the outbreak of the final disease.

Cæsarian Operation and Chromic Acid—Catgut.

Dr. Mikulicz recommended some time ago the employment of catgut ligatures, which have been previously soaked in a strong solution of chromic acid. Dr. Leopold, who was in the habit of using silver sutures in his operations within the abdominal cavity, has recently tried the catgut treated as recommended by Mikulicz (*Deut. Med. Woch.*, 21, 1887). A woman with a pelvis rachitic in a high degree with a conj. vera of 6½ ctm., and another with a pelvis in a similar condition, but the diameter only 5¾ ctm., had the Cæsarian operation performed on them by L. In the first case 10, in the latter 12 deep chromic acid catgut sutures were applied. The catgut remained in an excellent state throughout, and L. ascribes the remarkably good result, which he obtained in both cases, to these catgut ligatures. They do not yield, and thus prevent hemorrhages with all their usual septic consequences; and neither are they absorbed too early. The catguts are prepared as follows: Raw catgut is placed for 48 hours in 10 per cent. carbol-glycerin, afterwards it remains for five hours in a solution of chromic acid of one-half per cent., and it is finally preserved in absolute alcohol. This preparation, while possessing all the advantages of the common catgut, has none of its drawbacks.

Symptoms of Poisoning After Balsam of Indian Hemp.

Dr. A. Miller, in Munich (*Munich Med. Woch.*, 11, 1887), prescribed for a vigorous peasant woman, who had been suffering for some time with insomnia, the balsam of Indian hemp, as recommended by Dr. Jul. Danzel. The first pill, containing only about 1½ grains of the balsam (0.10) produced a semi-comatose state, all kinds of anomalies of sensation, very great dryness in throat and pharynx, feeling of fainting, and hallucinations. The pulse was 120, threadlike. About one hour after the second pill, and after the administration of strong black coffee, emesis occurred, and both pills were vomited very little changed.

M. has observed similar symptoms of intoxication in restless patients, to whom he administered the balsam of Indian hemp. The dose in these cases always averaged about five grains (0.3). Especially in two cases, one with an organic heart and kidney disease, the other tuberculous, where the usual hypnotics had been of no avail, the dose of the balsam could not be repeated on account of the grave symptoms developing.

The balsam of Indian hemp, which has been greatly praised by many observers, evidently is far more active in its effect than the extract, and caution is needed in its use.

Treatment of Hepatic Abscess.

At a recent meeting of the Académie de Médecine, M. Rochard reported a case of hepatic abscess which had been communicated by MM. Ferron and Coustan. He remarked that since the expeditions to Tonquin, Madagascar, and Senegal, many fatal cases of abscess of the liver had occurred which might have been cured had they been recognized and operated on in time. The case reported by MM. Ferron and Coustan had done well, as it had been operated upon when the abscess threatened to burst into the pleural cavity. According to M. Rochard, the best way of treating abscess of the liver is by free incision, washing out the cavity with an antiseptic fluid, and drainage, the wound being dressed after

Lister's method. As soon as a purulent collection in the liver is discovered, prompt action should be taken. M. Trelat agreed with M. Rochard, and remarked that the operation in question was performed every day in the hospitals of Paris. Abscesses of the liver might be opened if there were no adhesions, and if care were taken to unite the edges of the wound in the liver with the edges of the skin wound. The danger of simple puncture arose from the fact that it was not aseptic.

Fatal Result of Large Doses of Thallin.

Professor Ehrlich, who has had very good results from thallin in typhoid fever, has had the candor to report a case (*Münchener Med. Wochenschr.*, No. viii.,) which ended fatally under repeated progressive doses; namely, 0.08 up to 0.58 grammes (one and a quarter grains to nine grains nearly)—of thallin tartrate. The necropsy showed the lesions of typhoid fever in the healing stage, cardiac hypertrophy and dilatation, fresh mitral endocarditis, and hemorrhagic infarcts in the renal papillæ, the last-mentioned being, as shown by experiment, a characteristic sign of thallin poisoning. Ehrlich assumes that the cardiac condition caused defective excretion and consequent accumulation of thallin. The danger may be completely avoided by fixing as the maximum dose for hourly administration 0.2 grams of the tartrate (3 grains). In the progressive administration of thallin, very small doses are used at first—namely, 0.07 or 0.08 grammes—and this amount is increased daily by $\frac{1}{100}$ gramme. Heart-failure of any kind is a contra-indication of thallin treatment; so are the various forms of kidney disease, and also cases which resist the influence of small doses.

Constipation.

Whether constipation (says the *Med. Press*), is a symptom or a disease, or whether it may not be found in both categories, we do not now propose investigating. All who have read Abernethy's lectures know how much stress he placed on not allowing feces to accumulate in the colon. In 1883, O'Beirne issued his "New Views on Defecation," which he dedicated to the then Lord Lieutenant. The book has now few readers, but the lessons it conveys are well worthy of reproduction. We are led to these considerations by a very valuable paper in the *Medical Bulletin* of Philadelphia, by Dr. J. S. Jewell, on the evils of constipation; and we cannot help thinking that many young practitioners would find a greater success attendant on their efforts, if they devoted more attention to the commoner complaints of humanity. The pain in the side, the languor, headache, pasty countenance, and cold feet, are more readily got rid of by a simple purge than many recently qualified physicians imagine. No physician can be too well educated, but we confess that he succeeds best in his professional career who is most intimate with the every-day troubles that afflict mankind.

Cerebral Localization.

The following two cases occurred in the practice of Dr. Salessis (*Encephale*, '87, 3):

Female child, æt. 16 months, general convulsions followed by right hemiplegia with contractures. When æt. 15, grave epileptic attacks with inter-current periods of excitement of an erotic character. Death from phthisis.

Autopsy.—Atrophy in a high degree of the whole left frontal lobe and of both central convolutions, and signs of degeneration in their deeper course.

A man, æt. 32, suffering from general progressive paralysis. Nineteen years before, amputation of the right arm.

Autopsy.—Atrophy of the upper part of the left anterior central convolution.

Whenever convulsions are accompanied by symptoms of paralysis with no other indications of cerebral disturbance, the disease always resides in the gray tissue of the cortex, and in most cases is limited to the anterior lobe, though occasionally also in the motor area of the ascending parietal convolution.

Prevention of Epileptic Fits.

Thinking the following treatment for cutting short and aborting an epileptic fit might be of interest, Dr. F. W. Devereux Long records it in the *Brit. Med. Jour.*:

"A lady, aged 23, has been under my care for nearly two years, suffering from epilepsy, which began about five years ago, she attributing it to a knock on the head from a plank a man was carrying. These fits are both of the *petit mal* and *haut mal* varieties, and were very frequent when she first came under my observation, but she can nearly always make them abort by taking a draught of cold water when at hand; not always having it within reach, she requested me to give her something she could carry about with her. I gave her some nitrite of amyl globules, five minims in each, and directed her to break one in her pocket-handkerchief and inhale it when she felt an aura. This remedy she has seldom found to fail, and moreover it frequently cuts short a fit, especially in the first stage. I have frequently found this remedy useful in similar cases."

Biniodide of Mercury as an Antiseptic.

Dr. P. K. Bolshesolsky, of St. Petersburg (*Vratch*, No. xi., 1887, p. 220), from numerous experiments made by himself in Professor A. P. Dobroslavin's laboratory, concludes that biniodide of mercury is a more powerful and less poisonous antiseptic than corrosive sublimate. Thus he fully confirms the observations of Bernhardy. A solution of 1 in 4,000 destroys putrefaction microbes more completely than a sublimate solution of 1 in 2,000. The biniodide dissolved in a solution of iodide of potassium was recently tried with apparently good results in three cases of laparotomy, under Professor A. I. Krassowski. For washing the floor, a solution of 1 in 4,000 was employed; for disinfecting the hands, 1 in 2,000; for instruments, 1 in 2,000 and 3,000.

Compound Fracture of Patella.

Before an English medical society, recently, Dr. Altham read a paper on a case of compound comminuted fracture of the patella, and showed casts of the leg. The injury was caused by falling from a height of 17 feet on the bare knee. Comminution was so extensive that there was no hope of the bony fragments uniting; they were, therefore, removed, and the wound was dressed antiseptically, free drainage being provided. In six weeks the patient was able to walk about with the limb in splints, and little more than six months from the time of the accident the knee-joint had almost regained its normal mobility, though there was no patella.

The Microbe of Typhoid Fever.

At a recent meeting of the Société des Hôpitaux, M. Chantemeese made an interesting communication concerning the morphological and biological characteristics of the typhoid-microbe. The sporulation of this microbe takes place between 19° and 48° C. (67° to 104.4° F.). It develops in water, even if sterilized. At a temperature of 45° C. (113° F.) the cultivations live for several days; they are destroyed by boiling. This microbe retains its vitality in damp ground. Corrosive sublimate (1 in 20,000) and sulphate of quinine (1 in 800) destroy it. Carbolic acid (1 in 400) has no effect on it; hydrochloric acid is also inert, therefore the acidity of the stomach is not inimical to this microbe.

Inequality of Pupils in Healthy Persons.

From an examination of 134 healthy recruits, Dr. G. S. Ivanoff, of Kïrïlov, came (*Vratch*, No. vii., 1887, p. 162,) to the following conclusions:

1. Equal or symmetrical pupils, as well as equal or symmetrical halves of the face, are met with but very seldom, the former only in 9 per cent. of the persons examined, and the latter only in 2.2 per cent.

2. The inequality or asymmetry is probably dependent upon an asymmetrical development of the cerebral hemisphere.

3. In 54.5 per cent. of persons, the left pupil, and in 73.9 per cent. the left side of the face, is larger than the right one.

Iodol in Diphtheria.

In order to test the statements of Dr. Mazzoni, Dr. L. L. Stembo, of Vilna, tried (*Proceedings of the Vilna Medical Society*, No. v., 1887, p. 114,) the local use of iodol in seven cases of diphtheria, two of which were severe. The drug was applied either alone, in powder, or in the form of a solution (R. Iodoil, ℈ss; liq. vini, ʒss; glycerini, ℥iijss). All the patients recovered after treatment lasting from four to six days. The advantages claimed by Dr. Stembo for iodol are its complete harmlessness, its freedom from unpleasant smell or taste, the painlessness of its application, and the absence of any untoward secondary effects, such as loss of appetite, nausea, vomiting, etc.

Local Temperature in Small-pox.

The *France Médicale*, of January 2, gives an account of some observations made by Dr. Montefusco, of Naples, on local thermometry in small-pox. He points out that, in that disease, the region of the spleen has always a higher temperature than the hepatic region and the abdominal walls. There is no constant relation between the local temperature of the spleen and the axillary temperature.

CORRESPONDENCE.

Obstetrical Statistics.

EDS. MED. AND SURG. REPORTER:

A recent writer in your journal propounds this query: "What do you think of a country doctor having 960 cases of midwifery in sixteen years of general practice, and not losing a single case, or using the forceps in a single case?"

The doctor's experience has been an exceptionally bright one. It is very doubtful if any other reader of the MEDICAL AND SURGICAL REPORTER can claim even half that number of cases without losing one or more mothers, and probably a child or two. A prolapsed cord is a grave menace to the child even in the most expert hands, and puerperal eclampsia is unfortunately not nearly so rare as the doctor's experience would lead one to suppose.

He has never owned or used forceps, denies their value (as well might he deny the the utility of craniotomy), and considers that one element of his success.

In a practice extending over eight years, the forceps were applied on an average about eight times yearly. Have attended four cases puerperal eclampsia in that time; one of these cases was delivered of a living child with the forceps, the convulsions ceasing upon delivery, and both did well. One of the others died, but the labor was otherwise normal, neither forceps nor ergot being used. In another case, the woman died with puerperal fever on the fifth day. But in all the cases in which the forceps were used, both mother and child made excellent recoveries. This is no more an argument for their general use than Dr. Davis' is for their disuse.

A properly constructed forceps can never harm a patient; an improperly constructed doctor can do very much harm, not only with the forceps, but with the hands as well.

The forceps occupy no space that is needed by the head of the fœtus. Properly applied, no patient should realize their presence, and does not, save from the relief their assistance gives. Let nature take her course, if you will, but when, as Dr. D. says, "she takes a wrong course," and it is necessary to assist her, he would find in many instances that a pair of forceps, backed by sound judgment, would be less injurious and far more effective than nine-tenths of his hand manipulation. GEO. H. RHOADS, M. D.

Tobyhanna, Pa.

International Medical Congress, Washington, 1887.

EDS. MED. AND SURG. REPORTER:

I observe in your journal for March, 26 1887, a statement that "The item appropriating $50,000 for the Congress was placed in the Sundry Civil Appropriation Bill, and was therefore, we presume, passed." The fact is that although as you state $50,000 was placed in the bill by the Senate, the amount was cut down in the Conference Committee to $10,000, which will be barely sufficient to meet the absolutely necessary expenses of the Congress, but will not provide for entertainments of special character.

Very truly yours,
JOHN B. HAMILTON, M. D.
Secretary-General.

NEWS AND MISCELLANY.

The American Surgical Association.

The American Surgical Association will hold its annual meeting at Washington, on May 11th, 12th, 13th, and 14th. The preliminary programme, just issued, announces the following papers:

Dr. F. S. Dennis, on "The Exploration of the Bladder by the Suprapubic Method."

Dr. John H. Packard, on "Suprapubic Cystotomy for other purposes than the Removal of Calculi."

Dr. A. Vanderveer, "To What Extent can we Classify Our Cases of Vesical Calculi for Operation, with Report of Cases?"

Dr. J. Collins Warren, on "Resection of the Intestines; with Specimens."

Dr. C. B. Nancrede, on "Should Laparotomy be Done for Penetrating Wounds of the Abdomen Involving Viscera?"

Dr. T. A. McGraw, on "Laparotomy for Injuries of the Abdominal Viscera."

Dr. C. H. Mastin, on "Hernia; its Treatment," etc.

Dr. J. E. Michael, on "" Report of a Case of Ventral Hernia Successfully Treated by Operation; with a suggestion as to the method of operating."

Dr. Samuel W. Gross, on "The Prognosis of Sarcomata of the Breast."

Dr. D. Hayes Agnew, on "The Medico-Legal Aspect of Cranial and Thoracic Wounds (suicidal)."

Dr. L. McLane Tiffany, on "Surgical Diseases of the White and Colored Races Compared; Preliminary Observations."

Dr. B. A. Watson, on "An Experimental Study of Effects of Puncture of the Heart in Cases of Chloroform Narcosis."

Dr. J. Ford Thompson, on "Case of Vaginal Hysterectomy."

Dr. W. F. Westmoreland, on "Fibrocystic Tumor of the Jaw."

Dr. T. J. Dunott, on "Some Remarks on Hypertrophy of the Tongue, and the History of a Case."

Dr. J. A. Conninger, on "A Case of Varix of the Jugular Vein."

Dr. William A. Byrd, on "Excision of the Ankle-Joint."

Dr. David Prince, on "Wounds; their Aseptic and Antiseptic Management."

Dr. J. Ewing Mears, on "The Study of the Methods of Operation Practiced, and of the Results Obtained in the Treatment of Cleft of the Hard and Soft Palate, Illustrated by a Record of Fifty Cases."

Government Health Reports.

By direction of the Secretary of the Treasury, Dr. John B. Hamilton, Surgeon-General of the Marine Hospital Service, has issued the following abstract of sanitary reports received during the week ending April 14:

England and Wales.—The deaths registered in twenty-eight great towns of England and Wales during the week ending March 26th corresponded to an annual death rate of 23.5 in a thousand of the aggregate population, which is estimated at 9,245,099. The lowest death rate was recorded in Derby, viz., 16.1, and the highest in Manchester, viz., 35.4 in a thousand. One death from small-pox was registered in Portsmouth, 1 in Manchester, 1 in Blackburn, and 2 in Cardiff.

London.—One thousand seven hundred and twenty deaths were registered during the week ending March 26th, including 1 from small-pox, 77 from measles, 14 from scarlet fever, 13 from diphtheria, 42 from whooping-cough, 9 from enteric fever, and 9 from diarrhœa and dysentery. There were 509 deaths from diseases of the respiratory organs. Different forms of violence caused 63 deaths. The deaths from all causes corresponded to an annual rate of 21.3 in a thousand. In greater London, 2,156 deaths were registered, corresponding to an annual death rate of 20.8 in a thousand of the population. In the outer ring, 29 deaths from measles and 10 from diphtheria were registered.

Ireland.—The average annual death rate represented by the deaths registered during the week ending March 26th, in the sixteen principal town districts of Ireland, was 28.4 in a thousand of the population. The lowest rate was recorded in Wexford, viz., 17.1, and the highest in Drogheda, viz., 42.3.

Dublin.—Two hundred and twelve deaths were registered during the week ending March 26th, including 4 from measles, 7 from scarlet fever, 3 from whooping-cough, 1 from cerebro-spinal fever, and 3 from enteric fever. Diseases of the respiratory organs caused 53 deaths. In thirty-five instances the causes of death were uncertified. The deaths from all causes corresponded to an annual rate of 31.3 in a thousand.

Scotland.—The death rate in eight principal towns during the week ending March 26th was 25.9 in a thousand of the aggregate population, which is estimated at 1,299,000. The lowest mortality was recorded in Leith, viz., 10.8, and the highest in Aberdeen, viz., 36.8 in a thousand. The aggregate number of deaths registered from all causes was 646, including 55 from measles, 18 from scarlet fever, 6 from diphtheria, 31 from whooping-cough, and 14 from diarrhœa.

Germany.—The deaths registered in fifty-two cities of Germany, having an aggregate population of 6,763,937, during the week ending March 12th, corresponded to an annual death rate of 25.5 in a thousand. The lowest rate was recorded in Carlsruhe, viz., 14.4, and the highest in Augsburg, viz., 39.4 in a thousand. During the week ending March 19th, the deaths registered corresponded to an annual rate of 25.2. The lowest rate was recorded in Görlitz, viz., 14.5, and the highest in Augsburg, viz., 41.7 in a thousand.

Catania.—Twenty-one cases of cholera and 11 deaths from that disease were registered during the week ending March 19th. The consul states that "nearly all who can get away from the city have gone to the slopes of Etna and elsewhere. The city is almost deserted. Business is paralyzed, the poor are suffering, not being able to get work. There is no doubt but that there have been more cases and deaths than reported. The people have a terror of the lazaretto; hence, when a friend or relative is attacked, often they do not report the case, and the sufferer does not have the advantage of good treatment. Good water is now conducted into the city in closed conduits. The wells have been closed. It is hoped that this may improve the public health.

Havana.—Five hundred and forty deaths were registered during the month of March, including 8 from yellow fever, 6 from enteric fever, 1 from bilious fever, 3 from pernicious fever, 2 from small-pox, and 6 from diphtheria. Yellow fever caused 4 deaths during the week ending April 7th.

Maracaibo.—The United States consul, in his dispatch dated March 7th, in relation to the subject of inoculation as a preventive of yellow fever, briefly mentioned in Abstract No. 51, inclosed copies of letters from the Venezuelan consul at Cucuta, Colombia, and from Dr. Bustamente, of the same city, from which it is learned that "Dr. Urricoechea, surgeon of the frontier battalion, inoculated, by way of experiment, and with good results, five of his soldiers. Twenty minutes after the operation the temperature gradually ascended to 40° C., accompanied with all the symptoms of yellow fever. This lasted forty hours, at the expiration of which had disappeared the fever and all attendant symptoms. This operation was effected in a place called Moras, three leagues from Cucuta, and where a body of troops is stationed, who have not come to this city for fear of the fever. At present the inoculated soldiers are here, exposed to the action of the focus of infection. As in Moras, no case of the epidemic has as yet presented itself." Dr. Bustamente, in his letter, states that "as my labors in the field of inoculation as a preventive of yellow fever are only, it may be said, mere experiments, which, although they may satisfy me with a well-founded hope of successful and complete result, cannot be of genuine utility until the best and most efficacious method is decided upon; I am thinking, however, of making an abstract of my observations, together with the method pursued, the results obtained, and everything that may be useful, in the premises. For the present I will confine myself to the statement that in more than forty persons whom I have inoculated, a fever, with many of the characteristic symptoms of yellow fever, has presented itself; this fever, developed by inoculation, varying several tenths of a degree, and in some cases ascending to 41° C., but never presenting the most grave symptoms of yellow fever. The result of my observations permits me to state positively that the fever produced by inoculation is attended with no danger, and it is safe to inoculate, as I have already done, from children of two years of age to the oldest invalids. Many of the persons inoculated have come to this city, and in no case has the yellow fever attacked them, which gives me hope of a final result completely satisfactory. The municipality, assisted by the merchants, sent to Mexico, January 10th, a commissson composed of two physicians, in order to study the inoculation of the fever."

Paris.—One thousand three hundred and fifty-six deaths were registered during the week ending March 26th, including 62 from measles, 5 from small-pox, 13 from whooping-cough, 44 from enteric fever, 3 from scarlet fever, and 31 from diphtheria.

Warsaw.—Two hundred and thirty-one deaths were registered during the week ending March 19th, including 5 from small-pox.

Trieste.—Ninety-eight deaths were registered during during the week ending March 12th, including 1 from enteric fever, 1 from scarlet fever, and 2 from diphtheria. Two cases of small-pox were registered, but no deaths from that disease.

Havre.—Sixty-four deaths were registered during the week ending March 26th, including 1 from small-pox, 1 from enteric fever, 3 from diphtheria, and 1 from homicide.

Palermo.—One hundred and ten deaths were registered during the week ending March 26th, including 1 from enteric fever, 4 from scarlet fever, and 8 from diphtheria.

Genoa.—One hundred and twenty-seven deaths were registered during the week ending March 26th, including 3 from small-pox, and 2 from enteric fever.

Amsterdam.—Two hundred and twenty-eight deaths were registered during the week ending March 26th, including 1 from enteric fever, and 3 from diphtheria.

Copenhagen.—One hundred and fifteen deaths were registered during the week ending March 22d, including 8 from diphtheria.

Toronto.—Thirty deaths were registered during the week ending April 2d, including 2 from enteric fever, and 2 from diphtheria.

Three Rivers.—Seven deaths were reported during the week ending April 9th, including 1 from diphtheria.

Mortality Table, Foreign Cities.

CITIES.	Week ending—	Estimated population.	Total deaths from all causes.	DEATHS FROM—						
				Cholera.	Yellow fever.	Small-pox.	Typhus fever.	Enteric fever.	Scarlet fever.	Diphtheria.
Paris	M'ch 26.	2,260,045	1356	.	.	5	.	44	3	31
Warsaw	M'ch 19.	431,572	230	.	.	5	.	.	.	.
Havre	M'ch 26.	112,074	64	.	.	1	.	1	.	3
Trieste	M'ch 12.	150,157	98	.	.	.	.	1	1	2
Palermo	M'ch 26.	250,000	110	.	.	.	.	1	4	8
Genoa	M'ch 26.	179,382	127	.	.	3	.	2	.	.
Amsterdam	M'ch 26.	378,690	228	.	.	.	.	1	.	3
Copenhagen	M'ch 22.	289,000	115	.	.	.	.	.	.	8
Toronto	April 2.	120,000	30	.	.	.	.	2	.	2
Three Rivers	April 9.	10,000	7	.	.	.	.	.	.	1
Leghorn	M'ch 27.	101,172	56		.	.	.	.	.	.
Pernambuco	M'ch 15.	111,000	61		.	.	.	.	.	.
Cadiz	M'ch 26.	65,028	64	.	.	.	.	.	.	.
Gibraltar	M'ch 20.	23,631	12	.	.	.	.	.	.	.
Matamoras	April 2.	12,000	12	.	.	.	.	.	.	.
Acapulco	M'ch 27.	4,000	3	.	.	.	.	.	.	.
Laguayra	M'ch 26.	7,428	5	.	.	.	.	.	.	.
Rotterdam	M'ch 26.	190,521	109	.	.	.	.	.	.	.
St. Thomas	M'ch 18.	15,000	12	.	.	.	.	.	.	.
Curaçoa	M'ch 26.	25,000	11	.	.	.	.	.	.	.
Kingston, Canada.	April 8.	15,109	. .	.	.	.	.	.	.	.

The Connection Between Chemical Constitution and Physiological Action.

At a meeting of the Royal Society on Thursday, March 31st, Drs. Lauder Brunton, and Cash made an important contribution to our knowledge of the Connection between Chemical Constitution and Physiological Action. In a former paper, the authors had discussed a number of the compounds of ammonia, and in the present they took up a number of substances allied to carbolic acid. A certain parallelism was observed between the changes of physiological action noticed in the compounds of ammonia and in those of benzene by the introduction of chlorine, bromine, iodine, and hydroxyl. Although these radicals do not modify the action of benzene so much as that of ammonia, yet, both in the ammonia compounds and the benzene compounds, the iodine seems to produce a greater tendency to paralysis of motor nerves, while hydroxyl tends to cause irritation of the nervous centres and tetanic convulsions; so that both solutions of ammenia and carbolic acid act on the frog as convulsant poisons in somewhat the same manner as strychnine. One marked peculiarity of the benzene compounds, however, is their tendency to cause tremor of various kinds, so that some of them produce in the frog symptoms like those of disseminated sclerosis in man, and others a form of locomotor ataxy.

The South Carolina Medical Association.

The South Carolina Medical Association held its thirty-seventh annual meeting at Aiken on the 12th and 13th of April, under the presidency of Dr. Cornelius Collock, of Cheraw. A number of interesting papers were read, and the Society recommended the establishment of a State Medical Examining Board, the members of which should be appointed by the Governor, from nominees presented by the South Carolina Medical Association.

The following officers were elected for the ensuing year:

President—T. Grange Simons, M. D., of Charleston.

Vice-Presidents—James Evans, M. D., of Florence; Thomas Legare, M. D., of Charleston; and D. S. Pope, M. D., of Columbia.

Secretary—W. P. Porcher. M. D., of Charleston.

Treasurer—H. W. De Saussure, Jr., M. D., of Charleston.

The next meeting will be held at Columbia, on the second Wednesday in April, 1888.

M. Pasteur's Intensive Inoculations.

Those who are exercised lest M. Pasteur's latest form of inoculation may communicate rabies to healthy persons are not always temperate in their expressions, if we may judge by a letter which Professor Pajot recently addressed to the editor of the *Journal de Médecine de Paris*. Although M. Pajot professes his readiness to contribute to a fund for raising a statue of Pasteur, in case it is proved that his practice is successful, he urges its trial on criminals condemned to death, the inoculations to be done under the supervision of a commission consisting of *two fanatics* (presumably, believers in the Pasteur system), two opponents of the method, and a presiding officer chosen by the four.

The Pennsylvania State Board of Health.

The sixth regular meeting of the Pennsylvania State Board of Health was held in Harrisburg on Thursday, April 14. While much routine business of importance to the State was transacted, the chief interest of the occasion to the public centred in the Annual Address before the Board, which was delivered in the hall of the House of Representatives on the evening of the same day by the Hon. E. A. Wood, M. D., of Pittsburgh, formerly a member of the State Legislature, who will be remembered by his colleagues in that body as a brilliant, forcible, and witty speaker. His address was worthy of the occasion, and an intellectual treat to all who had the good fortune to be present.

A Cure for Diabetes.

In a paper recently read by M. Martineau before the Société de Therapeutique of Paris, he claims to have treated diabetes with invariably good results for ten years past by means of a solution of carbonate of lithium and arsenate of sodium in ærated water, which is taken not only with meals, but whenever the patient is thirsty. He claims by these means to have cured sixty-seven diabetic patients who have been under his care.

Portrait of Dr. Koch.

Messrs. Parke, Davis & Co., Detroit, Mich., have published a large and excellent portrait of Dr. Robert Koch, the eminent bacteriologist. With characteristic liberality, they authorize us to say that if any physician will apply to them for a copy, mentioning this notice, they will send him one without charge.

Therapeutic Notes.

Emulsion of Cod-Liver Oil.—The emulsion of cod-liver oil prepared by Messrs. Scott & Bowne, New York city, is distinguished for its purity, permanence, and smoothness. In cases where it has been tried, it has agreed well with the stomach, and we believe is not surpassed by any other in the market.

Personal.

—Dr. W. B. Atkinson, 1400 Pine street, Philadelphia, is prepared to execute literary commissions for physicians, such as revising MSS., supplying articles, arranging indices, collating authorities on special subjects, etc. Dr. Atkinson's extensive experience in medical literature eminently qualifies him for these studies.

Items.

—Consumption is quite prevalent in Dakota, according to Dr. J. E. Engstadt, in the *Medical Age.* The Indians especially suffer from it, and so do the Norwegian immigrants.

—An International Congress of Cremation is to be held at Milan in September, 1887. Among the honorary presidents are Sir Henry Thompson, of London, and Professor Moleschott, of Rome.

—The sum of $700,000,000 is spent annually for alcohol by the 15,000,000 drinkers of this country, and the sum of $600,000,000 by the 8,000,000 drinkers of Great Britain and Ireland.

—A prize of $2,000 (10,000 francs) is offered by the Académie de Médecine, Paris, for the best work on the treatment of stricture of the urethra, or on the therapeutic methods for diseases of the urethra.

—A new medical journal is to be published shortly in Paris, under Professor Grancher's direction. It will be called the *Univers Médical*, and the editor intends to devote a much larger part to foreign news than is usually given in French papers.

—The Norwegian Government has taken another step towards discovering the origin and nature of leprosy, which is so common on the west coast of Norway, by despatching Dr. G. A. Hansen, director of the Leprosy Hospital at Bergen, to this country, for the purpose of inquiring into the heredity of the disease among Scandinavian emigrants to the United States.

—In the preface to the last edition of an English medical work entitled "What to Do in Cases of Poisoning," the author, Dr. Murrell, says: "This work has reached a fifth edition, but it is not my fault, and I disclaim all responsibility in the matter. I am told that it has been the means of saving many lives, and I have no doubt this is true, for I hear that a gentleman who thought of poisoning himself changed his mind on reading the directions for treatment."

OBITUARY NOTICE.

James Stewart Jewell, M. D.

From the *N. Y. Med. Jour.* we learn that James Stewart Jewell, M. D., of Chicago, died on Monday, the 18th inst., in the fiftieth year of his age. For several years he had been the subject of a disease which, it was plain to his friends, forbade the expectation of his reaching a much greater age. He was emaciated, sallow, and feeble in body, but the brilliancy of his mental powers and the charm of his conversation were in nowise dimmed on the occasion of his last visit to New York, some months since, whatever may have been the case towards the close of his life.

Dr. Jewell, who was of mingled Scotch and English ancestry, was born September 8, 1837, near Galena, Illinois. He took his medical degree from the Chicago Medical College in the year 1860, and began practice in Williamson county. In 1862 he changed his residence to Chicago, and has since been widely known as one of the most eminent physicians of that city, and indeed of the whole country—first as a general practitioner and afterward as a neurologist and as a writer. During the late civil war he served as a contract surgeon in General Sherman's army. For many years he occupied the chair of nervous and mental diseases in the faculty of the Chicago Medical College, and was the professor emeritus at the time of his death. He was one of the founders of the *Journal of Nervous and Mental Disease*, and for several years its chief editor. Most of his literary work was published in that journal. More recently, when he had recovered to some extent from the debility consequent on his malady, he began the issue of a new journal, the *Neurological Review*, but, unfortunately, was soon compelled, by the renewed inroads of his fatal disease, to suspend its publication.

Dr. Jewell was held in the highest esteem by his fellow-workers in neurology, and was respected, admired, and most warmly regarded by all whose good fortune it was to be brought into contact with him.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE HYPODERMATIC USE OF BIMURIATE OF QUININE AND UREA IN THE PRACTICE OF MEDICINE.

BY R. P. TALLEY, M. D.,
Of Belton, Texas.

Doctors of medicine, like trees, begin to die when they cease to grow.

Before entering upon my subject I must crave the indulgence of those who heard me at Tyler in 1883, and at Belton in 1884—And for reasons to wit:

1st. I hope here to answer some criticisms made in the discussion of my paper on this subject at our meeting at Belton, and some others contained in *The Texas Courier Record of Medicine*, vol. 11, No. 1, page 61. 2d. The errors by myself and the publishing committee contained in this paper as published in the transactions of the Texas State Medical Association for 1884, are so many and of such character as to render it almost worthless to convey the ideas I intended, that I am constrained to try once more to do better. (*The publishing committee started out by heading my paper* BICHROMATE *instead of* BIMURIATE OF QUININE AND UREA.) More! notwithstanding the noise I've tried to make on this subject, I have heard but little, either directly or indirectly, from the profession; and having had some experience since our meeting at Belton—some of which is almost too sore to tell—I hope that by raising the question again to further advance the doctrine of Hypodermatic Medication with Quinine—therefore, will those who can have no interest in this matter, pardon me for my (I hope not too great) enthusiasm on this subject. I want it distinctly understood that I am not writing to urge the importance of the use of quinine in the practice of medicine. I believe that all the world now considers its use to be the most important treatment yet discovered for all purely malarial diseases, as well as of much value in many other "ills to which flesh is heir." But I do want to insist on the importance of the use of this particular preparation of quinine, and upon its administration in proper doses—doses not too large—by the hypodermatic method, in preference to *all* others in *all* cases of any severity.

I will now give, as briefly as I well can, some of my personal experience and observations in the management of malarial diseases with quinine and its salts in Central Texas during the last eighteen years.

In 1867, August 3d, I made my first professional visit in Texas, near Davilla, Milam county. It will long be remembered, that from about 1866 to 1870, almost our entire population suffered severely from malarial disease, and especially from what was known among the laity as "black jaundice," which many physicians now call "malarial hæmaturia." The practice where I was then located, was *fearfully* routine: quinine, calomel, and purgatives, in almost every case, made up the work of the doctor. A physician knew about as well what would be his treatment before he saw his patient as he did afterward. The laity believed so much in purgatives, pills, and especially some form of mercury, that if they could not get them any other way, they would take some even in spite of the doctor.

I noticed in such practice a difficulty in getting any effects from quinine, even the symptoms of its physiological action, especially for several days in the beginning of the treatment of cases of any severity. I was told by some professional friends of more experience than myself, and I also read from the little current medical literature at my command at that time, that the system must be first prepared for the quinine by the use of mercury, purgatives, etc.; and again from the same source of information it was urged that if quinine was not absorbed by the stomach, the secretion of which is normally acid, it would likely become entangled in mucus, etc., and pass into the small bowels, and that here, the secretions being normally alkaline, the salts of quinine would be very insoluble, would not be likely to affect the patient at all. I next tried and succeeded much better with sulphate of quinine by the mouth, in solution in plenty of water and sulphuric acid quantum sufficit. But this preparation was so very disagreeable to take, and it was so difficult to keep the stomach from rejecting it, that my patients called loudly for some way of taking their quinine not so disagreeable. All of this I found, after much sore trial, did not give any satisfactory information or results; I found that in many cases my patients would not complain of the characteristic effects of quinine until after three or four days' treatment, or in other words, *after convalescence had actually set in notwithstanding the daily rations of the drug.* In this experience it occurred to me that perhaps it was well for the patient that quinine by the stomach in the beginning of malarial fevers should not be absorbed, because, being mixed up more or less with vitiated matters, almost always in the alimentary canal in such cases, if absorbed it would likely carry with it other foreign matters not good in the circulation, and that nature would in many cases succeed in resisting the disease as well as the doctor.

On one occasion, several years ago, I was called to see an orphan negro boy, who was very sick with remittent fever, and who had no friends to give, or even urge me to give, the traditional mercury and purgatives. I gave him 10 grs. sulphate of quinine made in pills, with aromatic sulphuric acid, every morning, with all the fluids and nourishment he could be induced to take. This treatment was continued for three days, during which time he drank and retained some water and a good deal of buttermilk. He improved every day, and on the evening of the third day I gave him a full dose of castor oil, yet his bowels did not move for about twelve hours, the actions from which were saved for "the doctor to look at." I of course examined them carefully, and to my surprise found eight of the twelve pills above referred to.

This was my first tangible, physical evidence that the salts of quinine might remain in the alimentary canal so long and not be absorbed. But I have frequently since seen cases essentially similar. Not long ago I gave a little girl, about ten years old, sulphate of quinine in capsules—the quinine made into mass with citric acid and water, from Wednesday until the following Saturday. She improved every day, and on Saturday morning I examined a spontaneous action from her bowels, the first while taking the capsules, and found several doses, the capsules gone, but the mass not perceptibly less than when put into the capsules.

We read from some eminent scientific experimenters, that in health ordinary doses of quinine by the stomach may all, save about four per cent., be recovered from the urine in from six to twelve hours after taking it. But they also say that in disease it frequently does not make its appearance in the urine for several days; therefore I conclude that when our patients most need quinine they may get the least of it when we attempt to administer by the stomach.

Cases similar to that of the little girl above mentioned, have been observed by many of my professional friends with whom I have communicated on this subject since our meeting at Belton.

This experience, and that of frequently finding patients who would only speak of the characteristic effects of quinine after taking it from three to five days, either in powder, pill, or capsule, the patient most frequently improving in the meantime, but sometimes dying—*perhaps*, simply for the want of the constitutional effects of quinine—has given me a great deal of trouble in the practice of medicine here where we have so many malarial diseases with which to contend, especially since all the medical world so earnestly insists that quinine is the very best drug with which to treat all purely malarial diseases, as well as all troubles even near akin to malarious affections.

At times I have become so skeptical in regard to its use by the stomach that I have been seriously tempted to use some substitute perfectly inert, something that would at least do no harm, as quinine no doubt frequently does. I am satisfied beyond any reasonable doubt that if the United States had on hand to-day the quinine that has been uselessly and harmfully used during the last twenty years, it would "go begging" at a nickel an ounce. There would be no quarreling in our Congress about import duties on it. M. Michel Levy informs us that "at the Lille Military Hospital, the physician in charge *cured intermittent fever* (italics mine) with pure water, which he dispensed in vials labelled "Protoxide of Hydrogen." Please take due notice that the physician in charge of Lille Military Hospital says he *cured intermittent fever* with pure water dispensed in vials, etc. Would it not have been better and nearer the truth for him to have conveyed the idea—the abstract fact—that his patients got well of intermittent fever *while* they used pure water dispensed in vials labelled "Protoxide of Hydrogen?" His cure with pure water in this way is a parallel of my patients above mentioned, who got well of malarial fever *while* I give quinine, the quinine having no effect at all. Cure thus carelessly asserted has done more to retard progress in what is known as curative medicine than any other word in use. Too many physicians are too often so anxious to see themselves efficient agents rather than interested spectators that they wholly neglect or otherwise fail to see their blunders. To us as physicians, it is sickening and discouraging in the extreme to see so many of our observations so vitiated by tangible errors as to render them worthless, as having surely done great harm. We can only be saved by the doctrine that "the moral quality of an act resides in the intention," when possibly we ought to look for distinct and definite results in medicine. Reports of failure when intelligently made are worth more than those of success, which are too often only *apparently* so. I believe it is a good idea for a physician "never to believe anything in medicine as long as he can help it." "The study and practice of medicine are wonderfully calculated to steal away a man's common sense." (My Note Book, Bowling.)

But notwithstanding all this, I am compelled to have much faith in quinine in the treatment of all malarial diseases, especially since my experience with it for nearly four years by the subcutaneous method of administration. I have been studying and watching medical literature the very best I could for several years for some preparation of quinine that could be used efficiently with the hypodermatic syringe. Formula upon formula has been published for the last thirty or forty years for preparing the various salts of quinine for hypodermic use, but all of them with but one exception, so far as I now know, are so defective for reasons not here necessary to give, that I have used them only as a last resort, notwithstanding that medical literature as well as my experience in regard to their use are very encouraging in many respects.

About four years ago I read in Prof. Bartholow's third edition of "Hypodermatic Medication," as follows, to wit: "*Very recently* (italics mine) a new compound salt of quinine has been introduced for hypodermic injection, and it *seems* (italics mine) to possess very distinct advantages over all other preparations hitherto proposed. It has been termed quinia bimuriatica carbomidata, and is formed by Drygen from a combination of twenty parts of muriate of quinia, twelve parts of muriatic acid, and three parts of urea. The resulting salt is soluble in *equal parts* of water (italics mine)." He further says, "The trials that have been made of it at Hamburg have proved so successful that it is highly desirable it should be known more widely. A 50 per cent. solution has always been employed, and the quantity injected has varied from a half to three syringefuls. The local irritation was in most cases very slight, and at the worst consisted in a circumscribed burning pain, without redness or swelling." When I first read this I felt as if I had captured a prize, the value of which in the practice of medicine could not easily be overestimated, unless quinine has been by all the medical world up to this date fearfully overestimated.

Over three years ago I wrote Prof. Bartholow for reference to any literature on its use hypodermatically, besides what was contained in his 3d ed. on "Hypodermatic Medication." He soon answered as follows:

"1509 WALNUT STREET,
"PHILADELPHIA, *March* 17.

"*Dear Doctor:* In reply to your note, I have to say that all the information possessed by me on the subject of the subcutaneous use of quinine and urea is contained in the 4th edition of my Manual of Hypodermatic Medication.

"There have been incidental references to the subcutaneous injection of quinine, and to this preparation, but there have not been brought forward any actually new facts.

"Very truly,
"ROBERTS BARTHOLOW."

I then very soon obtained his 4th ed., and found that it contained substantially the same and nothing more than the 3d ed. on this particular subject. About one year later I wrote Messrs. John Wyeth & Bro., of

Philadelphia, to please give me the difference in the chemical composition of sulphate of quinine and bimuriate of quinine and urea, especially in regard to the amount of quinine contained in each. These gentlemen replied as follows:

"PHILADELPHIA, PA., *March* 8, 1884.

"DR. R. P. TALLEY, BELTON, TEXAS.

"*Dear Sir:* Your esteemed favor came duly to hand, and in reply permit us to say, that the salt in question (bimuriate of quinine and urea) has been extensively used of late in Philadelphia and its vicinity. There have been so many formulas given that for the present we prefer to withhold any comments on them. We herewith hand you an extract taken from the *Druggist's Circular* in relation to the preparation.

"We take pleasure in handing you the formula showing the different amounts of quinine contained in each preparation—of sulphate of quinine and of bimuriate of quinine and urea, viz:

"Sulphate of quinine=alkaloid, 73.134; Bimuriate of quinine and urea=alkaloid, 61.36; or about this percentage. * * * * *

(Signed.) "Yours truly,
"JOHN WYETH & BRO."

So we see that the new preparation contains a little less of the alkaloid (quinine) than the sulphate of quinine, and this in using the new preparation is important to know, inasmuch as our doses must or ought to have reference to the active principle contained in them, rather than to anything else simply to prepare them for use.

While the above detail is too tedious for a meeting like this, it goes to show *some* of the troubles we have to encounter in the practice of medicine.

I will now give a few cases to illustrate my experience in the use of this new preparation of quinine.

Case 1. I treated my first case October 1, 1882. It was a boy about ten years old, who had been sick two days with intermittent malarial fever. When I first saw him I found his temperature 105$\frac{1}{2}$°, pulse 120, respiration 30 to 35, vomiting every few minutes, cold extremities, and almost complete coma, with twitching of the muscles of the right side of the whole body. Bowels had been moved several times with "Simmons' Liver Regulator," and he had had several domestic doses of blue mass and sulphate of quinine during the last two days. I gave at about 10 a. m., hypodermatically, sulph. of morphine, gr. $\frac{1}{8}$, sulph. atropine gr. $\frac{1}{200}$, bimuriate of quinine, and urea gr. x. in water, ♏x. Ordered a warm sponge bath to the whole surface of the body, and for him to have all the iced lemonade he could be induced to take. At 6 p. m. temperature 102°, and a corresponding improvement in every other respect. Did not vomit after taking the hypodermatic injection—an important effect of the morphine and atropine perhaps—and had drank freely of the lemonade. He convalesced favorably and rapidly without any other drugging, and did not relapse, as is so often the case in such diseases.

Now, in this case I want to call attention to this, to wit: That the convalescence was of but little value as reliable evidence as to the direct efficiency of the treatment, only in that the patient did not relapse, because, in my judgment, such cases have a natural tendency to convalesce after the third paroxysm, but also a natural tendency to relapse in from seven to fourteen days etc., according to their type, and this boy already having been sick three days with the every-day type of malarial fever, perhaps was just ready to get better any way.

Case 2. November 5th, 1882, about 2 o'clock p. m., I saw Mrs. I. at the request of her husband, from whom I got substantially the following history, which I regarded as about correct, inasmuch as he had about ten years' experience in a retail drug store: Patient had a chill on the 2d and 3d inst., followed by fever and sweating as in ordinary intermittent malarial fever. On the 4th inst., she seemed a little delirious, but took some nourishment in the morning as on each of the two previous days; but early in the afternoon she fell from her seat in a spasm, and had been in a profound coma ever since, with frequent convulsive movements. The family physician was sent for and arrived soon after the spasm came on. He gave a hypodermatic injection of morphine, ordered mustard plasters to her spine, and then tried to control the convulsive movements with chloroform by inhalation.

About 8 or 9 o'clock p. m., he left her no better, instructing her husband to give her chloroform freely, and not to be afraid of it, and to let him know if she got better, and gave as his opinion that she was suffering from malarial toxæmia. But little chloroform was used. The family physician was sent for and arrived again about daylight the following morning. He in vain tried again to control the trouble with inhalations of chloroform, and about 8 or 9 o'clock a. m., left her to her fate, saying to her husband and friends that nothing more could be done for her, and that he thought she was then dying and would likely be dead within an hour. On my arrival, I found her condition about as follows:

Pulse 120, full and bounding; respiration 25 to 30, very labored and noisy; temperature 106°; eyes wide open, the pupils turned up and dilated to their fullest extent, and the conjunctivæ intensely congested. Her hips were almost enveloped in involuntary actions from her bowels and bladder. The upper extremities more or less flexed, the lower straight, and both in a constant spasmodic condition; the head drawn back and to the left. The coma at this time was profound. She had not had anything, not even water, by the mouth for about twenty-four hours, and could not then take anything, paying no attention at all to anything put into her mouth. I diagnosed the trouble pernicious malarial fever, with very unfavorable prognosis, and treated the case as follows:

I first had her clothes all taken off and her whole body well washed in tepid water, then placed in a clean bed between two open doors, with no covering except a sheet. I then gave subcutaneously sulph. of morphine, gr. $\frac{1}{8}$; sulph. of atropine, gr. $\frac{1}{60}$; bimuriate of quinine and urea, gr.xv, in solution in water, ♏xx. Also ordered a pint of warm water to be slowly injected into the rectum, and to be kept in by force for one hour, about every four to six hours. The whole body to be sponged every hour with warm water, until my return about six o'clock p. m. Within ten minutes after the subcutaneous injection the respiration and pulse were very much improved, and she never had any more of the spasmodic movements above referred to. At 6 p. m., temperature 102°, and some improvement in all the other symptoms. I added some covering and ordered the treatment otherwise continued, except to give her water by the mouth instead of the rectum, if at any time she could so take it, and also discontinued the warm sponging, unless the skin seemed to get hot and dry again.

Nov. 6th, 8 a. m., about as at last visit, except with the water enemas a great deal of fecal matter with some urine had been involuntarily discharged, and she had uttered in a sort of delirious way several indistinct words, the first attempt to speak a word in any way for over thirty-six hours. I repeated the hypodermatic injection and ordered the other treatment continued. At 6 p. m., I found her very much improved in every respect. She had voluntarily taken plenty of water, but yet had considerable delirium. I ordered milk gruel or buttermilk as nourishment, and all the lemonade she could be induced to take as drinks.

November 7th, 8 a. m. About as at last visit, except some improvement in the delirium, but would occasionally utter the most hideous delirious screams I ever heard from any one, under any circumstances, and had taken some nourishment and freely of lemonade. I repeated the hypodermatic injection, and ordered the other management continued. At 6 p. m. decidedly better in every respect.

November 8th, 8 a. m. Dismissed the case with special instructions as to food, etc. Will note here that the temperature was never over 101° after the first day's treatment. Patient made a rapid recovery without any further drugging, and had not up to April, 1885, had another attack of malarial fever.

Case 3d. August 12th, 1884, I saw a child two years old, who had been very sick for three days with remittent malarial fever. At my visit (about 3 o'clock, p. m.) it was in a deep coma, and its temperature 106°. Its family had been living in the Leon river bottom for some months, and the child had several attacks of malarial fever during this time, and was then very anæmic. It had been treated—domestically—with a large quantity of sulphate of quinine and some calomel, during this immediate attack, and had taken, as its father said, "a bottle of quinine in the last two or three months." For treatment I gave bimuriate of quinine and urea, gr.iv.; sulph. of morphine, gr. $\frac{1}{12}$; sulph. of atropine, gr. $\frac{1}{240}$, in solution in warm water, q. s. Then ordered a warm sponge bath every thirty minutes until the child could swallow (if ever), and then to have all the buttermilk and lemonade it could take until it was decidedly better. Two days later I was informed that the child was still living, and that while it was better in every way, its parents wanted me to see it again. At this second visit I found the little fellow looking fearfully pale, very weak, somewhat deaf, a little fever, and poor appetite. After giving careful advice in regard to diet, etc., I gave—with doubt as to its propriety—another dose of the hypodermatic injection. About four months after this I learned from the child's father that it got well right away, and had been well ever since, except that it was still "very hard of hearing," but that his other children were "chilling right along," and had been for about six months.

Case 4th. The following case has been the sorest of my experience with this treatment, although it *may be* that some have died by the injudicious use of this or for the want of a better treatment.

In 1883, September 11th, Mr. D. called me to see his son, who was about ten years old, poorly developed, and had had malarial fever, to my own knowledge, from time to time for several months, during which time he had been living in the Leon river bottom. He had been sick with this attack about three days, in which time his father had consulted me at my office every day, and I had at each of said consultations prescribed the routine treatment, to wit: Sulphate of quinine, mercury, lemonade, etc., by the mouth. At my visit in the morning his temperature was 104°, and so much delirium that it was almost impossible to get him to take anything by the mouth. His delirium was very much like delirium tremens. In this case I shall only give in detail the hypodermatic part of the treatment, and, as I think, its results. Suffice it now to say that I gave half of the hypodermatic dose used in case 2d. At about 4 o'clock p. m., his temperature was 101½°, with other improvements, except we could not get him to understand what we wanted him to try to do. This condition I then took to be from delirium, but now think it was from deafness. The next morning I found him in the same condition, except he had taken some milk and plenty of lemonade and some water, and would gaze at persons about his bed with a sort of wild expression of countenance. Fearing another paroxysm, I "popped in" (an expression peculiar to quack doctors of medicine) another dose of the hypodermatic injection and with it, I *now* think that I popped his capacity to ever hear again out of existence. At least I *know* he could hear up to a short time before my first visit, and also that he has not been able since to hear a watch tick resting firmly against his ear. Also the history from his father is, that his son had had several "risings in his head and running from his ears," when younger, but there had not been anything wrong with his ears for some time before I treated him, and that there had not been anything wrong with his ears since so far as he could tell, except his deafness. The only consolation I have in this error in practice (if it is one) is that with the kind assistance of Dr. R. H. Chilton, of Dallas, Texas, and a good lawyer of my town, the patient has been in the deaf and dumb asylum at Austin, Texas, for nearly two years, and has so much improved in every respect, except in his capacity to hear, that when he again mixes with his family he hardly looks like one of the same tribe, notwithstanding his parents are just as clever as any poor people, living on a rented farm, well can be.

Now, I believe in my great anxiety for him I gave this poor boy too much quinine—in other words, I over-treated him, as we poor mortal doctors too frequently do. That is, where our patients most need our cool and calm judgment, judgment is out and anxiety with too much desire to be efficient agents is in, upon the physical principle, that "two bodies cannot occupy the same space at the same time."

Dr. Chilton saw this boy April, 1884, and after carefully examining his ears, gave it as his opinion that such organic changes had taken place that no sort of treatment could possibly cure or even benefit him materially. Since writing the above I have had a conversation with Dr. Chilton in regard to the effects of quinine in producing this boy's deafness and he (Dr. C.) insisted that he cannot believe the quinine had any bad effect in this case, and that I was in all probability wrong in charging myself with the boy's deafness. Having a high regard for Dr. Chilton's opinion as a specialist, I concluded to reinvestigate the subject before blaming myself too much in this case and in such practice. So I did, and will offer authority for my conclusions above and such as may follow, to wit:

In "A Practical Treatise on the Diseases of the Ear, by Prof. Roosa," ed. of 1883, pages 619 to 626, he says, "In a paper read by me before the Society of Neurology and Electrology in April, 1874 (which was published in the American Journal of the Medical Sciences, vol. lxviii, page 400), I classified four cases of congestion and *inflammation* (italics mine) of the base of the brain and labyrinth, caused by the internal administration of quinine. My remarks at that time led to a discussion in which Drs. Jacobi and Hammond participated. To attempt a settlement of some of the questions involved, I undertook some experiments upon the human subjects, as did Dr. Hammond upon animals. I believe these were the first experiments to determine the effects of quinine upon the ear. They have been followed by others, and considerable clinical experience has been duly published as to the effects of quinine upon the eye as well as the ear, so that the views of the profession is now clearer than before the subject was thus opened up." * * * "Fortunately most of the cases of deafness caused by quinine fully recover. In some however, most deplorable results occur."

Kirchner states as the result of his experiments that "quinine causes (*i. e.*, may cause) inflammatory processes and permanent pathological changes in the ear."

Orne Green (*Boston Medical and Surgical Reporter*, vol. cviii., p. 220), after reviewing the literature of the subject and giving his own large clinical experience, quotes Prof. Roosa's views and their corroboration by Kirchner, with approbation, and states: "From our present knowledge, both clinical and experimental, we are justified in asserting that the action of quinine upon the ears is to produce (i. e., in large doses, if I understand him) congestion of the labyrinth and tympanum, and sometimes distinct inflammation with permanent tissue changes."

After studying medicine the very best I could for about twenty-five years, I am sorry to say that I am in more or less doubt as to whether quinine has up to this date been a blessing or a curse, even in the hands of those who claim to be REGULAR DOCTORS OF MEDICINE, to say nothing of the miserable haphazard manner of using it by quack doctors and the laity the world over. So much for Case 4 at the present.

To detail any more cases treated in the manner indicated would make this paper too long, especially since medical literature and experience furnish abundant evidence that the hypodermatic method of using quinine in the treatment of malarial diseases is beyond any reasonable doubt far superior to any other mode of using it yet discovered. With a single proportional dose of the above indicated hypodermatic preparation I have frequently relieved, *as I thought*, children suffering from the worst forms of malarial fever, and without any other drugging and without a single so-called relapse, so far as I now know.

Dr. Casseaud treated (so says Dr. Bartholow), in the hospitals at Smyrna, one hundred and fifty cases of malarial fever by the subcutaneous injection of quinine (he does not say what preparation), and had but one relapse. Prof. Bartholow, of Philadelphia, Pa., says, in speaking of Dr. Casseaud's success; "Such have been my own observations." Dr. Moore, of the Bombay Medical Service, concludes "that four or five grains of quinine injected beneath the integument are equal to *five* or *six times that amount* (italics mine) taken into the stomach."[*]

With the hypodermatic preparation used in the treatment of the four cases above detailed, I have only *quinined* a few cases of pure typhoid fever, and in all, I think, with more or less doubt as to my good results, especially as a direct antipyretic. But Prof. Bartholow says: "The antipyretic effects of quinine are constantly made use of in the treatment of continued fevers, as all the world knows, the treatment being by the mouth." I cannot believe much in the direct antipyretic effects of quinine in typhoid fever. Perhaps it is of service in such cases in its effects in controlling pyæmic and septic conditions. At any rate, under no circumstances can I be induced to give quinine in such enormous doses as many physicians warmly advocate.

I know that some of my professional neighbors are in the habit of giving from ʒi. to ʒii. in twenty-four hours; some even give ℥ss in twenty-four hours. A professional friend of mine not long ago gave his own daughter ʒi bimuriate of quinine and urea with morphine and atropine, in four doses in twenty-four hours, and yet no apparent bad effects followed. But she has a serious eye trouble (just the nature of which I do not know) which he says followed a serious attack of fever for which he used a very large quantity of quinine. It is my opinion that in the use of large doses of quinine, by the mouth, one of three effects may be expected with more or less certainty, to wit: 1. It will have no effect at all, not being absorbed; 2. A certain per cent. *may* take effect; 3. It may all be absorbed, and if so, will always do some harm and sometimes serious mischief. Hence, I must insist that when administering it by the mouth we do not and can not know where it is or what effect it will have for good or for evil. Many worthy and reliable observers insist that too large doses of quinine will not only produce permanent injury, especially to the eye and ear, but also actually death, in many cases, especially when co-operating with some fearfully diseased condition of the system. I am satisfied beyond any reasonable doubt, that many deaths reported as caused by "brain fever" and "congestion," etc., etc., were in fact caused by the injudicious use of quinine, even—I am sorry to say—by some of our very best men in the medical profession.

How many eye and ear troubles are looked upon by the average physician, and even some aurists and oculists, without any regard whatever to quinine as even capable of producing such misfortunes. A general practitioner of medicine, or an oculist and aurist, let him be ever so well qualified and authorized, without regard to "race or previous condition," whether German, Jew or Gentile, if he does not recognize quinine as even capable of doing harm to so delicate an organ as the eye and ear, will surely not look for, and hence most likely not find, cases of defective sight and hearing due, in whole or in part, to effects of quinine.

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[*] According to this experience you see not only the force of this method of using quinine, but also my error in the Case 4 above reported.

I may feel the importance of the subject of the POISONOUS EFFECTS of quinine too keenly, but if so, I hope by throwing the question into the Association with all the force in my power, to raise such discussion as will likely better inform me and perhaps some others.

Granting the great importance of the use of quinine by the stomach, as insisted upon by our honored medical authors, to wit: Prof. Bartholow, as above quoted, and also many others, how much *more* important it would be, used subcutaneously, is simply beyond my capacity to estimate, especially since we now have a preparation so entirely free from danger of producing abscesses, when carefully handled. Hypodermatically used, we have *positive* evidence as to *where* it is, hence our observations as to its good and bad effects are of some real value, such as cannot be had by any other mode of using it yet brought to light.

During the first two years of my experience with the hypodermatic injection used in the treatment of the fever cases herein detailed, I did not produce a single abscess. Up to this time I had my solutions prepared at a drug store, but these solutions would not keep well, spoiling more or less rapidly by the development of the penicilium, and an increasing tendency with the age of the solution for the salts to precipitate and perhaps some chemical changes also. I then carried the salts in definite quantities and made extemporaneous solutions, by adding water only sufficient with heat at about 100°. With this I evidently produced some splendid specimens of abscess. I then changed my tactics again, and began making my extemporaneous solutions not so concentrated, say 15 grains of the salt of quinine to at least 20 minims, since which time I have not had an abscess from its use, *i. e.*, when I could reasonably control my patients until time for inflammatory processes not to be expected; e. g., not long ago I saw a man about sixty years old who had been "chilling," as he said, about every two weeks. On the day of my visit, which was Sunday, he had had a chill in the morning, during which he was not apparently much sick, as his wife said, but was somewhat delirious, and went to church in spite of his family, and while there had "a fit or fainting spell, one or the other," and had to be carried home by force. When I saw him he was more or less delirious, with a temperature of 105°, I gave him hypodermatically, bimuriate of quinine and urea gr. viiss, sulphate of morphine gr. $\frac{1}{3}$, sulphate of atropine gr. $\frac{1}{75}$, in water q. s.. I then advised that he would likely need some further attention from some physician, but any way, if he seemed to do ever so well, he had better remain in and take good care of himself, and especially his arm where I had injected the medicine. But he worked in his blacksmith shop the two following days, and on the third hunted me up to abuse me for making his arm so sore that he could not work. In about a week later, he had his arm lanced, the physician operating expecting to get pus, but only got some nearly clear serum.

From the use of this hypodermatic treatment, I am sorry to say, many of my professional friends and neighbors have had ugly abscesses to contend with. Of course, in such cases they were willing to call it "Talley's treatment," especially if they produced an ugly abscess on some handsome, or expected to be handsome, arm. In reply to this, I want to say in a friendly way that in all such cases the patient, in my judgment, needed a physician to begin with.

The important details in making a hypodermatic injection are too many to be given in a paper like this. I have for many years made hypodermatic injections as *deep* and as *slowly* and as *little* at *one point* as possible, for the following, as I think, very particular advantages over the usual method: 1. It gives less pain; 2. It takes effect sooner; 3. It is not so likely to produce abscess; 4. There is comparatively no danger of injecting more than a few drops directly into a blood vessel, an accident that we all want to avoid. This fourth advantage I try to obtain by first introducing the syringe needle as deeply as I well can; then I throw out one or two minims at different points as I very slowly and cautiously withdraw the needle.

In reviewing my paper on this subject, as read before the Texas State Medical Association in April, 1884, *The Texas Courier-Record of Medicine*, Vol. II., No. 1, page 61, says, in referring to my manner of using the hypodermatic syringe: "En-myonic would be the correct name for it, not hypodermic." Like the reviewer, in part, I now do not think the word hypodermic the proper one to use, hence no longer use it. In Prof. Bartholow's "Hypodermatic Medication," pages 30 to 60, he says: "This word hypodermic is condemned by all scholars, who are unanimous that the term should be in accordance with the rules of construction—hypodermatic." That eminent philologist and oriental scholar, Mr. Fitzedward Hall, D. C. L., assures me that under no circumstances is the word hypodermic allowable. * * * He (Prof. Bartholow) further says: "By this" (hypodermatic) "method the medicament is introduced beneath the skin, usually into the subcutaneous areolar tissue, *but also into the muscles*" (italics mine.) Now I think that in all candor the name "enmyonic" for this operation is the least appropriate of any yet proposed.

I want just here to call attention to the fact that in the paper of mine above referred to I *never once intimated* that I confined my injections to the muscles. In the same review just above referred to it is said: "We cannot understand how a preparation of this kind which contains not quite two-thirds of quinine in the dose administered, would be any better than an extemporaneous preparation of a solution of quinine in dilute muriatic acid."

In reply to this, just let me call attention to the fact that it requires 1600 parts of water at 59° Fahr. to dissolve one of quinine. While it is freely soluble in dilute acids, it only requires a little common sense to enable one to "understand how a preparation" of bimuriate of quinine and urea, *which is soluble in equal parts of water*, is better than the alkaloid quinine which is *soluble in not less than* 1600 *parts of water.*

Now, there seems to be a great difference of opinion (a professional difficulty, if you please) between the editor of the *Texas Courier-Record of Medicine*—as in this paper above referred to—as well as other medical gentlemen and myself. I plead "not guilty," and submit the case "to the jury."

Now, since I have raised the subject of the hypodermatic use of bimuriate of quinine and urea, I hope to hear the experience of others in the use of this preparation of quinine (with or without the preparations of atropine and morphine), as compared to others in general use the world over. In the use of quinine in any way for any malarial trouble, I have for several years nearly always used morphine and atropine combined with it, for reasons I cannot here well give without making this paper entirely too long.

If I am not very much deceived, this preparation of quinine, to wit, *quinia bimuriatica carbomidata*, is the best yet on record for use in *any way*, and for *any disease*, for which quinine in any form is at all useful, and for reasons apparent to any thinking medical man who is at all familiar with it. I know the great tendency in our profession to to ride medical hobbies, and sometimes without reason or mercy; and I hence have had an eye to this professional weakness, and tried to avoid it in my experience with this particular remedy.

PRACTICAL NOTES ON THE CARE OF THE RECENTLY DELIVERED PUERPERAL WOMAN.

BY EDWARD P. DAVIS, M. D.,

Of Philadelphia.

In the present age of scientific obstetrics it is possible that attention is given so constantly to the great things of the law, that its minor matters are a little neglected; and hence the following notes may prove of interest.

Let us suppose that delivery has been successfully accomplished, and without laceration requiring sutures or *serre-fines*. There remain, then, no conditions requiring especial restraint of the patient, and, supposing the doctor and his helper to have been clean and careful, the dangers of blood-poisoning are at their minimum. Before leaving his patient the doctor must decide upon the amount of interference which he will allow from the patient's attendants, and his own duties regarding the giving of douches, personal inspection of the genitals, the use of napkins, pads, binders, and the many points which his own mind, or the questions of the attendants, will suggest.

As soon after birth as convenient a thorough inspection of the mother should be made; by palpating the uterus through the abdomen, by vaginal touch, and without hesitation, if needed, by sight. It is not advisable to introduce the fingers or thumb into the rectum, for that orifice is not naturally a genital aperture, and any laceration should be appreciated by vaginal touch or inspection after separating the labia. When the uterus has firmly contracted, and hemorrhage has become only a slight serous oozing, and the pulse and general condition of the mother show that nature's equilibrium has been largely attained, the physician should carefully syringe out the vagina to remove any clots which may be present. A tube of considerable calibre, whose curve is that of the vagina, and whose apertures are punched from without inwards, and are on the sides only, should be used. Such a tube will give no direct, forcible jet liable to enter the os uteri and do violence; the fluid strikes the sides of the vagina, and not the os uteri and cervix directly, and creates a douche current which readily returns; the best material for such tubes is glass. The syringe should be a fountain syringe; its elevation above the patient's bed sufficient to give a current of moderate force only; the tube should not be inserted until full of fluid and empty of air; the fluid used should be sufficient in amount to thoroughly cleanse the vagina, and its temperature high enough to be comfortable to the patient.

The fluid used may be carbolic acid solution 2 per cent.; thymol 1 to 1000; corrosive sublimate 1 to 4000; if none of these are available, boiled water should be taken.

If inspection has revealed a considerable number of fissures in the mucous membrane of the vagina, which cannot be said to be lacerations to be sutured, but which will become ulcers, a convenient dressing for them will be an adhesive antiseptic powder, sprinkled or blown by an insufflator upon the parts. Such powders are iodoform, salicylic acid, sub-iodide of bismuth, bromic acid, and others. One application of such powder fairly will be sufficient in an ordinary case; a simple rubber bulb may be filled with powder and a small glass or wooden tube used as a nozzle; care must be taken, as in the douche, not to inject air. Nature's occlusion dressing is a scab or crust; the powder, clinging to the abraded surface, answers a similar protective purpose, and the writer has often seen puerperal abrasions continue covered until healed in cases where vaginal irrigation had become needful.

The external genitals should be thoroughly washed with tar soap, or castile soap and warm water; douched with the antiseptic fluid used, and dried with clean cotton which has not been touched during labor.

A binder, while not needed by women whose uteri undergo successful involution and whose abdominal muscles are strong, is not injurious. If it causes doctor or nurse to neglect to diagnose a relaxed uterus, by abdominal palpation, it is a decided injury. If the physician has confidence that any cloth placed over the vulva to receive the lochia will be removed and destroyed frequently enough for the safety of the mother, he may order such a bandage or napkin. If the ignorance of obstinacy of the attendants renders this unsafe it will be far better to allow the lochia to escape upon an old, but clean, folded shirt placed beneath the patient's hips: it would probably be more frequently renewed than a napkin. Of antiseptic bandages for the vulva, the following is simple: a strip of cheese cloth or clean old linen, 18 inches long and 12 wide; a layer of borated or salicylated cotton, 1½ inches thick and long enough to cover the vulva, is included in the bandage which is folded longitudinally once, being then 6 inches wide. This bandage is "run across" at the ends and sides with needle and thread, and pinned with four safety-pins to the binder, one pin at each corner: these should be renewed three times daily, and burned after using. Considerable comfort can be given to the patient by the use of pads one yard square, made of cheese cloth enclosing cotton batting 1½ inches thick, the corners tied with cotton yarn: they may be placed beneath the woman in place of draw sheets, when the vulvar bandage is used; they wash well and add to the comfort of the patient.

Shall vaginal injections be given? Not without positive indications. As long as the patient presents no signs and symptoms of an abnormal lying-in condition, she should not be disturbed. The external genitals should be cleansed three times daily, the most scrupulous cleanliness observed in all which pertains to the patient. The child should nurse as soon as the mother has rested and reacted after labor. The nipples should have been carefully washed during pregnancy, to prevent the accumulation and drying of milk; if this simple precaution has been observed the ducts will generally be found pervious. A lotion, tonic and astringent, and free from injurious metals, should be used in bathing the nipples after nursing. To prevent mastitis there are no better means than cleanliness and disinfecting the nipples, and a broad figure-of-eight bandage supporting the breasts and compressing them.

That food most easily borne by the patient, to which the patient is accustomed, and which is craved, is best.

Upon any irritation about the pelvis, before the usual three days have elapsed, after which a laxative is given, an enema of warm soap-suds and castor oil, administered gently, will be of great service.

After-pains should suggest partial relaxation of the uterus, and the presence of clots in the cervix and vagina. Uterine massage through the abdominal walls, and the removal of such clots by the physician, should the pains be severe, are indicated.

The usual minor pains are relieved by warm applications externally or chloral, the uterus extruding the clots. The catheter should be passed, when needed, under the advantage of light, and strict precautions of cleanliness observed before and afterwards. An S-shaped catheter, in which the space between the fenestra and the tip is solid, to prevent the accumulation of pus, is best and most easily disinfected.

These notes do not attempt to deal with the complications of the puerperal state, but with the care of a normal patient immediately after labor. If much attention seems to be given to minutiæ, it is because "an ounce of prevention is worth a pound of cure."

AN EFFECTIVE TREATMENT OF HIP-JOINT DISEASE.

BY E. M. GRIFFITH, M. D.,

Of Springfield. Ills.

Mr. A. A. B., age 32 years, Canadian parentage. About 4 years ago received a severe fall upon the right hip, when alighting from a moving train. To all appearances he soon recovered from the immediate effects of this injury. About two years afterwards his hip joint commenced paining him upon excessive exercise or fatiguing use of the limb, and in the course of another year he complained of pain in the knee joint, especially on the inner aspect of the joint. This was the history of the case when I first saw it in August, 1886. The right limb was apparently three-fourths of an inch longer than its fellow, and the foot slightly everted. He complained of excessive fatigue in the joint on walking, especially if the ground was rough, and if he accidentally stubbed his toe the pain in the joint was quite severe. Upon sneezing or coughing, he would instinctively seize the affected limb in order to lessen the pain caused thereby. No hereditary taint was discovered by examination of the patient's history. The general health was quite good. On manipulating the limb the hip joint was found rather sensitive; inversion was limited. When lying on the back patient was unable to place heel of right foot on the toes of the left; the pelvis was also tipped considerably, and the pain was quite marked when the limbs were fully extended in this position. The pain was lessened by flexing the thigh on the abdomen at an angle of about 20°, and slightly everting the foot, and by so doing placing the pelvis flat on the floor. At no time was pain produced by striking the heel of the foot while the limb was extended. The plan of treatment entered upon was one suggested to the patient by Prof. Gunn, of Chicago, *i. e.*, the application of a plaster of Paris cast to the pelvis, and thereby immobilizing the hip-joint. The cast was applied as far up the body as the xiphoid cartilage, and extended down the affected limb to the knee, making it especially strong in the groin. The cast was applied by having the patient stand on a stool, and the limb somewhat advanced and slightly everted, thereby placing the limb in a comfortable position. The patient was afterwards placed on a canvas cot, and a double inclined plane with a light weight used. In this position he was entirely comfortable, and commenced improving from the start—cod-liver oil and comp. syrup wheat phosphates being the only medication. Patient was kept in the cot for twelve weeks, when the cast was removed. The patient complained terribly of muscular soreness for several days. The limb can now be moved in all directions, flexion and adduction being slightly compromised. No pain in either the knee or hip joints. The movements, while slightly limited, are more powerful than formerly, and are getting stronger. The pelvis is also improved in position. It has been four months since the cast was removed, and neither pain nor any of the old sensations have been felt in the joints.

This case I offer as an illustration of a most effective method of treating hip-joint troubles when seen under such conditions, believing it more efficacious than the use of braces.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated meeting, April 27, 1887. H. Augustus Wilson, M. D., in the chair.

Dr. Charles H. Burnett read a paper on

Ear Trumpets.

There are three reasons, he said, why the deaf should use ear-trumpets:

1. In order to aid the hearing.
2. To improve the hearing.
3. For the convenience and comfort of those conversing with the very deaf.

1. When a person becomes very deaf in both ears, some resort to an artificial aid of hearing must be made. So long as one ear remains fairly good, patients will not use an

ear-trumpet for the deaf ear. But when ordinary tones near the ears are heard either very imperfectly, or not at all, the sufferer gladly resorts to some form of ear-trumpet. Most of these are unpleasant and imperfect aids, from their disagreeable resonance, and poor conducting powers. They also bruise the meatus, in most cases being made with an ear-piece which fits into the mouth of the auditory canal. These discomforts and imperfections, in the average ear-trumpets of all forms heretofore invented, added to the natural indisposition to employ an ear-trumpet because of its conspicuousness, have in most cases led to an early abandonment, or a partial use at least, of such an instrument.

The cause of ordinary deafness is, in most cases, a catarrhal thickening of the mucous membrane over the ossicles and the inner surface of the membrana tympani, leading to more or less ankylosis in these parts. Passive motion overcomes in them, to a greater or less extent, the immobility induced by this sclerotic process, as it does elsewhere in the osseous and muscular system. The form of passive motion which acts most naturally on the ossicula auditus and their joints, is sound. If, therefore, sound-waves are concentrated in more than usual quantity or vigor upon the stiffened membrana and the ossicles, as by means of an ear-trumpet, hearing is induced, if the auditory nerve is unimpaired. If the latter is impaired, no form of ear-trumpet will be of use.

2. Not only does such a form of passive motion give immediate relief to the deafness in most cases, but such a form of passive motion, acting frequently and systematically upon the ear, prevents further ankylosis in the conductors, and fatty degeneration of the auditory nerve from desuetude. This, of course, tends to a permanent improvement of the hearing, and, in some instances, patients come to hear at last without a trumpet. If such a force were brought to bear early in cases of deafness from ankylosis in the ossicula, the defects in hearing could, in most cases, be arrested, and, to some extent, removed. This form of aid to hearing has its happiest results in very deaf children, in whom the loss of hearing often entails loss of speech, if they have already learned it. If they have not learned to talk, and their deafness depends on catarrhal disease in the middle ear, and not on a lesion of the acoustic nerve, the use of a good ear-trumpet will rescue them from entire deaf-dumbness.

3. The convenience and comfort of those who communicate with the deaf by means of a trumpet are not the prime, though important considerations. For, if this mode of conversation is rendered difficult by reason of the imperfect ear-trumpet at command, it will not be readily or willingly employed, and, in the case of children, therefore, not enough will be said to them to improve their hearing or to teach them speech.

The most useful ear-trumpets yet presented to his notice are those of Mr. Maloney, who exhibits them here to-night. They are not only useful as conductors of sound, succeeding where other forms fail, but they do not fit into the meatus. They are held to the ear, the aural end of the instrument being supplied with a disk, and not a tip for the meatus. This does away with bruising the canal, or exciting furuncles in it, so common in the employment of the form heretofore in use. They have been devised in a scientific manner, and introduced to the profession on their own merits. The best results, or the most signal ones, have been obtained by the so-called silent instrument. This is simply because it is the most powerful, and hence renders most aid to the very deaf, the only people who are really willing to use any instrument. The smaller instruments are just as good for those not very deaf, and, if used by such patients, would aid in the retention of hearing, and tend to cure their hardness of hearing, as he has shown. But the less afflicted class seem unwilling to use any form of ear-trumpet. All ear-trumpets of any value must possess some size in order to contain a column of air sufficient to impress the drum. They must be larger than the auricle with which the patient is already supplied. Hence, all invisible appliances, so called, are self-evidently good for nothing.

Mr. J. A. Maloney, of Washington, said that he commenced his labors in "Aural Mechanics" with a mode of procedure as follows:

1st. To develop instruments as far as he could to meet the various phases of defective audition.

2d. To construct the instruments to give satisfactory results without entering the auditory canal.

3d. To use artificial drums or membranes to guard against impact of air upon the "membrana tympani," and prevent reverberation, so common in all the old forms of instruments. He decided that a scientific instrument should possess these three essential qualities: it should be large enough to be of practical value; it should augment sounds; but with such augmentation the "timbre" or quality of sound should be preserved.

We are all aware that the membrana tympani, unlike other stretched membranes, responds to all vibratory motions within a certain limit, whether they are in the form of noise or of composite tones, transmitting through the intermediate agencies of the middle and inner ear, to the nerve of hearing, auditory sensations, Could a stretched membrane be arranged, so closely imitating in function the one given to man as to show how beautiful are the harmonies of nature?

After experimenting twelve months, he adopted the form of membrane which he presented. The reason for its adoption came about in this way. In the early stage of his experiments he invariably found a lack of clearness of tone, until one day the thought occurred to him that he could secure uniformity of tension by clamping the membrane between two rings. When this was done he found it a great improvement over all other methods, and consequently adopted it after thorough tests. Even after obtaining good results, he could not but feel that there must be some other result produced by the rings than that of maintaining a uniform tension of the membrane. He found that while the membrane was upon the stretcher-frame, with the rings glued upon each side of the membrane, like any other membrane, it would be thrown into sympathetic vibrations by tones corresponding to its fundamental; *but that when cut from the frame*, and dependent for its tension upon the two rings alone, it would not respond to a tone corresponding to its fundamental. Now it has been thought that the last named feature exhibited by the membrana tympani was produced by its union with the auditory ossicles. But may it not be due to two facts? 1. That the margin is thickened. 2. That the middle layer, or "substantia propria," is fixed to a ring of bone.

His membrane describes a central vertical line between the two rings acting as clamps, and the rings themselves represent the ring of bone to which the middle layer, or "substantia propria," of the membrana tympani is attached. In the construction of the instrument, the fact must be borne in mind that it must be arranged to suit and compensate for the defect of hearing. 1. Arrange for high tones, if the defect is in that direction; or for low tones, if the defect is in that direction. 2. The augmentation and clearness must be to the extent that the person will hear every word spoken, instead of a word here and there, as heretofore, which involves a severe mental strain to construct the incomplete sentences.

Dr. S. S. Cohen said he had the pleasure of seeing some time ago a demonstration of these instruments in the case of some patients of Dr. J. Solis Cohen, and they acted very satisfactorily. A letter was received some time ago from Dr. Lacharriere, of Paris, the eminent physician in charge of the National Institution for Deaf-Mutes, inquiring as to the truth of reports that in certain institutions in this country, especially in New York, ear-trumpets were being used in the instruction of so-called deaf-mutes, and that it had been found that a gratifying proportion of children thought to be totally deaf, reacquired in this way a certain degree of hearing power. After some correspondence, he learned that Mr. Currier, Professor of Articulation in the Deaf-mute Institution at Washington Heights, New York, had used an instrument different in construction from that of Mr. Maloney, with good results. He published accounts of them in the *Annals of the Deaf and Dumb* for January and for October, 1885. He reports a number of cases that have acquired the power to carry on conversation. Mr. Currier uses what is termed the "conical conversation tube," attaching two mouthpieces and tubes to a single earpiece, in order that a patient may hear his own voice as well as that of the instructor. His system of instruction to reawaken so-called "latent hearing" is ingenious, and from his reported cases, apparently quite successful. If Mr. Maloney's earpiece were attached to Mr. Currier's double tube, it might be found still better.

Dr. C. Wirgmann asked if there were any liability for the rubber disk to get out of order.

Mr. Maloney said with reference to the durability of the rubber, that it was a protective coating. During the past nine months he exposed them to varying changes of temperature without any apparent effect. If the membrane should get out of order it can easily be replaced. He had never had his attention called to the instrument of Mr. Currier until the matter was mentioned by Dr. Cohen this evening. He finds that his instrument is open at both ends. In speaking of what he terms No. 3, or "silent," instrument, he neglected to state that it is closed at the end nearest the ear. The object of this is to prevent the impact of the air on the drum of the ear. Such impact has a tendency to destroy the clearness of the tone. With his instrument, the only impact on the "membrana tympani" is that of the column of air in the auditory canal between the membrane of the instrument and the drum of the ear, thereby developing *true auditory sensations* which cannot be produced by instruments open at both ends.

While he has done something in the way of testing those supposed to be entirely deaf, he is not prepared, without his notes, to speak on this subject, because he has not yet finished the line of tests marked out. He can say, however, that he has made tests in two cases supposed to be totally deaf and dumb. One was a man, forty-two years of age, and deaf from childhood. He made him hear on both sides *noise only*, for the percipient functions had never (as in such cases) been trained or educated. The other was a boy, eleven years of age, supposed to hear very slightly on one side only. Upon making tests he found he could hear on both sides, *noise only*, for the same reason as mentioned in the foregoing case. When he completes the line of tests marked out he will be glad to present the results to the Society.

Dr. C. H. Burnett said that the question of so-called latent hearing in deaf-mutes is, of course, very important. In one sense, there is no such thing as latent hearing. Without doubt, many deaf children lose the power of talking if they have previously acquired it, or fail to learn to speak on account of their inability to hear. In the case of a graduate of two deaf-mute colleges, the man's wife discovered that he could hear to a certain extent, and by systematically talking to him, he acquired the power of hearing an ordinary tone of voice while in an adjoining room. This case was reported to him by Mr. Graham Bell, of Washington. In most cases, deafness in due to ankylosis, and the use of an ear-trumpet is simply another application of the movement cure.

He has himself seen a child a little over two years of age, just learning to talk, lose its hearing to a marked degree. By persistent teaching on the part of the mother the hearing was much improved, and the child was rescued from a condition of deaf-dumbness. The child is now twelve or thirteen years old, and while the hearing is not perfect, she is far from being a deaf-mute. Many deaf mutes can hear something. It is very onerous for even a parent to exercise the hearing by the unaided voice, but with an instrument like those of Mr. Maloney's, the parent may be induced to undertake the task.

NEW YORK ACADEMY OF MEDICINE.

Regular meeting, April 7, 1887.

A. Jacobi, M. D., President, in the chair.

On the Proper Selection of Ether or Chloroform as an Anæsthetic.

Dr. A. G. Gerster read a paper with this title, in which he said both chloroform and ether are dangerous, but in general chloroform is the more so. It is the more powerful agent, and should be administered cautiously, and in properly selected cases. But this is not sufficient ground for its unqualified condemnation. Consciousness being restored there is no secondary danger from chloroform. This can not be said of ether, for numerous cases of nephritis and pneumonia have followed its use. The contraindications to ether, in his opinion, were Bright's disease and bronchitis. In certain operations its effects were unsatisfactory, as in herniotomy and operations involving the peritoneum and deep tumors in the vicinity of large vessels. Certain patients, especially those addicted to the use of alcohol, sometimes only in a moderate degree, took ether badly, and were unduly affected by collections of mucus in the bronchi. Some patients could not be satisfactorily anæsthetized by ether, and here, chloroform being substituted, complete anæsthesia followed. Ether should not be given in the large quantities and careless manner so frequently seen. He employed Ormsby's inhaler, which he regarded as the best; a minimum of ether being required, the patient could be quickly restored.

Cases were cited in which nephritis or pneumonia had followed the use of ether, in some the result being fatal.

The only contraindication to the use of chloroform was a weak heart from whatever cause. Patients who feared the operation, or who were nervously depressed, were more likely to be badly affected by chloroform. A weak heart also rendered ether more dangerous, but chloroform was more so.

Dr. H. Knapp sent a letter, giving the result of his experience with ether and chloroform. Prior to 1874 he had employed chloroform in over three thousand cases. There was no fatal result, but in many unpleasant effects. He had seen fatal results in Berlin and Vienna, and was in constant dread. Since 1874 he had used ether in all classes of cases, administering it according to the so-called choking plan. In a few he had to interrupt the narcosis temporarily. The secondary effects had not been worse than from chloroform. He thought it was safer than chloroform, and as manageable or more so.

Dr. R. F. Weir thought the presence of kidney disease should make us more cautious in the use of ether, but he would not substitute for it chloroform. The pneumonia following ether was due often to exposure of the patient, especially in applying wet cloths, formerly by the spray, etc. He knew of only four deaths from ether in the New York Hospital.

Dr. L. A. Sayre used chloroform. He preferred it because it is more agreeable; it is more speedy in its effects; it does not produce spasmodic muscular contraction; it is not followed by bad after effects—as vomiting, trouble with the respiratory organs and kidneys, etc. To give ether or chloroform freely mixed with air, requiring large quantities, and causing the patient to struggle, was wrong. He gave chloroform by his inhaler, requiring only twenty or thirty drops to produce anæsthesia after a few inhalations. Administered in this way, should the heart cease to act it could be restored by a few artificial respirations. This was not the case when a large quantity had been inhaled by the ordinary method of administering it.

Dr. W. Gill Wylie had within the past two months had two deaths from ether, one from Bright's disease caused by it, the other from suffocation an hour after herniotomy. He had never before had any difficulty. He knew of another death from it near where he performed his operation with the fatal result from the ether. Generally ether was safer than chloroform. But chloroform was employed in the lying-in chamber and in children; he would also give it in many cases of lung and kidney troubles.

Dr. Wyeth, Dr. Abbe, and Dr. Thallon agreed with Dr. Weir that the presence of kidney disease should render us more cautious in the use of ether, but it should not necessarily contraindicate its use. Dr. Mundé considered ether the safer anæsthetic, but both it and chloroform were dangerous, and should be administered by skilled hands in a cautious way. Dr. Amidon would precede the administration of ether by atropia or a preparation of belladonna, to lessen bronchial secretion.

EDITORIAL DEPARTMENT.

PERISCOPE.

How Bright's Disease Comes About.

In a paper thus entitled in the *Medical Register*, Dr. J. Milner Fothergill writes as follows:

The hard, keen brain-toiler is liable to derange his viscera, and his liver reverts to the uric acid formation, as years roll on. Not only that, but he begets children with congenitally insufficient livers, *the innate weakness of Murchison.* In some cases urates are seen in childhood, and vesical calculus is not infrequent in babies. More commonly, however, it begins to show itself after puberty. A lady of this type will present the following characteristics and symptoms: She is a bright, sensitive, high-spirited, and usually high-souled, unselfish creature; light in the bone, commonly petite, muscles not large, but firm, and when she shakes hands her grip is that of decision, as are the tones of her voice; her features are regular and mobile, often small; her susceptibilities are keen, and so are her special senses. She is capable of great devotion, and in her earnestness is usually self-forgetful; she is emotional, but not demonstrative, and is a distinct neurotic. As to her complaint, she has indigestion accompanied by acidity and flatulence, often alternating; commonly some constipation; she is liable to attacks of hemicrania, or migraine, or "face-ache," as she calls it, usually unilateral and on the right side, accompanied by sparks or "dazzles," often ending in vomiting; and these migrainous attacks are accompanied by great vesical irritability, and constant call to make water; she has fits of palpitation, and at other times failure of the heart's action, differing from syncope in that there is no loss of consciousness, and she feels unutterable sensations, of which the expression of the eye mutely tells. She constantly has sediments in her water, though a small eater, and especially avoiding animal food. She has an insufficient liver, which Dame Nature protects by a small, fastidious appetite, and a dainty palate, despite which it reverts to the uric acid formation. She is a typical instance of the adage, "The sword will wear out the scabbard." She has no mercy upon her body, and her complaint is that it is very hard that she cannot do as others do. If she goes to the theatre or concert, she so thoroughly enjoys it all that probably she is in bed next day with migraine. Her old nurse speaks of her as "all up and down"—either volatile and gay, or irritable and depressed. Somatically these neurotics of the Arab type are the greyhounds of the human race—light, active, and nimble; but psychically greatly superior to these canine representatives.

She is to be found everywhere, but most markedly in towns. She is a charming patient; but rarely yields flattering results of treatment. She is acute, and capable of taking care of any one but herself. She is in my experience commonly an American lady; and in most instances tells of the energetic, long-sustained, and usually successful efforts of her father. "The fathers have eaten sour grapes, and the children's teeth are set on edge." Her father carried on severe mental toil at the expense of his viscera; his daughter comes into the world framed on his pattern. In both we find reversion to the uric acid formation, and, of course, with that the whole consequences thereof.

And one of the direct outcomes of uric acid in excess in the blood is interstitial nephritis, commonly termed "Chronic Bright's Disease."

Removal of Broken India Rubber Catheter From the Urethra.

John Small, L.R.C.S., of Geelong, writes as follows to the *Australian Medical Journal* of March 15, 1887:

At 1 a. m. on November 10, 1886, I was called to a case of retention of urine in a man of sixty years. Thirty ounces of urine were withdrawn through a silver catheter (No. 12), without difficulty.

Next day some more urine was drawn off, and a pure rubber soft catheter (Jacques' No. 9) was given to the patient, with instructions to use it regularly every eight hours.

On the night of the 28th November, I found him waiting in my consulting room, in considerable pain, and he gave the following account: At 9 a. m. that day, he had passed the catheter as usual, and had withdrawn an average quantity of clear urine, the bladder he noticed beginning to contract well. At 6 p. m. he tried to pass the catheter again, but found some obstruction, which he attempted to overcome by forcing the instrument onwards, but when it had disappeared into the urethra (without any urine passing through) he began to be alarmed, and tried to withdraw the catheter, and failing, pulled more strongly, with the result of leaving a large portion of the instrument in the urethra, only five or six inches coming away. He now said that he felt it was in his bladder.

Using a No. 6 silver catheter as a probe, I could feel the missing part, a little in front of the triangular ligament, and by exerting deep pressure into the perinæum, a well defined lump could be recognized.

Treatment.—After placing the patient in the erect position resting against a table, and warning him to cry out immediately he felt any pain, I proceeded with a pair of œsophageal forceps (curved something like a prostatic catheter, and opening vertically) to try and extract. After several failures, the forceps kept their grip, and the catheter was drawn several inches forward. The forceps then slipped, and with no other forceps could I get it further than one inch from the meatus. There was now some hæmorrhage. After carefully manipulating through the skin, I decided that the catheter was firmly doubled on itself, forming too large a mass, plus forceps, to pass through the canal. After waiting a few seconds, I passed a properly bent probe into the urethra, and by careful manipulation, causing a little pain, got it through. Extraction was then easy. The patient was then relieved by having his urine drawn off through a No. 6 soft catheter, and he then insisted upon walking home.

Nomenclature of Pathogenic Micro-Organisms, According to the Accepted Recent Definitions of Dr. J. Schrœter.

Micrococcus vaccinæ (Cohn), the active portion of vaccine lymph; micrococcus decalvans (Cohn), produces baldness; streptococcus erysipelatis (Koch), induces erysipelas; streptococcus diptheriticus, active in diphtheria; hyalococcus pneumoniæ, present in croupous pneumonia; hyalococcus Beinzii, causes the gregarina of hair; bacillus anthracis (Cohn), produces anthrax; bacillus tuberculosis (Koch), in phthisis; bacillus lepræ (Hansen), in leprosy; bacillus syphilitidis (Lustgarten), in syphilis; bacillus typhis (Eberth), in typhoid fever; microspora comma (Koch), induces Asiatic cholera; microspora Finkleri (Koch), present in cholera nostras; cladothrix Fœrsteri (Cohn), found in disease of the lachrymal ducts.

Biniodide of Mercury.

The great drawback of the employment of the biniodide of mercury as an external application consists in its insolubility. M. Méhn, Member of the Academy of Medicine in the Pharmaceutical Section, has overcome this difficulty by recommending the salt to be rubbed up with castor oil, which completely dissolves it. A solution of one part of the salt to fifty parts of castor oil does not become cloudy. This solution is sufficient to satisfy the exigencies of therapeutics. The addition of iodide of potassium increases the solubility of the biniodide of mercury in castor oil.—*Paris Correspondent of the American Practitioner and News.*

Antifebrin.

J. K. Murray, M. B., presents the following cases showing the advantage of antifebrin over other antipyretics in the *Lancet* of April 23, 1887:

Case 1. J. B., aged 3; meningitis, with a temperature ranging from 102° to 105.4° F. Three-grain doses were at first tried in the forenoon. The temperature fell from 105° to 101.4° during the first two days, but on the third evening 104.4° was registered. Five grains were then given every three hours, and the temperature fell to 99.4° after two doses, and remained thereabouts. When two doses were omitted the temperature rose again.

Case 2. A. V., aged 2; broncho-pneumonia, with temperature from 103° to 105° F. At first three-grain doses were given every three hours, and for four days this kept the temperature below 100°. On the fifth day the temperature rose repeatedly above 102°, so five grains were given every three hours, and the temperature fell to 99.4°, and remained at that point.

Case 3. M. L., aged 25; pyelo-nephritis. Fifteen-grain doses were used. The temperature fell to 99° within one hour and a half, and remained there for ten or twelve hours. I had the temperature taken every three hours, and whenever 101° was registered, fifteen-grains were given. Quinine in ten-grain doses was tried under the same conditions. The temperature fell about 2.4°, but rose to 104°, and sometimes 104.8°, within six or seven hours.

Remarks.—Antifebrin seems much more powerful than quinine, kairin, or antipyrin. It equals antipyrin in the duration of its effects, and in this respect surpasses quinine or kairin. It is only excelled in the quickness of its action by the external application of cold. Its effects are evident within an hour, and they last from ten to twelve hours when a full dose has been administered. When administered for a long time, the dose must be increased. It produces profuse sweating and redness of the cheeks; it diminishes the pulse-rate, and distinctly increases arterial tension. I found no depressing effects follow its administration even when full doses were given. Antipyretics belong to two great classes, namely, those which diminish tissue metabolism; and, secondly, those which increase the loss of heat. From the sweating it produces and the rise in arterial tension, one might conclude that antifebrin belongs to the second class as well as to the first one. This might explain the quickness of its action, as antipyretics of the second class act more speedily than those which diminish tissue metabolism.

A Case of Hermaphroditism Unrecognized for Sixty-Nine Years.

Last year, a man aged 69 died after the reduction of a "labial" hernia in the Charité Hospital, Paris. At the necropsy it was found that "this individual, a woman for sixty-nine years, was a man." He had always believed himself to be a woman, and had dressed and lived as such. There was, however, a history of masculine sexual propensities, and he liked to do heavy manual work, which his powerful, muscular frame enabled him to perform. He was often morose and suspicious. He was never married. Messrs. Pozzi and Grattery describe his case in the *Progrès Médical*, of April 16. There was hair on the chin and lips, indeed the patient shaved regularly, but none on the cheek, chest, extremities, or along the line between the umbilicus and pubes. There were labia, which did not go so far back as in the female. The right labium majus contained the right testicle and a hernial sac. The labium minora formed the prepuce and the frænum of the glans penis, which was large, bifid below, and provided with a corona; the corpus cavernosum was single, and attached to the deep perineal fascia, and not to the pubic arch. The groove which ran along the under surface of the bifid glans was continued along the vestibule to the orifice of the meatus urinarius; the groove bore crypts like those which are found in the male urethra. There was a vulvar pouch one inch and a half deep, the perineal raphé was not quite four-fifths of an inch long. Below the bladder, a fleshy mass received the vasa deferentia in a hollow on its surface. This mass, the uterus masculinus, was hollowed by the vulvar pouch below. The vasa ran through the uterine wall, and beyond it were dilated and irregular for some distance. The left was joined the undescended left testicle, and was pervious. The right did not reach its testicle, but ended as an impervious cord in the wall of the hernial sac in the labium. The left kidney was atrophied, and contained a calculus. This case was an instance of transverse hermaphroditism, the outer parts being of a female, the inner of male type. The presence of labia and of a vulvar orifice naturally gave rise to the belief that the subject was a woman.

The Management of Post-Partum Hemorrhage.

Dr. Schomberg, of the Lying-in Institution in Christiania, writing on post-partum hemorrhage, states that the number of cases in which this occurred to a serious extent during the years 1876–1884 was 54 out of a total of 2533 labors—*i. e.*, about 2 per cent. of all cases. He appears to have but little faith in ergot for immediate arrest of violent hemorrhage, either administered internally or as ergotine injections. In the case of women subject to hemorrhage, he advises a course of tonic strengthening treatment during pregnancy. When hemorrhage occurs the coagula must be expelled by external manipulation, and then he finds that the most advantageous plan of immediately arresting the flow is to close the os uteri by compression. He refers to Hamilton's paper in the *Edinburgh Medical Journal* for 1850, and to Fasbender's similar plans described in 1869, without apparently any knowledge of Hamilton's previous work. The Norwegian surgeon introduces the fingers of one hand into the vagina, the tips reaching to the anterior fornix, and pressing the anterior lip of the os backwards. The other hand grasps the uterus externally, anteflecting it while the fingers compress it from behind against the fingers of the other hand, the os being thus mechanically closed. Dr. Schomberg is inclined now to prefer cold to hot injections, notwithstanding the great estimation in which the latter are beginning to be held. He warns obstetricians not to administer irritants too freely, as they set up nausea, and this adds to the condition of collapse. He has, however, latterly been in the habit of giving teaspoonful doses of a concentrated solution of common salt with excellent results.

Treatment of Catarrhal Jaundice.

Dr. Gluzinski, writing in a Polish journal, states that in cases of catarrhal jaundice he has found excellent results follow the treatment recommended by Krull, viz., the repeated injection into the bowel of large quantities of cold water. This increases the peristaltic action of the intestines, and removes any mechanical obstacle to the flow of bile. Again, as has been shown by Röhrig and Mosler, who injected large quantities of cold water in dogs, the bile is thus rendered both more liquid and more abundant, so that it more easily overcomes any obstruction. At first water at 59° F., is injected into the bowel until the patient complains of a feeling of distension in the abdomen. He is then made to retain it as long as possible. Most patients manage to retain two litres for from a quarter to half an hour. The next day the enema is repeated, but with water about 4° higher. The temperature is again raised on each succeeding day, but when 72° have been reached no further increase is made. The reason of the increase is that the repeated introduction of cold water is apt to irritate the mucous membrane of the bowel. Altogether four or five enemata are sufficient to produce the desired effect. The increase of the biliary secretion may be judged of by the color of the fæces. Of course, the diet is attended to in order to prevent a recurrence of the affection.

Action of Drugs on Gastric Movements.

Some excellent researches are still in process of conduction by Schütz, on the action of some medicaments on the movements of the stomach. Emetine, tartar emetic, apomorphine, strychnine, in a less degree caffeine, veratrine, chloride of barium, nicotine, and pilocarpine in small doses, act as direct excitants of movements of the stomach, which become spontaneous and of abnormal character. Muscarine directly stimulates the terminal ramifications of nerves in causing generalized contractions of the stomach. Physostigmine, digitaline, scillitine, and helleborine produce an increase in the excitability of the muscular coats in such a fashion that the stomach at a given time is agitated by generalized and prolonged contraction. Actual paralysis of the auto-motor centres has not been observed, but chloral, urethane, morphine, pyrophosphate of zinc, arsenic, as well as nicotine and pilocarpine, in large doses, have caused weakness of the gastric contractions. Paralysis of the terminal branches of the nerves has only been obtained by atropine. Ether and chloroform suppress the excitability of all the innervation apparatus, but only during the time when the stomach is exposed to the direct action of the vapors. During anæsthetic sleep the gastric movements are not influenced.

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PEPSIN IN THE TREATMENT OF CHRONIC TROPICAL DIARRHŒA.

In a recent number of the *Indian Medical Gazette*, Mr. George Harrison Young reports three cases of chronic diarrhœa which had proved rebellious to the ordinary methods of treatment. In each of these cases the treatment was stopped, and the patient placed on a milk diet, a half-pint being taken every three hours, and 5 grains of pepsin given four times daily. The record of his cases appears to show that great benefit was derived from the use of pepsin. Mr. Young states that he has now used pepsin in a considerable number of cases, and always with success. He claims that this mode of treatment is especially applicable to that form of diarrhœa in which the motions are large and frothy. These cases are due to insufficient digestion and secondary fermentation of the food. When this form of disease becomes established astringents are useless and often even injurious. Pepsin at once checks the diarrhœa. Only milk diet should be allowed, and the pepsin may be given with the milk. In typhoid fever, the author claims that pepsin, by increasing digestion and assimilation of food, will thereby lessen the diarrhœa and intestinal irritation, and by so doing will diminish the severity of the disease. It is also useful in dysentery occurring in debilitated subjects.

NOTES AND COMMENTS.

Disinfectants and Their Uses.

Dr. Alfred Carpenter delivered an address at the last monthly meeting of the Association of Public Sanitary Inspectors, on "Theory and Practice as to Disinfection." He urged that sanitary inspectors, who have very great power if they use it carefully, should reason out the grounds of the application of any particular mode of disinfection, rather than give a blind obedience to written orders. With regard to small-pox, he pointed out that germs of living protoplasm in the breath of a patient will take root if immediately transplanted to the membrane of a susceptible person, but if floated about in the air for 100 yards they will lose their vitality. Isolation, with ventilation, as rapidly as possible, is necessary in such cases. For disinfecting the furniture of a house after infectious disease steam is preferable, and he advised all local authorities to provide themselves with the means of applying steam heat. Dr. Carpenter did not recommend carbolic acid as a disinfectant in cases of disease, for it has been found that the acid preserves the dormant germ from decay. This also hold goods of alcohol; the use of spirituous liquors as a protection against the evils of impure water is no protection at all. The same argument applies, though in a minor degree, to sulphurous acid. The best disinfectant is a solution of bichloride of mercury. It requires to be used with care, but it is rapid in its action, and so powerful that a solution of 1 part in 5000 of water will in fifteen minutes destroy every living germ, dormant or otherwise, with which it comes in contact. The best disinfectant for sewers is sulphate of iron. Dr. Carpenter concluded by saying that the lines on which disinfection should be carried out are: Ventilation, aërial disinfection by chlorine or steam, lime washing, washing floors and furniture with solutions of mercuric chloride; steam heat for clothing, furniture, etc.; and sulphate of iron or chloride of lime in adequate quantities for flushing. If these means are effectively applied, infectious diseases will be completely banished from our midst, and any local authority which now allows of their continuance is doing defective work.

Adhesive Plaster.

Dr. Addinell Hewson recently gave a description of a method of preparing adhesive plaster: Bookbinders' paste, which in its pure and clean state is simply a wheaten flour paste, made in a porcelain crock by boiling thoroughly one part of flour in three or four parts of cleanly filtered water, always for twenty minutes, stirring the mixture all that time by a clean, new wooden or bone spatula, is applied by a thin strip of wood directly to the bare, clean integumentary surface of one of the edges which are to be secured, and then one end of a strip of gauze is to be laid on it and rubbed gently and smoothly so that the paste will come through its meshes. It should be applied no nearer the edge of the wound than collodion would be. It dries as quickly as the latter, and has, indeed, the advantage of always drying fast, even on a moist or dampened surface—a property wanting in liquid glass as well as glue, even where expedients have been previously used to dry the parts. When the end of the strip first applied is fixed by the paste, some of the latter is to be put on the other side of the wound, and the gauze strip drawn smoothly across it and pressed on that side, the surgeon watching the contact of the lips as to how well it is secured, rectifying by a probe any irregularity to be seen through the meshes. Sometimes in a long wound it may be advisable to secure the initial extremities of the gauze strips alternately on both sides. On other occasions it may be better to fix them on one side and draw all by their free extremities across, and so get equal amount of traction and tension in that way. The paste, when made strictly according to the directions given, and kept covered in dry place, will not sour, and such paste can be made the vehicle of various kinds of antiseptics and disinfectants. By the addition of a small quantity of corrosive sublimate (one grain to a pint) immediately after it is fully boiled, it effectually prevents the germination and development of various kinds of microbes wherever it may be applied.—*The Polyclinic.*

Absorbent Canton Flannel.

England, in describing antiseptic dressings which he prepares for use in the Philadelphia Hospital, describes as follows his preparation of canton flannel :

Under this term we use in the Philadelphia Hospital a canton flannel rendered absorbent by boiling in a 3 per cent. solution of caustic soda for an hour and a half or two hours, until all the fatty matter in the fibres is decomposed, then washing in several portions of cold water, then macerating the product for ten or fifteen minutes in a 1.5 per cent. solution of hydrochloric acid, whereby any traces of free soda are neutralized, and the fibres of the goods are whitened ; and, lastly, followed by several washings in water, wringing out with a machine and drying. This product has been found to be peculiarly serviceable in hospital practice as a cheap, efficient and reliable substitute for all the minor cases for which at present the so-called patent lint is generally demanded ; for example, in local applications of lotion of lead-water and laudanum, and as a dressing with various ointments upon chronic sores, ulcers, etc. The proof of its utility may be inferred from the fact that while we used, during 1886, 1500 yards of patent lint, we used also 2500 yards of this absorbent canton flannel. In cost it is almost one-half of that of patent lint.—*American Journal of Pharmacy, April* 1887.

Hydriodate of Hyoscine in Kidney Diseases.

Dr. Tirard, in the *Practitioner*, reports his experience with the following solution :

℞. Hyoscine hydriodatis. gr. j.
Aquæ destillatæ, ♏cc.

Hydriodate of hyoscine is a drug which can be used with perfect safety in cases of kidney disease where morphine is inadmissible. It is a drug which may give rest when other sedatives fail.

If used in two-minim doses subcutaneously, it may give more satisfaction to the patient than to the attendants, since the unconsciousness may be accompanied by angry and combative delirium ; should this occur, it will probably be sufficient to diminish the amount employed.

It is very rapid in its action, unconsciousness following in from ten to twenty minutes, and the after-effects are of a soothing character.

Even when delirium is present in a violent form, it is followed by quiet sleep, and the patient being unconscious, is much more refreshed than by a night of short snatches of sleep produced by chloral or bromide, and the result is a marked improvement in both aspect and temper. And lastly, no irritation is produced around the site of injection.

I believe that hydriodate of hyoscine will probably take a firmly-established position as a sedative in cases where morphine cannot be employed.

A Case of Aneurism of the Thoracic Aorta Treated by Galvano-Puncture.

The aneurism was of the first part of the arch of the aorta. The symptoms for a long time were those of insufficiency of the aortic valves, with hypertrophy of the left ventricle. Horribly painful attacks of angina also occurred from time to time, and for these morphia was given hypodermically. After some months the patient was again seen, and a tumor was noticed over the second left costal cartilage, and dysphagia had appeared. The patient being urgent that some operation should be performed which might possibly give him relief, Obelar determined to try galvano-puncture. A Spamer battery of 20 cells was used. The needles were inserted about one inch apart. The current was gradually increased from 2 to 10 cells, and then gradually lowered to 2 again. The séance lasted 10 minutes. In three other séances the number of cells was increased to 20. The patient complained of burning pains in the sac and in the left chest for some hours after each operation. The tumor diminished much in volume, became harder and pulsated less ; the dysphagia also was relieved and the general condition improved; the pains, however, continued. After the lapse of a month the tumor again began to enlarge and the pulsations became more evident.

A Device to Secure Fixation of Fragments in Compound Fractures.

Dr. Molloy describes the following method, as seen in Schede's wards at Hamburg :

The treatment of compound fractures presents some novel features. The wound or wounds are laid freely open, irrigated thoroughly with corrosive sublimate solution, 1:1000, all loose splinters of bone removed, fractures reduced, and fixation of the fragments secured by means of a little device of Dr. Hansmann, the first assistant surgeon. It consists of a small metal plate about half an inch wide and as long as is necessary, perforated with holes at short distances. It is laid upon the periosteum, and a screw inserted through one of the holes into the bone on each side of the point of fracture. Two of these little splints are usually employed in a fracture of a large bone, after which the immobility of the limb is secured in the usual way by splints; the wound being left open and treated antiseptically. The metal plate has the advantage over bone sutures in being much more easy and simple in its application as well as removal, and it secures and maintains the approximation and fixation of the fragments just as firmly.—*Lancet-Clinic*, April 16, 1887.

Olfactory Acuteness.

Nicholls and Bailey (*Medical Press*) have recently published the results of experiments upon the relative acuteness of the sense of smell in individuals. A series of solutions of oil of cloves, nitrite of amyl, extract of garlic, bromine, and prussic acid, were prepared by successive dilutions with water until the limit of perception was reached, and then the solutions were placed indiscriminately and submitted to a number of persons of both sexes to classify them properly by the sense of smell. The results showed that on the average the sense of smell was much more delicate in the males tested than in the females; but the degrees of keenness ranged widely as between individuals. Thus three male observers were able to detect one part of prussic acid in 2,000,000 parts of water, though its presence was not revealed by a chemical test; but others, of both sexes, could not detect prussic acid in solutions of almost overpowering strength. The following figures give the average limit of delicacy of perception: Cloves—Males, 1 in 88,128; females, 1 in 50,667. Nitrite of amyl—Males, 1 in 783,870; females, 1 in 311,330. Extract of garlic—Males, 1 in 57,927; females, 1 in 43,900. Bromine—Males, 1 in 49,254; females, 1 in 16,244. Prussic acid—Males, 1 in 112,000; females, 1 in 18,000.

Stricture of the Female Urethra.

In a paper read before the Obstetrical Society Dr. Herman stated that he had measured the female urethra in fifty-five cases where no urinary trouble was complained of. He found that in the majority No. 17 catheter would pass, and in all but two, No. 14. He related six cases of stricture under his own care, and had collected and arranged in tabular form twenty-three others, which were all he had been able to find reported. The chief cause of urethral stricture in young and middle-aged persons of both sexes was gonorrhœa. In both sexes, also, it might be caused by injury—such cases being proportionately commoner in women on account of child-bearing—or by the cicatrization of chancres. Stricture was also sometimes due to growths of so-called lupus of the vulva, and, in old women, to general fibrous thickening and induration of the urethra, without any history of gonorrhœa or other discernible local cause. As regards treatment, Dr. Herman had found rapid dilatation so simple and successful that he preferred it to any other method.

Sawdust as a Material for Surgical Dressings.

Escher, of Trieste, reports his results with the use of sawdust as a surgical dressing during a year and a half. The material was prepared with corrosive sublimate after Morosoni's method, and was very cheap and efficient. It was found that it could not be made to lie evenly in bags without forming lumps which were painful to the patients. A loose lint called "wood-wool," made from macerated wood fibres, was accordingly incorporated with the sawdust, and furnished a good dressing. In many cases the sawdust was mixed with alcohol and liquid pitch, and gauze was impregnated with the mixture. The sawdust was also enclosed in small sacks made of gauze, which could be conveniently placed over wounds. The results were as good as those obtained with iodoform. The cost was less than that of iodoform, and the sacks were comfortable cushions for the patient, and absorbed discharges very readily.—*Therapeutische Monatshefte, No.* 1.

Formulæ for Lanolin Salves.

The manufacturers of Dr. Liebreich's lanolin salves have published a list of formulæ for their preparation. The following are some of them: 1. Unguentum belladonnæ: Extr. belladonnæ 5.0, lanolini 45.0. Unguentum potassii iodidi: Potassii iodidi 20.0, aqua 10.0, adipis suilli 20.0, lanolin 150.0. 3. Unguentum carbolic.: Acid. carbolic. 5.0, adipis 5.0, lanolini 90.0. 4. Unguentum acid. pyrogallic.: Acid. pyrogallic. 10.0, adipis 10.0, lanolini 80.0. 5. Unguentum acid. salicylici: Acid. salicyl. 10.0, adipis 20.0, lanolini 70.0. 6. Unguentum hydrarg.: Hydrargyri 50.0, lanolini 12.5, ung. hydrarg. 2.5. 7. Unguentum iodoformi: Iodoformi 10.0, adipis 10.0, lanolini 80.0. 8. Unguentum chrysarobini: Chrysarobini 10.0 to 25.0, adipis 10.0, lanolini 80.0. 9. Unguentum picis liquid.: Picis liquid. 20.0, lanolini 80.0. 10. Unguentum ichthyoli: Ichthyoli 10.0, lanolini 90.0. The proportions given are parts by weight.

Strangulation of the Penis in the Head of a Hammer.

In the Polish bi-weekly *Wiadomosis Lekarskie,* No. viii., 1887, p. 243, Dr. Drobner, of Lvov, reports the curious case of a strong and healthy lad of 19, who came to the hospital with his penis tightly fixed in the head of a hammer. The iron weighed 1½ kilogrammes, and the hole measured 3 centimetres in diameter by 4 centimetres in length. The patient had inserted the organ (no doubt with a view to masturbation) about twenty-six hours before, and had since made many fruitless attempts to withdraw it: for the whole of that time he had been unable to pass water. The end of the penis was greatly swollen, its diameter being thrice that of the hole through which it had been pushed. It was only after making thirty deep incisions into the tumefied portion that the imprisoned organ could be liberated. Three weeks elapsed before the parts were restored to their natural condition.

Albuminuria in Diabetes.

Dr. A. Pollatschek, of Carlsbad, published (*Zeitschr. f. Klin. Med.*, xii., 4) some statistical results of the systematic examination of diabetic urine for albumen, with a view to determine whether the occurrence of the latter varied in proportion with the amount of sugar. He found that out of 1187 specimens containing sugar, in amounts varying from traces to as much as 5 per cent., there occurred more or less albumen in 437. The percentage (37) was almost the same, when reckoned on the cases examined in 1885, as on those of 1886, showing a curious uniformity. By grouping the specimens of urine according to their richness in sugar, he shows that there is no constant relation between the amount of albumen and of sugar—the lowest number of albuminurics (29.1 per cent.) occurring in cases of urine with a minimal quantity of sugar, and the highest (43.8 per cent.) in urine having from 2 to 3 per cent. of sugar.

Syphilitic Albuminuria.

M. Horteloup, after some remarks on three cases of albuminuria in syphilitic persons under his care in the Hôpital du Midi, and reported by Dr. Wickham to the Société de Médecine, gives the conclusions at which he has arrived respecting the relations between albuminuria and syphilis. 1. Syphilis may cause albuminuria during the first few months after contagion. 2. This form of albuminuria is easily curable by antisyphilitic treatment, and leaves no trace behind. 3. Such albuminuria ought to be distinguished from that which occurs during the second or third year of syphilis, and which is a much more serious matter as regards prognosis, for it may be looked on as the starting point of chronic nephritis, though this disease may only be found out long afterwards. 4. A syphilitic person, owing to the depression always caused by syphilis, becomes more susceptible to chill, and thus more predisposed to contract nephritis *a frigore.*

Phenate of Mercury in Syphilis.

Professor Gamberini, of Bologna, accepting the parasitic theory of syphilis, conceived the idea of associating a powerful parasiticide, namely, carbolic acid, with mercury, and from his suggestions MM. Boriani and Dallari easily succeeded in producing a preparation called the phenate of mercury. It is prepared by mixing a solution of phenate of potash with a solution of bichloride of mercury. The yellowish precipitate which forms is washed with distilled water until no trace of free bichloride remains. This new salt is prescribed in pills each containing 2 centigrammes (one-third grain), and made up with balsam of Tolu. Two pills a day are given to begin with, and the daily dose gradually increased to six. If more than this quantity is administered, gastro-enteralgia and stomatitis may be set up. The remedy has been employed successfully by the author.

Contagion in the Febrile Exanthemata.

Dr. D'Heilley insists on the proposition formulated by Dr. Girard, of Marseilles—namely, that contagion takes place at the beginning of, and even prior to, the eruption. He quoted the case of a children's party at which thirty-two children were present. Within ten days, twenty-four out of the thirty-two children had measles. Inquiry elicited the fact that one of the children had had measles the day but one after the party, and was already poorly the day of the party. One of the apparently non-infected children was playing with three others about a fortnight later, though a little out of sorts. The day after this child too had the measles, and the three other children also developed it after the usual delay. It is evident, therefore, that measles at any rate are capable of transmission before the eruption has appeared.

Case of Extra-Uterine Pregnancy.

The patient, 27 years of age, had already given birth to a child. The present pregnancy had gone on all right until between the second and third month. At this epoch she had a good deal of abdominal pain. At term false labor pains occurred, and extra-uterine pregnancy was diagnosed. Her condition, however, was such that it was only eight months later that an operation was decided upon. The incision, four centimetres long, was made above and parallel to Poupart's ligament, and as soon as the integument was cut through the fœtal head was seen. Craniotomy was performed and the fœtus extracted piecemeal, in order not to render it necessary to enlarge the opening further. The cavity was washed out with boracic acid solution, and a pre-existing vaginal fistula was utilized for drainage purposes. Recovery was rapid and complete.

Treatment of Burns.

Mosetig-Moorhof, of Vienna, in a series of recent articles in the *Wiener Med. Presse*, protests against the non-antiseptic treatment of burns so commonly carried out. He urges the iodoform dressing; has never seen intoxication from the drug, but the happiest results. After opening the blisters and cleansing the parts with a mild alkaline solution he applies a thick dressing of gauze prepared with iodoform dissolved in ether. Over the gauze he places a piece of gutta percha tissue, and over this a liberal layer of cotton. The wound secretions are absorbed by the cotton, which is readily changed, while the iodoform gauze remains upon the wound for, if needed, fourteen days. He anoints the face with 5 per cent. iodoform vaseline, and covers it with a mask of gutta-percha tissue.

Valerianate of Quinine.

Dr. D. Manuel Delfin reports in the *Cronica Medico Quirurgica*, of Habana, the results of the administration of valerianate of quinine in six cases of acute tetanus, founding the indications for its employment upon his belief that the disease is paludal in its origin. Out of six cases four recovered; one died, who was insane, and refused treatment; and the last one who died was a very severe case, who had once before recovered from tetanus under the use of the quinine preparation. In most cases the more usual remedies—bromides, chloral, etc.—had been previously exhibited without effect. The dose of valerianate of quinine employed at first was one gramme. It is not stated whether this was aftewards increased, or at what intervals it was repeated.

Ordinary Precautions in the Care of the Ears.

Hartmann, of Berlin, in a recent work on otology, gives the following advice:

Under ordinary conditions, the healthy ear does not need to be protected from cold; only during extreme cold or stormy or rainy weather ought cotton-wool to be inserted, into children's ears especially. The same precaution must be taken in the case of every ear predisposed to inflammation. All persons whose membranæ are perforated ought to protect their ears with cotton-wool. The entrance of cold fluids into any ear must always be prevented; and so, while bathing or diving, the ear ought to be plugged. Patients with perforations of the membrane should be very careful in this respect, as violent inflammation may be caused by the entrance of cold water.

A Monkey Affected with Yellow Fever.

During the epidemic of yellow fever which prevailed the first year in Caracas, (*Am. Pract. and News*) we had an opportunity to see in the house of one of our sisters a monkey with an undoubted case of yellow fever. The principal symptoms manifested themselves in a manner so marked that there remained not the least doubt that it was a case of yellow fever that we had before us. There was an injection of the eyes, a certain state of stupor, sharp thirst, nausea, elevated temperature, and at last prostration, anuria, and black vomit.

For three days the poor animal remained in this sad condition, each day growing worse, and presenting in succession the symptoms described, until the fourth day, when the case terminated fatally.

A Case of True Hysteria Cured by Hypnotic Suggestion.

The patient, consequent on peri-uterine inflammation, had the right ovary enlarged and painful, and grave symptoms of hysteria, for the treatment of which castration had been proposed. She was brought to the notice of Mr. Bernheim, who, after several séances, obtained a complete cure. M. Gron, whose patient she was, considered that in cases where grave nervous symptoms seemed to point to castration as a remedy, recourse to hypnotism should always be had before resorting to the operation. M. Bernheim thought that much of the good which followed castration in these cases was due more to the moral than the physical effect of the operation.

The Microbe of Typhoid Fever.

At a recent meeting of the Société des Hôpitaux, M. Chantemesse made an interesting communication concerning the morphological and biological characteristics of the typhoid microbe. The sporulation of this microbe takes place between 19° and 48° C. (67° to 104.4° F.). It develops in water, even if sterilized. At a temperature of 45° C. (113° F.) the cultivations live for several days; they are destroyed by boiling. This microbe retains its vitality in damp ground. Corrosive sublimate (1 : 20,000) and sulphate of quinine (1 : 800) destroy it. Carbolic acid (1 : 400) has no effect on it; hydrochloric acid is also inert; therefore, the acidity of the stomach is not inimical to this microbe.

A Syphilitic Placenta.

M. Debray described at a recent meeting of the Brussels Anatomical and Pathological Society some peculiar appearances presented by the placenta of a woman who said she had had syphilis a year before her confinement, but who certainly had chancres and a specific roseolous rash at the time. The confinement was at term, and the placenta was removed with some difficulty three hours after the child was born. It was hard and abnormally small. Microscopic examination showed the presence of connective tissue fibres and of numerous plastic elements lying between the connective tissue bundles and forming arterio sclerotic rings round the vessels.

Treatment of Hydrocele by Injections of Corrosive Sublimate.

The solution used is one part of the salt in 1,000 of water. The operation is the same as for injecting iodine. The tunica vaginalis is punctured, and from 200 to 250 grammes of the solution are injected, according to the capacity of the pouch. The scrotum is gently manipulated, and half the solution is then allowed to drain away. It acts as an irritant and gives rise to an inflammation which, while not severe enough to cause suppuration, is sufficient to set up adhesion. There is very little pain. No constitutional symptoms have been observed beyond a slight elevation of temperature.

Incomplete Hæmatocolpos.

V. C., aged 16, domestic servant, first menstruated a year ago, since when there has been a constant discharge of blood. She complains of general malaise and pain in walking. On examination, the hymen was found to be intact and completely closing the vagina. Blood was seen to ooze from two little capillary orifices; these evidently were not large enough to permit of the free egress of the menstrual discharge. An incision was made with the scissors, and a quantity of retained blood escaped. On the next day all discharge had ceased, and twenty-two days after the period appeared naturally.

Enemata of Defibrinated Blood.

Cases in which enemata of defibrinated blood have been employed in the treatment of chlorosis and acute anæmia are reported by Dr. Valera in the *Siglo Medico*, and by Dr. Mariani in the *Revista* Dr. Valera's case was one of extremely severe post-partum hemorrhage, and was combined with the use of the cold douche. Dr. Mariani's cases appear to have been instances of simple anæmia. In each case improvement is stated to have been rapid, and the recovery permanent; but the details as to the mode of administration, or the nature of the blood employed, are not given.

Prescriptions for Amenorrhœa.

Upshur, of Richmond, Va., in "Disorders of Menstruation," gives the following as his favorite formulæ in anæmic amenorrhœa:

℞.	Tinct. ferri chlorid.,	℥ j.
	Liq. chlor. arsenici,	ʒ ij.
	Strychniæ,	gr. j.

M. Sig.—Gtt. xx. t. i. d., after meals in water.

℞.	Tinct. ferri chlorid.,	℥ ss.
	Acid. muriatic. dil.,	ʒ iij.
	Liq. chlor. arsenici,	ʒ ij.
	Hydrarg. bichloridi,	gr. j.
	Syr. zingiberis,	℥ ij.
	Aquæ, ad.	℥ vj.

M. Sig.—Take a teaspoonful in one-third of a tumbler of water three times a day, after meals.

Inhalations of Defibrinated Blood.

Dr. Escorileada also records in *El Genio Medico Quirurgica* an example of extreme anæmia with anorexia occurring in a female patient, aged 29, in which defibrinated and diluted bullock's blood was given in the form of a spray by inhalation, as recommended by Jubini, the defibrinated blood being in the proportion of 80 per cent, to 20 per cent.

of .75 per cent. salt solution. Other treatment had failed to improve the nutrition, but visible improvement was noted after four inhalations. Cold affusion with sea-water was also employed.

How to Give Castor Oil.

Dr. Field, in a recent book, "Evacuant Medication," gives the following formula as useful in administering castor oil, especially in dysentery and enteritis, when purgation and a healing and tonic influence is required:

R.	Ol. terebinth.,	gtt. 80.
	Ol. cinnamon,	♏. 5.
	Ol. ricini,	ʒ 5.
	Mucil. acac.,	q. s.
	Syr. simpl.,	q. s.
	Aq. puræ, q. s. ad.	℥ 2.

M. Sig.—Shake thoroughly. One teaspoonful, repeated *p. r. n.*

Ammonium Picro-Nitricum.

May be given, for malarial infection, as follows:

R.	Ammonii picro-nitrici,	gr. 5 to gr. 23.
	Pulv. rad. liquiritiæ,	
	Succi liquiritiæ, āā	♏ 23.

M. Ft. pil. xxx. in num.

These pills should be prepared with moist excipient, as picric acid forms explosive compounds in the dry state.

An Ointment for Freckles.

Hebra:

R.	Hydrarg. precipitat. albi.,	gr. 75.
	Bismuth. subnitrat.,	gr. 75.
	Glycerinæ unguent.,	ʒ 5.

M. Ft. unguentum.

Sig.—Apply every 2 or 3 days: it will irritate if used too frequently.

Prescription for a Convenient Quinine Pill.

R.	Quinine sulph.,	gr. 30.
	Sacch. alb.,	
	Gummi Arab., āā	gr. 15.

M. Ft. pil. xxx. in num.

These pills are very soluble, and make up well.

Chorea Cured by Antipyrin.

Wallner reports a case of a girl aged 16, whose disease had resisted other remedies, who was cured by 15 grains of antipyrin three times daily. The cure was complete in twelve days.—*Therapeutische Monatshefte*, No. 1.

NEWS AND MISCELLANY.

Commencement of the Medical Department of the University of Pennsylvania.

The commencement exercises of the Medical Department of the University were held at the Academy of Music on Monday the 2d inst. at 11 a. m.

After prayer by Rev. Dr. H. J. Morton, the degrees in medicine were conferred by Dr. William Pepper, Provost of the University. The medical graduates were:

NAMES OF THE GRADUATES.

Americus R Allen, George E. Andrews, A. B., William A. Atlee, Jr.

George Fales Baker, B. S. Tilghman, M. Balliet, A. B., Delbert Barney, A. B., Reuben H. Bemish, T. Passmore Berens, Cuthbert F. Bowen, B. A., David P. Bowman, B. E., Edward T. Bradley, Leon Brinkmann, Samuel W. Burns.

George A. Cameron, Paris T. Carlisle Jr., Henry W. Cattell, A. B., Joseph G. Church, J. A. Coleman Clarkson, A. B., J. Vale Cleaver, Cary K. Clewell, R. Percy Crandall, George C. Curtis, D. D. S., Millard F. Cyphers.

James A. Davis, Ph. G., Charles Dingee, John George Doron, A. B., Malcolm Douglas, Jr.

Lambert H. Edgar, Thomas C. Ely, Jr., Ph. B., Alexandro Espinoza.

William W. Farr, Alexander G. Fell, B. S., Charles Fitzpatrick, Jr., William M. Frost, A. B., George B. Fundenberg, Jr., A. M.

John P. Gale, S. A. Mercer Givin, George B. Glover, A. B., Horace S. Grant, Elijah Griffith, Thomas A. Grigg.

Thomas H. Hartswick, Charles A. Hartzell, Joseph Head, D. D. S., John Clement Heisler, Ph. G., Alfred Davis Henkel, Arthur C. Hugenschmidt, D. D. S., Charles D. Hunt, Randall Hutchinson, A. B.

John E. Jennings, Theodore M. Johnson, Ph. G., Kent C. Jones, Le Roy H. Jones.

Louis J. C. Kimmell, Pearce Kintzing, B. S., Ellwood R. Kirby, Ira D. Knotts.

Alfonso Lacayo, A. B., Frederick Lambach, Jr., Joseph Leidy, Jr., A. B., Jere W. Lord, A. B.

Jose J. Macias, Ph. B., Jacob F. Marchand, A. M., Bernard G. Maercklein, D. D. S., Charles B. Martin, Peter J. J. Martin, James M. Maurer, A. B., Leonidas L. Mial, A. B., Peter F. Moylan, John B. McAlister, A. B., Charles A. McCauley, John W. McCauley, A. B., Robert McCreight, Ph. G., John J. McDonald, M. D.

S. Pusey Nickle, Richard C. Norris, A. B., Frederick W. Prentice, M. D., William L. Pyle.

Benjamin B. Reath, Jr., A. B., Jeremiah V. Reeder, George F. Roessler, Ph. G., Francis Rudderow, A. B.

Sebastian Salinas, B. S., Joseph R. Smith, Theodore Sprissler, Ph. G., B. Franklin Stahl, Ph. G., James Stein.

Frank W. Talley, William B. Taylor, A. B., William C. Townes, Ph. B., John Harry Trout, Ph. G., Thomas Turnbull, Jr., Richard Raymond Tybout.

William J. Walker, George D. Weston, B. S., Sven Windrufva, M. F. C., John A. Witherspoon, Stephen Carroll Wood, A. B.

DR. GOODELL'S ADDRESS.

Dr. William Goodell, the professor of clinical gynæcology, then delivered the valedictory address. After special reference to his thirty-three years, experience he said:

"The influence of an honored physician in this community is always great. He and the clergyman and the lawyer are often the only educated men in their village. As the title which you have just now received at the Provost's hand, as the word 'doctor' means, you are to be teachers as well as healers—the educators and refiners of those among whom you cast your lot. One man of you—and by 'man' I do not mean one who hangs about tavern porches or lounges about drug stores—one man of you, I say, can give tone and character not only to a township but to a county. However popular you may be with your fellow townsmen, do not accept all the honors they may thrust upon you. To be at the same time mayor of your borough, chairman of your school board, and an active politician, is a great mistake. Remember that the profession you have chosen is a mistress too imperial and too imperious to brook a rival." Dr. Goodell specially warned his hearers against intemperance, and impressed upon them their duty in elevating the profession and maintaining its dignity.

Prizes were awarded as follows:

The *Medical News* prize, $100, divided between Dr. Arthur C. Hugenschmidt, Paris, for his thesis, "Experimental Studies upon Man," and Peter J. Martin, of Pennsylvania, for his thesis on "Physiological Action of Antipyretics."

The award of "distinguished merit" was given to F. Passmore Berens, for his thesis on "Amylolytic Ferment of Human Milk."

"Honorable mention" was awarded to William C. Townes, of Mississippi, for his thesis, "A Continual Study of the Tumors Removed at the Surgical Clinics of the University Hospital, January to June, 1886," to Sven Windrufva, of Sweden, and Randall Hutchinson, of New Jersey.

The following prizes were awarded by Dr. J. William White, Demonstrator of Surgery, for proficiency in operating and bandaging: A copy of Agnew's "Surgery," to Joseph Head, of Pennsylvania; a surgical pocket case to Joseph Leidy, jr., of Pennsylvania. A third prize for the same work, offered by J. B. Lippincott Company, a copy of Agnew's "Surgery," was awarded to Sven Windrufva, of Sweden. The operating and bandaging of the following graduates received honorable mention: Richard J. Norris, of District of Columbia; Randall Hutchinson, of New Jersey; Leonidas Mial, of North Carolina; W. J. Walker, of Pennsylvania, and Peter J. Martin, of Pennsylvania.

Dr. N. Archer Randolph, Professor of Hygiene, awarded to Samuel M. Wilson, Pennsylvania, a Zentmayer's histological microscope for the best examination on hygiene. J. L. Hatch, of the auxiliary department of medicine, received honorable mention of his work on hygiene.

William M. Abach, of Pennsylvania, received a copy of Agnew's "Surgery," for proficiency in bandaging by first year students.

In this same line of work honorable mention was accorded Joseph P. Tunis, of Pennsylvania; Albert S. W. Johnson, of Nassau, W. I.; W. C. Posey, of Pennsylvania; Alfred Stengel, of Pennsylvania, and Clarence A. Butler, of Pennsylvania.

H. M. Keller, of Stroudsburg, was announced as one of the graduates, but his diploma was withheld until next year, because he was not of age.

The exercises closed with the benediction by Dr. Morton.

THE ALUMNI DINNER.

In the chapel of the University, on the evening of the same day, the alumni association of the Medical Department held its seventeenth anniversary banquet. At the head of the table was Dr. R. A. Cleeman, and around it were gathered over 150 graduates.

The first toast was the "Faculty," and was responded to by Dr. Horatio Wood. He paid tributes to many members of the faculty, and especially referred to Professors Jackson, Hodge and Leidy.

"The Relations of the Profession to the Community," was responded to by Talcott Williams.

"The Medical-Press" was responded to by Dr. N. Archer Randolph, "The Class of '77" by Dr. Formad, and "Our Sister College" by Dr. Parvin, of the Jefferson College.

The committee having the arrangements in charge consisted of Dr. Cleeman, Dr. S. D. Risley, Dr. H. A. Hare, Dr. William Pepper, Dr. James Tyson, Dr. H. R. Wharton, Dr. William Barton Hopkins, and Dr. T. R. Neilson.

Among those present were: Dr. Huidekoper, Professor Wormley, A. Sydney Roberts, L. Clark Davis, Professor Agnew, Dr. I. Massey, of West Chester; Dr. Hartswick, of Clearfield.

Sudden Death.

"I fear you are too late," said the husband, as he hurried me to the apartment where his wife, from sudden failure of the heart's action, was lying insensible, and as the nurse informed me, "dying." It was impossible to administer by the mouth a restorative, so without delay I injected hypodermically twenty drops of ether, sp. gr. 0.720, and, as the improvement was not as quick as I desired, forthwith twenty drops more. To the complete astonishment and great delight of the friends, consciousness and strength rapidly returned.

The sudden deaths which have so lately thrilled the public mind, more especially the death of Lord Iddesleigh, in London, and Mr. Christopher Bushell here, have influenced me to send you the above record, not as the proclamation of a new discovery, but as a suggestion—a suggestion in connection with the alarming newspaper reports which usually run somewhat thus: "Mr. —— suddenly became ill, when, sinking, he was supported by his friend. Dr. ——, who happened to be present, was most assiduous in his attention, but at last pronounced life extinct." Should it not be impressed on the public that the easiest mode in which respiration can be carried on is when the body is extended at full length—not lying on the back, but with the inclination towards the prone position? Nature throws down to assist the encumbered circulation; the officious kindness of indiscretion and ignorance supports the fainting sufferer. Again, would it not be well in these times of frequent sudden deaths from weakened hearts that each medical man should have in his posssssion, ready for immediate use, his hypodermic syringe case, with its little bottle filled with ether? Would it not be well, too, that the possessor of a weak heart, or, better still, the friend who accompanies him, should also have the ether and syringe ready for instant employment? Ladies with neuralgia practice hypodermic injections of morphia by the advice and under the direction of physicians. This I would condemn. But the friend of a valuable life, the tenure of whose leasehold is uncertain through the possession of a weakened, or flabby, or a fatty heart, might well be instructed in the use of the subcutaneous injection of ether. More than one example might be adduced to show that the immediate stimulant might rouse the flagging pulse-throb; and then, instead of the announcement that "life was extinct," one might read that after the injection the the appalling symptoms quickly passed away, and what appeared to be approaching death gave place to the renewed energy of life, with all its usefulness.—*Lancet April* 23, 1887.

The Association of Genito-urinary Surgeons,

Which has lately been organized with Dr. Edward L. Keyes, of New York, as temporary chairman, and Dr. Robert W. Taylor, of New York, as temporary secretary, will hold its first annual meeting at the Laurel House, Lakewood, N. J., on Tuesday and Wednesday, the 17th and 18th of May. In addition to an address of welcome, by the temporary chairman, the programme includes the following named papers: "The Connection between Masturbation and Stricture of the Urethra," by Dr. S. W. Gross, of Philadelphia; "On Chancroid," by Dr. F. B. Greenough, of Boston; "On Horny Growth of the Penis, with exhibition of a Remarkable Case," by Dr. J. H. Brinton, of Philadelphia; "Supra-pubic Cystotomy for Vesical Tumor and Large Calculus, with Comments upon Suture and a Suggestion for Drainage," by Dr. E. L. Keyes, of New York; "Case of Hysterectomy for the Relief of Pyelitis from Obstruction," by Dr. A. T. Cabot, of Boston; "On the Choice of Operation for the Removal of Vesical Calculus in Cases complicated by Prostatic Obstruction," by Dr. J. P. Bryson, of St. Louis; "Idiosyncrasy as affecting the Specific Treatment of Syphilis," by Dr. P. A. Morrow, of New York; "Observations on the Use of Oil of Wintergreen in the Treatment of Gonorrhœal Rheumatism," by Dr. R. W. Taylor, of New York; "Some Cases of Pyelitis in which Frequent and Painful Micturition was the Chief Symptom," by Dr. George Chismore, of San Francisco; "On Temporary Over-strain of the Bladder producing Chronic

Retention of Urine," by Dr. F. N. Otis, of New York; "Early Syphilitic Epididymitis," by Dr. J. N. Hyde, of Chicago; "Prostatotomy for Obstruction—Two Cases," by Dr. A. T. Cabot, of Boston; "A Plea for the More General Use of Nitrate of Silver in the Deep Urethra, with an Improved Instrument for its Application," by Dr. E. L. Keyes, of New York; "A Rare Form of Septicæmia following Operation for Urethral Stricture—*Septicémie foudroyante gazeuse*," and "Exhibition of Sections of Tubercular Testes with Bacilli, and of the Coëxistent Bacilli in the Sputum," by Dr. R. W. Taylor, of New York.

Terebene and the London Apothecaries.

A correspondent of the *British and Colonial Druggist* says: "I am, as you are aware, 'connected with the trade'—the last word should perhaps have been 'profession,' but that will not affect the value of my narrative. Staying in London for a few days was a friend of mine, and as one evening this week we were investigating the mysteries of the metropolis it became apparent that his interest was beginning to flag. With the instinct of a pharmacist who may one day have to prescribe in order to pay his rent and taxes, I soon detected reflections of physical pain in the countenance of my companion, Ably following up the symptoms, I arrived at the truth—stomachic inflation. Good! Terebene indicated. Get some. To the nearest chemist we went. He was busy. Happy man! Five real customers in his establishment at one time. Not revealing 'my connection with the trade,' I modestly preferred a request for five drops of terebene in a little water. 'Terebene?' quoth the professional gentleman behind the counter. I assented. 'Terebene?' he repeated; 'what for?' 'Flatulence.' He smiled broadly. 'Terebene!' he continued. 'I've heard of "Terebene Soap."' Again smiling in a manner which plainly meant 'I am a man of superior knowledge, but I'll give you another chance,' he inquired, 'Are you sure it's *terebene?*' I was. Then came his thunderbolt. 'Why, terebene's a kind of turpentine. You don't want to take that internally.' I was crushed, and we retired.

"We had an almost similar experience in the next pharmacy we went to, and I was there told I must be mistaken about the name. I must mean 'peppermint.'

"Three more establishments were visited, but none of them had terebene in stock. All these five pharmacies were in the W. C. district, and in selecting these to call at I avoided, after my interview with the 'Terebene Soap Man,' several shops of inferior size as being unlikely places to get what I wanted."

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS.

Medical Department U. S. Army, April 26 to May, 2, 1887:

Major John S. Billings, surgeon, granted leave of absence for ten days, to take effect May 3, 1887. S. O., 98, A. G. O., April 28, 1887.

First Lieutenant Chas. E. Woodruff, assistant surgeon—(Recently appointed), ordered for duty at Ft. Wayne, Mich. S. O., 96, A. G. O., April 26, 1887.

Medical Corps of the Navy, for the week ending April 30, 1887:

Assistant Surgeon L. W. Atlee, ordered to the Receiving-ship Vermont.

Past Assistant Surgeon Clement Biddle, detached from the Naval Academy, and to Marine Rendezvous, Philadelphia, Pa.

Past Assistant Surgeon Richard Ashbridge, ordered to the Naval Academy.

Medical Inspector A. Hudson, ordered to the United States Steamship, Trenton.

Past Assistant Surgeon C. T. Hibbett, ordered to the United States Steamship, Trenton.

Assistant Surgeon Corbin J. Decker, detached from the Receiving-ship, St. Louis, and to the United States Steamship, Trenton.

U. S. Marine Hospital, for the three weeks ended April 30, 1887:

Goldsborough, C. B., surgeon. Leave of absence extended thirty days on account of sickness. April 20, 1887.

Devan, S. C., past assistant surgeon. Granted leave of absence for thirty days, to take effect when relieved. April 12, 1887.

Bratton, W. D., assistant surgeon. To proceed to Port Townsend, W. T., and assume temporary charge of the service. April 21, 1887.

A Chance for Anti-Tobacconists.

The Société contre l'Abus du Tabac offers the following prizes: 1. A prize of 500 francs ($100), with a gold medal worth 100 francs ($20), is offered by Dr. Depierris to medical students belonging to any school in France for the best treatise on "Nicotic Cachexia: its Symptoms, Progress, and Effects; demonstrated by at least eight clinical observations, made either in the hospitals or in civil or military practice." It may be written in the form of a thesis, but this is not obligatory. The prizes are open to all students, no matter what their standing. Other medals will be awarded to the authors of any treatise of exceptional scientific value. 2. A prize of 900 francs ($180) (*Prix des Gens de Lettres*), with a gold medal worth 100 francs, is offered by Dr. Depierris for the best treatise on "The Effects of Tobacco on the Health of Men of Letters: its Influence on Future French Literature." 3. A prize of books worth 200 francs ($40) (*Prix de Médecine*) is offered for the four best detailed reports of cases (including etiology, symptoms, termination, etc.) of affections due exclusively to the abuse of tobacco. A medal will also be awarded with this prize. The essays may be written in French, English, German, Italian, or Spanish, and they must be sent in before December 31st, 1887. Full particulars as to the conditions of the competition will be forwarded free, on application to the President de la Société contre l'Abus du Tabac, 38 Rue Jacob, Paris.

The Pennsylvania Hospital.

The 136th annual meeting of the contributors to the Pennsylvania Hospital was held on Monday, May 2.

From the report of the Board of Managers it appears that the total number of cases treated at the hospital during the past year was 13,401, the expenses for the maintenance of the sick, $64,158.77. The report mentions the introduction of a new system of hospital management, which supplies closer bedside administration, and separates from the latter the general housekeeping duties.

The antiseptic treatment, which has recently been thoroughly established at the hospital, was dwelt upon at some length.

On Wednesday, the 4th instant, Dr. John Ashhurst was elected as one of the surgeons of this institution, *vice* Dr. Richard J. Levis, resigned. His acceptance has not yet been received.

The Expense of Quackery.

There are in San Francisco, says the *Pacific Record*, one hundred and twenty-five illegal practitioners—*i. e.*, those whose ignorance is so appalling that they could not obtain a license from any of the examining boards. In the State there are over five hundred of this class. Some of them spend large sums monthly for advertising. We know of one whose advertising bills are two thousand dollars a month. Two practitioners on Kearney Street spend each one thousand dollars a month, and one on Market, two thousand. This last declares that his receipts from his practice and sale of nostrums will average *one hundred dollars a day.* The amount (average) filched from their dupes by each of these swindlers cannot be less than two hundred dollars a month, or one hundred thousand dollars in the aggregate. This is $1,200,000 a year.

Addresses in the General Sessions of the International Medical Congress.

Many of the medical journals in this and other countries have announced the fact that Professor F. Semmola, of Naples, Italy, is to give a general address on "Bacteriology and its Clinical Therapeutics," to the Congress in general session; and we will add that general addresses are also promised by Dr. Neudorfer, of Vienna, Austria, "On the Military Medicine of the Present and of the Near Future;" Dr. Esmarch, of Kiel, Germany, "On Bloodless Operations in Surgery;" Dr. Lutaud, of Paris, France, "On the Influence of the Discoveries of American Surgeons on the Development of Gynecology in Europe," and Dr. Austin Flint, of New York, N. Y., on "Fever, its Cause, Mechanism and Rational Treatment"—all topics of interest to the whole profession.

The Congress.

The *New England Med. Monthly* says: As time slowly passes, the Executive Committee of the Ninth International Medical Congress keep pace with its arrangements for the successful conduct of this important meeting. Advices constantly received by them from abroad indicate without a doubt that there will be large and influential delegations from France, Germany, England, Ireland, Austria, Denmark, and other countries. That these delegations will be representative, is indicated by the fact that the gentlemen offering to read papers before the various sections are men of world-wide reputation. The local committee of arrangements have been actively at work, and we are warranted in saying that the social part of the meeting will be all that the most fastidious could desire.

Charcot.

George Augustus Sala says: Dr. Charcot is surely one of the most ingenious of the medical mankind. He is a specialist in hysteria and hypnotic cases, and I read that, having satisfied himself as to the practicability of transferring paralysis, nervous contractions and cataleptic symptoms from one patient to another, he is now about to extend his experiments to hysterical dumbness. A female patient affected in this manner was placed back to back with a woman who had been for a long time cataleptic. By means of the magnet the dumbness was transferred from one patient to the other with the same regularity as marked the experiments in paralysis. By continuing these tests, Dr. Charcot hopes to be able to completely restore speech to tongue-tied patients.

Longevity of the "Friends."

The "Friends" are noted for their simple modes of life and their close observance of all the laws of hygiene and of health, and their vital statistics speak louder than a voice of flame for closer attention to public health. Of the 229 "Friends" who died last year in Great Britain and Ireland, only 22 were under five years of age; between five and ten years were five deaths; between ten and twenty years, 9; from twenty to thirty years the deaths numbered 18; from 30 to 40 years, 16; from 40 to 50 years, 22; from 50 to 60 years, 23; from 60 to 70 years, 51; from 70 to 80 years, 74; from 80 to 90 years, 69; from 90 to 100 years, 10. The low infantile mortality and the large percentage of deaths at great ages are remarkable even for the Society of Friends.

Hygienic Congress.

On May 8, the Federation of the Italian Hygienic Societies will hold its first Congress in Florence. The sittings will last till the 10th, and among the proceedings will be a discussion on the new code of public hygiene submitted to the Italian Senate by the Prime Minister, Depretis, and a paper by the Senator, Professor Pacchiotti, of Turin, on the "Vaccinazione Anti-rabica" of Pasteur. The great *feste*, of which during the first three weeks of May the Tuscan capital will be the seat, form an attraction of which the promoters of the Congress will avail themselves for enhancing the success of their inaugural meeting.

Louisiana State Medical Society.

The ninth annual meeting of this Society was held in Alexander, La., April 11, 12, 13, 1887. Valuable papers and reports were presented, and several topics of special interest to the profession of that State were discussed. The following officers were elected for the ensuing year: President, Dr. Joseph Jones, New Orleans, La.; Vice-Presidents, Drs. F. H. Parham, of New Orleans, H. D. Bruns, of New Orleans, Thomas Hebert, of New Iberia, F. M. Thornhill, of Arcadia, I. J. Newton, of Bastrop, and T. T. Tarleton, of St. Landry; Secretary, Dr. P. B. McCutcheon, of New Orleans. The next annual meeting is to be held at Monroe, La., on the third Wednesday in April, 1888.

Tennessee State Medical Society.

At the annual meeting of this society, held in Nashville, April 12 and 13, 1887, the following officers were elected for the ensuing year: President, Dr. P. D. Sim, of Chattanooga; first Vice-President, Dr. Happel, of Trenton; second Vice-President, Dr. R. Douglas, of Nashville; third Vice-President, Dr. J. M. Masters, of Knoxville; Secretary, Dr. Ambrose Morrison, and Treasurer, R. Cheatham.

The society contributed $250 for the Treasury of the International Medical Congress to be held in Washington, D. C. Its next annual meeting, in 1888, will be held at Knoxville.

Medical Association of the District of Columbia.

At the regular meeting of this Association, held April 5, 1887, the following officers were elected for the ensuing year: President, Dr. J. W. Buckley; Vice-Presidents, Drs. J. W. Bayne, and W. O. Baldwin; Secretary, Dr. Lachlan Tyler; and Treasurer, Dr. S. S. Adams.

Chicago Medical Society.

At the annual meeting of this Society, held at the Grand Pacific Hotel, April 4, 1887, the following officers were elected for the year: President, Dr. Wm. T. Belfield; Vice-Presidents, Dr. J. H. Etheridge, and Dr. A. E. Hoadley; Secretary, Dr. Frank Billings; and Treasurer, Dr. H. N. Moyer.

American Dentists in Berlin.

Under date of March 30th, the Polizei-Präsident advertises in the "Deutsche Medizinal-Zeitung" a decree ordering all persons not possessed of an approved medical qualification to discontinue within three months the use of the title "American dentist" on signs, cards, etc. The reason given is, that the title so resembles that of a physician that it may give the impression that the bearer of it is "eine im Inlande approbirte und geprüfte Medicinal Person."

Education of Women in Germany.

Of late the Prussian Minister of Education has had several applications made to him to admit women as students at the universities. His reply is, that women are not to be admitted as regular students at any Prussian university, nor at any of the medical schools.

The University of Berlin.

The *Lancet* states that Dr. Olshausen, of Halle, has accepted an invitation to fill the late Professor Schroeder's chair of obstetrics, and will begin his lectures on the 1st of May.

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Items.

—Dr. Davis (*Therap. Gaz.*) states that tea-drinking acts in the direction of producing sterility in females.

—Dr. Lewis Sayre's Clinical Lectures on Orthopædic Surgery have been translated into French by Dr. Henri Thorens.

—The Ontario Medical Association will hold its seventh annual meeting in Toronto, on Wednesday and Thursday, June 8th and 9th.

—The term of service of Surgeon-General Gunnell, as Chief of the Bureau of Medicine and Surgery of the Navy, expires in March, 1888.

—According to *L'Union Médicale*, M. Lannelongue has been elected to succeed the late M. Béclard as a member of the Academic Council.

—The American Climatological Association will hold its fourth annual meeting in Baltimore, on Tuesday and Wednesday, May 31st and June 1st.

—The State Medical Society of Arkansas will hold its twelfth annual meeting in Little Rock, on Wednesday, Thursday, and Friday, June 1st, 2d, and 3d.

—The Trustees of the University of Pennsylvania have just received the preliminary report of the Seybert Commission, in regard to its investigation on the subject of spiritualism. It was ordered to be published.

—It is reported (*L'Union Médicale*) that a case of opium narcosis was relieved by nitrite of amyl after belladonna had failed, and the patient was almost dying.

—A writer in an exchange says that in experiences in Colorado and Utah he never saw an Indian with a cold. He concludes that it is our hot rooms that give us colds.

—Retention of urine may frequently be relieved by a sudden dash of cold water upon the supra-pubic region, or will prove amenable to the application of ice to the perineum, or its introduction into the rectum.

—A Parisian doctor prescribed for a lady who had objections against growing stout: "Take exercise, my dear lady. Consider the trees of the field; they never take exercise, and as a consequence they go on growing bigger and bigger every year."

—Inebriety cannot be prevented by throwing the responsibility on the inebriate, and punishing him for this as if for a crime. He is a sick man, and must be taken out of his surroundings and fully quarantined until he can recover.—*Quarterly Jour. Inebriety.*

—For the relief of the violent pains that in some women precede the menstrual flow, Dr. Meniére, of Paris, gives a warm water enema, containing thirty grains of chloral, and thirty grains of bromide of potassium. For young women one-half of the above quantities should be prescribed.

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OBITUARY NOTICES.

Moritz Schuppert, M. D.

New Orleans, May 3.—Dr. Moritz Schuppert, the eminent surgeon, died last evening, aged sixty-nine years.

Alexander Leslie, M. D.

Evansville, Ind., May 3.—Dr. Alexander Leslie, of Petersburg, Pike county, Ind., died on Sunday. He was one of the oldest practitioners in this section, seventy-three years of age, and having practiced fifty-four years.

John M. Dallam, M. D.

The death of Dr. John M. Dallam, in Tioga on Monday last, is announced. He was born near Baltimore sixty-one years ago. His ancestors were among the earliest settlers in Maryland, and prominently identified with the American Revolution. The Doctor studied medicine in the University of Pennsylvania, and his professional life has been spent in this city, and mainly in the community where he died.

THE

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ORIGINAL DEPARTMENT.

LECTURE.

AN INTRODUCTORY LECTURE ON INJURIES AND DISEASES OF THE URETHRA.

BY G. FRANK LYDSTON, M. D.,

Lecturer on the Surgical Diseases of the Genito-Urinary System and Venereal Diseases in the College of Physicians and Surgeons, Chicago, Ill.

Reported by William Whitford.

GENTLEMEN: I shall direct your attention this morning to the consideration of the injuries and diseases of various kinds that affect the male urethra, and before considering these morbid conditions, I would like to say something about the general management of cases of urethral or genito-urinary diseases, whether they be acute or chronic, inflammatory or neurotic, or simply irritative in character. The first consideration in the treatment of affections of the genito-urinary tract is the condition of the urine. Normal urine is more or less acid, but the exact degree of acidity, which is physiological, would be difficult to determine. It varies in different individuals, varies with the diet, the amount of physical exercise taken, and with the condition of the genito-urinary organs. The acid urine is always more or less irritating to the mucous membrane in all acute or inflammatory affections of the genito-urinary apparatus, and it is the correction of this acidity that chiefly demands our attention. In every case of genito-urinary disease in which there exists irritation or inflammation, the first indication is to neutralize the normal acidity of the urine; or better, to make it slightly alkaline if possible, by internal medication, regulation of the diet, and attention to vicarious elimination of the products of retrograde metamorphosis. Neutral or faintly alkaline urine is much less irritating to the inflamed mucous membrane than the normal secretion. A very peculiar fact in connection with the consideration of the irritating properties of the urine in inflammatory troubles of the genito-urinary tract is, that even in those chronic cases of cystitis in which the voided urine is strongly ammoniacal, alkaline remedies are beneficial. The acid urine, as it comes down from the kidneys, irritates the bladder; the excessive secretion of mucus thereby induced produces fermentation of the urine, and this fermentation results in ammoniacal decomposition. Thus the primary source of the irritation is the acid urine.

It produces irritation of the mucous membrane, and thereby enhances the existing inflammation and excessive secretion, this being followed by urinary decomposition. The primal indication therefore is to give proper remedies to lessen acidity, and thus allay the irritation and inflammation. There are various medicinal agents that act upon the urine and render it alkaline, the best of these being the citrate and acetate of potassium. These combinations of alkaline salts with the vegetable acids are especially useful for producing alkalinity of the urine, in the surgical diseases of the genito-urinary organs, or, at least, neutralizing its acidity, and may be given in doses of from ten to twenty grains three to five times daily.

Another important consideration in reducing the acidity of the urine is attention to diet. I presume that no patient can take a non-nitrogenous diet for any length of time without causing more or less alkalinity of the urine. A typical diet, although not entirely non-nitrogenous, is bread and milk; milk is mildly alkaline in its reaction, and when taken in large quantities, providing the patient takes no meat, will produce a neutral or faintly alkaline condition of the urine. My own practice, in all inflammatory troubles of the genito-urinary tract, is to confine the patient to a strictly bread and milk diet; this being my first prescription in cases of gonorrhœa, cystitis, prostatitis, etc. I have met with many cases of acute gonorrhœa in the dispensary that I have treated exclusively by a bread and milk diet, and the administration of the acetate of potassium, and with no other remedies than these, the inflammatory symptoms have subsided quite promptly. It is my custom to give astringents or balsams in appropriate cases, after the acute symptoms have begun to subside, but I would not advise treatment which is in the least apt to prove stimulating, for the first week or two after the beginning of a gonorrhœa, and I think that you will find that if you put all your patients with acute inflammations of the bladder or urethra, upon a bread and milk diet with simple diluent remedies, they will almost invariably do well. I have even seen chronic cases recover completely after the suspension of all astringent and balsamic preparations by the patient subsisting, for a few weeks, entirely upon bread and milk.

Another important point is, that we must pay strict attention to the skin and bowels. If these emunctories do not act properly, the kidneys must necessarily be called upon to act vicariously, thus rendering the urine more irritating. One of the primary indications therefore, is to increase the secretion of the skin, and thus remove the waste material which would otherwise render the urine extremely acid. This is especially necessary in patients of a rheumatic or gouty diathesis, who eat and drink to excess. The skin and bowels may be stimulated by very simple remedies. The Turkish bath is useful in increasing the action of the skin; while such simple laxatives as the compound licorice powder or any of the saline mineral waters, are sufficiently powerful to keep the bowels active.

Another indication of the treatment of inflammatory troubles of the genito-urinary organs is the maintainance of perfect rest, but with the majority of patients suffering from such diseases this is a difficult thing to accomplish, as patients do not, or will not, understand the importance of it. A patient will come into your office with a clap and expect to be cured while he is going about attending to his business and social duties; and in deference to professional custom, and a desire to retain the patient, you will usually be compelled to treat him as best you may, while he is on his feet and actively exercising, when, as a matter of fact, he ought to be taking rest, or even put to bed for eight or ten days. I do not say that it is always absolutely necessary or practicable for him to lie in bed, but such a course is certainly indicated in the majority of cases, and you can always instruct your patient to keep just as quiet as possible, and to avoid walking about a great deal, or taking undue muscular exercise during the time he has the acute inflammation. In cases of inflammation of the prostate or bladder, you will very often be compelled to place your patient in bed for a greater or less length of time. I have had cases of acute and chronic prostatitis come under my notice that have been treated in every conceivable way without benefit, and which have only been cured after two or three months in bed. A little while ago I was consulted by a physician who was suffering from a prostatitis of five or six months' standing, that had been treated by nearly all known methods at the hands of a number of eminent practitioners without apparent benefit; I at once ordered him to bed, with instructions to keep perfectly quiet. The treatment consisted entirely of alkaline remedies and counter irritation to the perineum, with an exclusive diet of bread and milk. This course was persisted in for several months, and resulted in a complete recovery. Whenever a case of chronic trouble of the bladder or prostate comes into your hands, if you will follow the plan of putting the patient to bed, and thus compelling him to take the necessary rest, he will invariably be much benefited. You must remember that a patient can hardly move, and certainly cannot take a step, without irritating the inflamed prostate and bladder. The prostate in cases of acute inflammation will sometimes be as large as a small orange, and under such circumstances the slightest motion of the thighs will cause mechanically more or less pain and irritation. In addition to this, the perpendicular position will tend to cause congestion and irritation of the inflamed organ, and, as a result, increase the inflammation. It is not only the necessity of physical rest that we must impress upon the minds of our patients, but we must try and secure sexual rest as well. This is of necessity quite difficult to accomplish. A patient with a broken leg is compelled to take rest—indeed, he cannot move without being punished for his indiscretion; his leg is bandaged and bound in splints, thus rendering movement of the broken limb well nigh impossible. A patient suffering from pneumonia has his chest swathed with hot poultices, thus insuring rest to the inflamed lung. Even in genito-urinary diseases physical rest is comparatively easy of accomplishment, and the patient may often be kept in bed as long as the physician deems necessary. Unfortunately, however, it is much more difficult to keep the patient's thoughts diverted from his sexual organs, which unlike the broken leg or inflamed lung, may be irritated through the medium of the mind. Very many of the morbid conditions affecting the sexual apparatus are due to reflex sexual irritation through the medium of the mind. Very often the patient reads a great deal of literature of a more or less stimulating nature, or allows his mind to dwell upon sexual affairs; and as a consequence the sexual organs are never at rest. I suppose, moreover, that every unmarried man suffers more or less from sexual starvation. The male sex has no monopoly in this respect, for unmarried women suffer from the same difficulty. Only a few days ago a young lady consulted me for this trouble. She informed me that she was annoyed continually by extreme sexual desire, or as she expressed it "excitement." The young lady was intelligent, well educated and refined, and was aware that she had some obscure trouble of the uterus which might account for her ailment. She was averse to an examination, but I concluded inferentially that she had some inflammatory affection of the uterus or ovaries which was causing reflex excitement or sexual hyperæsthesia. She stated that she was greatly annoyed by peculiar, quivering sensations about the uterus, attended by emissions of a fluid of some kind, and occurring daily. You are probably aware of the physiological fact that women do not have emissions during intercourse; what they really have is an excessive secretion of the mucus which normally lubricates the genital tract, and this mucus constituted the "emission" in this instance. I mention this case simply to demonstrate to you the fact that it is not alone the *male* sex which suffers from sexual starvation, though women are not so liable to understand the true situation as men. A great many females know that there is something the matter with them, but they do not ascribe the trouble to its real source, which is no more nor less than sexual starvation. Hysteria, melancholia, hypochondria, and a great many other nervous conditions in women, may result reflexly from irritation of the sexual apparatus, and irritation of the uterus and ovaries may result from the instinctive physiological craving with which every woman, however pure, is endowed. It may not be recognized, but the necessity for a proper performance of sexual function exists in every adult human being. No man or woman at adult age is in a perfect physiological condition until the sexual function is naturally and regularly performed. It is not merely the sexual act, viz: the orgasm and discharge of semen in the male, or the orgasm and reception of semen in the female that is essential to the relief of this condition, which has been termed "sexual starvation," but there should rightfully be a physiological purpose in the performance of the procreative function, and this is never accomplished except in the matrimonial state. The sexual appetitite of the average man, after two or three years of married life, becomes less active, and, after a while, he ceases to think of his sexual organs to any great extent; in fact, he does not usually concern himself any more than he worries about the function of his bowels or bladder, hence he lives contentedly, as far as his sexual organs are concerned, and performs his family duties in very much the same perfunctory fashion that he goes to stool. Modern society, unfortunately, imposes conditions which render sexual excitement without gratification very common. A young man and woman go to a ball, and while under the emotional influence of the music they squeeze each other more or less in the various figures of the dance, and however pure in mind they may be, these things tend to excite and stimulate their sexual organs, when there are no legitimate means of gratification; the young man, perhaps, is reluctant in popping the question for the simple reason that he considers matrimony too expensive, while the young woman is debarred from taking the initiative by social custom. Literature of a romantic character is even worse than the dance in its exciting effect upon the generative organs of both sexes.

Now, there are ways and means of preventing the injurious effects that are caused by this sexual stimulation without gratification, but fornication is not one of them, for the fear of evil consequences alone will certainly render such a course decidedly unphysiological. Masturbation only serves to make matters physically worse, to say nothing of its demoralizing effects. If I were asked what I considered the best moral educator for the young man, I should say the gymnasium. You might think, perhaps, that physical improvement would cause the patient to become more active and amorous in a sexual sense ; this, however, is not true. The most amorous man is not always the most vigorous one. The man who studies hard, or who is engaged in an intellectual occupation that fosters an excitable state of the nervous system and exaggerates nervous sensibility, is apt to be more intemperate in his sexual relations than the hard-working laboring man. You notice, however, that the laboring man is generally the one who has the most children ; it is not the individual who copulates most. The man who copulates the least is usually the one who is best fitted for procreation, because he is, from a sexual point of view, the most energetic. It is a cardinal rule that over-excitement of any function will cause a loss of power. It is quite generally known that the male population of the Orient become impotent at an earlier period than any other race of men, on account of their free indulgence of their sensual appetites. The men and women alike suffer from premature old age on account of excessive sexual indulgence, conjoined with a life of indolence and ease. The man who indulges in sexual intercourse most frequently in his youth is the one who will be most likely to become impotent or sterile when he reaches middle age. This holds true with all peoples the world over. I am very often consulted by men approaching middle age, who complain that they cannot copulate as frequently as they used to, and who ask for remedies wherewith to whip up the jaded steed. To such patients I say : "You are paying for your early excesses, and you cannot expect to do sexual duty as often as you did when but eighteen or twenty years old." This answer, by the way, seldom satisfies them. A great many patients will come to you complaining of real or imaginary sexual exhaustion, spermatorrhœa, or premature old age, and you must know what to say to them. If you do not understand the physiological conditions involved in these cases, you certainly cannot treat them satisfactorily either to your patients or yourselves.

As I have already stated, we may alleviate excessive sexual irritability and desire through the physical system, by giving our patient an occupation which will necessitate muscular exercise, and thus divert his superfluous nervous energy in the direction of the muscles. We may also benefit him through the medium of the mind. We should keep him busy with some occupation which will serve to divert his thoughts from the sexual organs. Literature of an exciting or prurient nature, and association with fast women, must be forbidden. Good literature and the society of refined ladies are, however, a *sine quâ non*. If the individual can see the way clear to get married, it is a good thing for the physician to advise, irrespective of the patient's confidence in his ability to perform the matrimonial act ; for impotency in the average young man is a myth, and, as a rule, he is capable of doing as much damage as the next one.

I had a very peculiar experience with one of my young gentleman patients. This young man came to me some time ago complaining of a loss of sexual power, and said that he was engaged to be married, but as he no longer had erections in the morning, he doubted his capacity to perform the marital act, and was naturally much worried about his prospects. I treated him for several months, and with apparent success. He was married in due time, but soon after he sent his wife to see me to ascertain why he could not complete the sexual act. Much to my amusement, I found that she was affected with vaginismus from urethral caruncle. After proper treatment of this condition, things moved on quite serenely. As a rule, your patient will do well, and it is perfectly safe to advise him to get married, if you find the testicles and penis are in a perfectly healthy condition, and he is physically sound in other respects. Marriage is a cure for most of the sexual defects and complaints of young men, and once your patient is happily married, you will hear no more complaints until the babies commence to demonstrate the success of your prescription.

Having presented to you the preliminary subject of genito-urinary and sexual hygiene, I desire to say a few words about the injuries which are occasionally inflicted upon the urethra. We may meet with wounds and contusions of the urethra in any portion of its extent. Contusions and wounds of the pendulous portion of the urethra, however, are rare. It is a rather difficult matter to catch the pendulous portion of the penis in such a way as to damage it, on account of its mobility and varying anatomical relations. Notwithstanding this peculiarity, injury of this portion of the canal occasionally results from falls or blows. It is more apt, however, to occur from unskillful surgical interference. The urethra may be lacerated, contused or incised. We may have a simple slit in the urethral wall which will result in a fistula of the penile portion of the urethra. We may have extensive extravasation if the urethral walls are injured to any marked degree, and this may be followed by suppuration—in fact it is peculiarly liable to do so, because we have more or less cellular tissue which becomes infiltrated with the urine, and this is apt to result in decomposition with inevitable abscess. If an abscess should occur, it would burrow itself in different directions and cause loss of tissue substance and a consequent urinary fistula. In the case of the deep urethra, we have entirely different conditions, for in this region wounds and bruises are easily produced. Injuries in this region are characterized by gravity both immediate and remote, for whenever a man falls astride a wheel or receives a kick of sufficient gravity to produce injury of the mucous membrane, the accident will almost invariably be followed by organic stricture. An injury of sufficient severity to produce hemorrhage will inevitably be followed by stricture. We have the same resultant morbid conditions and injuries of its pendulous portion, but they are more grave as regards the life of the individual; they are, however, not so strong as regards the danger of the formation of a fistula. The tissues surrounding the deep urethra are thick and dense, and circumstances are favorable to the formation of the granulations which are necessary to the closure of any opening in the canal. In the pendulous portion of the urethra the walls are thin, consequently any loss of tissue will produce a permanent fistula, and a plastic operation for its closure is generally called for. On the other hand, it is in the deeper portion of the canal that extravasation is most likely to produce serious loss of tissue substance, from the fact that there is a large amount of cellular tissue in this location, which is very prone to break down and form sloughs. In any case of injury of the deep urethra, no matter how slight it may seem, the patient is quite apt to have a stricture, and should be so informed.

I now wish to call your attention to the management of these cases. As a consequence of an injury to the urethra, there is likely to be considerable swelling from extravasation of blood; the swelling may be due to this alone, or in part to secondary inflammation. A simple inflammatory swelling may close the urethra completely, even where the extravasation has been quite limited. Whatever the precise condition may be, there results complete retention of urine. Your first impulse on seeing such a case would probably be to pass a catheter; if, however, you pass such an instrument you are liable to make a false passage; you may tear open the urethral walls by the introduction of the catheter, and you thus cause the very thing you hope to avoid, *i. e.*, extravasation. As a word of warning, I would say that in these cases of extravasation of blood with retention you should never pass a catheter unless it becomes absolutely necessary. First try anæsthetics, the hot bath, or morphine, any or all of these antispasmodic agents being indicated, and if they fail to afford relief to the retention, you may try to pass a small soft catheter. If you fail to pass the catheter try a small filiform bougie, and if you succeed with this pass an open end soft catheter over it. Subsequent to relief of the retention, it is necessary to pass instruments from time to time to prevent an otherwise inevitable traumatic stricture. If the urine cannot be drawn off with a catheter, the proper procedure is to make a free median incision in the perineum for the purpose of relieving the retention of the urine, and, at the same time, curing the consequent traumatic stricture. You will always prevent stricture in these cases, if you keep the urethra open properly by the introduction of sounds. Do not be afraid to use the knife in these cases, for the tissues infiltrated by the urine will serve as a focus for pus formation, and prolonged suppuration is apt to cause death from asthenia, to say nothing of the danger of pyaemia or septicæemia. It is a safe rule, therefore, to make free incisions and apply proper antiseptic dressings in all injuries of this character. Where extravasation of urine exists free incisions are absolutely necessary.

In conclusion, I wish to call your attention to the close similarity which exists between the sloughing which results from extravasation of urine, and that produced by cellular erysipelas in this locality. It is hard to say which is most destructive, and most likely to cause secondary sepsis or asthenia. The poison of the rattle-snake is hardly more destructive to connective tissue vitality. The same treatment is proper in both, viz: free incisions, drainage, antisepsis, general and local and free stimulation.

810 *Opera House Block, Chicago.*

* * *

—About eight thousand dollars has been raised for a monument to Marion Sims. It will be a standing figure in bronze, and will be erected in Central Park.

COMMUNICATIONS.

DIAGNOSTIC VALUE OF TUBERCLE BACILLI IN SPUTA.*

BY DR. H. M. FUSSELL,

Of Philadelphia.

In looking over the literature relating to this subject, I have found but few writers among Americans, while the foreign journals of 1883 and 1884 contain numerous articles pertaining to it. At that time the subject was new, and it might be objected that the writers in those years were carried away by the glamour of the subject. That objection, at least, cannot be made to an article written now, five years after Koch's discovery, and more than four years since its application to the examination of sputa.

Without exception the writers spoken of above agree that, as a diagnostic sign of phthisis, tubercle bacilli found in the sputa are of the greatest practical importance.

Heron (*Lancet*, February 3, 1883,) examined sputa from 62 cases, and found bacilli in all but 3. He comes to the conclusion that "the presence of the bacillus of tubercle in sputum is sufficient to fix the identity of certain cases of diseases."

West (*Lancet*, February 25, 1883,) thinks bacilli in sputa may be of diagnostic value in some doubtful cases, but generally they are in confirmation of what is made plain by physical signs.

Williams (*Lancet*, February 24, 1883,) examined 130 specimens of sputum. 21 cases were of various diseases other than phthisis, asthma, bronchitis, etc.; 109 cases of various forms of phthisis; 106 of the 109 cases contained bacilli.

Sée is a firm believer in the diagnostic value of tubercle bacilli in sputa.

Dreschfeld examined 46 cases in which physical signs were marked, and 3 doubtful cases—2 with no physical signs, 1 with an apex catarrh only. He concludes that tubercle bacilli in sputa are of the greatest diagnostic value, but of no prognostic value.

Dicht found bacilli in sputa of all of 12 cases of phthisis.

Heron (*British Med. Journal*, April 28, 1883,) found tubercle bacilli in sputa of 116 cases. In the majority of cases there could have been no reasonable doubt because of the physical signs, but in a few cases where bacilli were found there were but few physical signs.

Marchiafava and Celli are quoted in the *London Med. Record*, of January 15, 1886, as having found Koch's bacillus in sputa of 15 cases of phthisis, in 1 case of slight catarrh of apex, and in one case of hæmoptysis without signs. They failed to find it in 6 cases of chronic bronchitis and 1 case of syphilitic inflammation.

Negri and Pinolini (*London Med. Record*, January 15, 1886) diagnosed phthisis by the examination of sputum, and confirmed the diagnosis by subsequent physical examination.

Voblyi (*British Med. Journal*, 1883,) found tubercle bacilli in sputa of all of 35 cases of phthisis. No tubercle bacilli were found in 18 cases of various other lung diseases. In some of the cases of phthisis the physical signs were at first meagre, but became more evident after a time.

Dreschfeld (*British Med. Journal*, February 17, 1883) examined sputa of 3 cases of hæmoptysis without evident physical signs of phthisis. Tubercle bacilli were found in all the cases.

Prudden (*N. Y. Med. Record*, April 14, 1883) examined 58 specimens of sputa. Tubercle bacilli were present in 46 cases.

Austin Flint, Sr., says the results of the examinations of various specimens of sputa for tubercle bacilli satisfy him that bacilli in sputum may be relied upon as proof of the existence of tuberculous disease.

If repeated examinations made with sufficient care show the presence of tubercle bacilli, the diagnosis of phthisis is positive; and, on the other hand, if on repeated and careful examinations tubercle bacilli be *not* found, phthisis may with much probability be excluded.

"I venture to predict that the time will soon come when, in order to corroborate the diagnosis and as the hinge on which the diagnosis will turn in certain cases, microscopical examinations of the sputa will be considered as much a matter of course as examinations of urine for evidence of renal disease."

My personal observations as set forth below confirm the above opinions, and enable me to reaffirm that the presence of tubercle bacilli in sputa is diagnostic proof of the presence of tuberculous phthisis. In the examination of my cases I used a modification of Gibbe's method suggested by Prof. Wm. Osler.

The sputum was spread as thinly as possible on a clean cover-glass, allowed to dry in the air, and passed quickly two or three times through the flame of a spirit lamp. The cover-glass was then immersed in solution of magenta, manufactured by Beck & Co., and allowed to remain fifteen minutes after first slightly heating. It was then decolorized in alcohol, acidified with hydrochloric acid (four or five drops to a watchglassful of alcohol), and examined under a moderately high power.

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* Philadelphia County Medical Society, stated meeting, April 27, 1887.

In this manner the whole proceeding can be done in less than half an hour. If bacilli were not found by the rapid method, however, the glasses were allowed to remain in magenta over night, and then examined as before. The power used at first was Hartnack No. 9 immersion, afterwards 7 objective, 4 eyepiece. Lower powers may be used, however, by one perfectly familiar with the bacillus. I have used a Zentmayer one-fifth with A eyepiece.

The sputa from 100 cases of lung disease were examined.

For convenience, we may divide these cases into two classes, I. and II.

Class I. contains 84 cases. The sputa of all of these cases contained tubercle bacilli.

Class II. contains 16 cases. Tubercle bacilli were *not* found in sputa from any of these cases.

Each of the above classes may be subdivided:

Class I.
- Subdivision A contains 79 cases in which there were evident physical signs of phthisis.
- Subdivision B contains 5 cases in which there were few or no physical signs of phthisis. The diagnosis was made by the presence of bacilli in the sputa.

Class II,
- Subdivision C contains 8 cases in which phthisis was *not* suspected from the physical signs, and no bacilli were found.
- Subdivision D contains 8 cases in which the physical signs led to a suspicion of phthisis, but the absence of tubercle bacilli and the subsequent history proved it to be absent.

It is in such cases as those of subdivisions B and D that the presence or absence of tubercle bacilli in the sputa is of such practical value, and it will be well to take these cases in detail, referring the more curious to the summary attached for an account of each case.

We will first give our attention to the five cases under subdivision B, or those in which the physical signs did not warrant a diagnosis of phthisis, and in which tubercle bacilli were found, the subsequent history proving the correctness of a diagnosis of phthisis made after examination of the sputa.

Case 17. (Summary.) Thomas R., aged forty-one, of good family history. Cough, hectic, and loss of flesh for eight weeks. Physical signs at first examination were entirely inadequate to base a diagnosis of phthisis upon. Examination of sputa at second visit showed the presence of myriads of tubercle bacilli. Afterward, consolidation at right apex developed. The case ran a rapid course, and death took place within the year.

Case 25. (Summary.) May C., aged twenty-one. Both parents dead of phthisis; cough, hectic, loss of flesh. Examination of throat showed the presence of a polypoid growth. Physical signs were inadequate to base a diagnosis upon, though there were some signs of congestion at right apex. Examination of sputa showed numerous tubercle bacilli. Rapid consolidation took place; death in eight months at the Episcopal Hospital.

Case 18. (Summary.) Annie W., aged thirty-five. Husband died of phthisis six months before patient came under observation. She was suffering from extreme dyspnœa and cough. Œdema of feet, having had an attack of general œdema some weeks previously. Examination of chest showed a mitral systolic murmur. The heart was beating very rapidly. The symptoms were attributed to the heart lesion. No signs of consolidation could be found after careful examination. On examination of the sputa it was found loaded with tubercle bacilli. She was admitted to the University Hospital; gradually failed, her chills and fever becoming more marked. Repeated examination of sputa always showed bacilli; finally, signs of consolidation at right apex developed.

Case 20. (Summary.) Mrs. R. Cough, slight expectoration, meagre physical signs. A few tubercle bacilli found. Eight months have passed since the first examination. In the meantime the woman has become pregnant, and her health has improved, though the cough still remains. January 17, 1887, child born; cough returned, sputa reëxamined, bacilli found. More evident signs of consolidation at apex.

Case C. (Summary.) Mrs. H. Good family history. There was an attack of pneumonia three years ago. Since then health has been gradually failing. Now there are cough, hectic, loss of flesh. Slight consolidation at left apex. This woman was taken for consultation to one of the first diagnosticians of the city. The consolidation was recognized, but the case pronounced one of a probable catarrhal character. The sputa from this case was afterward given to me, and myriads of tubercle bacilli found. April 21, the case has grown rapidly worse, and death is expected daily.

As was stated in the history of these cases, the physical signs did not warrant a diagnosis of phthisis. The examination of the sputa was made because the cases were doubtful and interesting, for the sake of making the diagnosis. Though no better in these instances for the patient, it was a comfort to the physician as a diagnostician when the histories proved the correctness of his diagnosis of phthisis.

No less interesting and instructive than the above are the eight cases coming under Subdivision D, where the history and physical signs gave a strong suspicion of phthisis. No bacilli were found in any case, and complete recovery took place in five of the cases; two became much better, and one died of the results of an acute, and, as I claim, croupous pneumonia.

Case 14. (Summary.) John C., aged sixty-six. For four months there had been cough, hectic, sweats, and loss of flesh. There were signs of consolidation at right *base.* Under treatment the lung cleared up and the man made a good recovery. Repeated examination failed to show bacilli.

Case 1. (Summary.) William R. Family history of phthisis. Cough, some loss of flesh, hectic. Consolidation at left base. No bacilli were found. Under treatment lung cleared up, and one year afterward returned to the dispensary entirely well of lung trouble.

Case 3. (Summary.) Walter L., aged twenty. Good family history. Cough for one month. A sudden, rather profuse hemorrhage. There were slight fever and signs of congestion at left apex. No bacilli were ever found. One year afterward no return of trouble, and seems perfectly well.

Case 8. (Summary.) Alma N., aged twenty-five. Uncle died of phthisis. Cough, with slight loss of flesh for three months. The left apex dull, full of mucous râles, prolonged expiration. No bacilli found after repeated examinations. The lung cleared up, cough stopped, and one year after patient seemed perfectly well.

Case 6. (Summary.) K. H., aged thirty-five, with a good family history, had an attack of pneumonia eighteen months before she came under observation (declares she was perfectly well before). Since then has had cough, hemorrhage, hectic, loss of strength but not of flesh, copious expectoration. On examination a large cavity was found at right apex. Repeated careful examinations failed to show tubercle bacilli. This patient remained under observation for six months, and was in about the same condition as at first. This must have been either a cavity due to breaking down of lung following pneumonia, or, as Professor Flint suggests, one in which the tubercular process had become cured or was dormant.

Case 7. (Summary.) A girl, aged seven. Perfectly well until ten weeks before she came under observation. At that time she had an attack of what was apparently acute pneumonia of the right apex. She did not rally. The lung broke down, and at the time she was seen there was a cavity at right apex. The patient died from exhaustion four weeks after. No bacilli were ever found in sputum.

Case 2. (Summary.) Man, aged twenty-nine, with a family history of phthisis. Had an attack of hæmoptysis in the fall of 1884; during that winter severe cough and loss of flesh. There were physical signs of consolidation at left apex. No bacilli were found after careful and repeated examinations. The man gradually improved, and now, April, 1887, is apparently well, though there is still some dullness at left apex; he is able to work and does not complain.

Case 15. (Summary.) Sallie K., aged twenty-nine. Good family history. About one month before she came under observation began to have cough, fever, pain, rapid loss of flesh. She was found in bed, emaciated, slight fever, 101° F., extreme dyspnœa, diarrhœa, and presented the picture of one in advanced phthisis, indeed such had the case been pronounced. I found but few physical signs. There was consolidation at left base, however. Repeated examination failed to show bacilli. Under vigorous treatment the patient revived and now is perfectly well. Evidently a case of neglected pneumonia.

Of the 79 cases belonging to Subdivision A there could have been no reasonable doubt of the existence of phthisis, basing the opinion on the physical signs present. Tubercle bacilli were found in each case.

Subdivision C contained 8 cases, 2 of chronic pleurisy and 6 of chronic or subacute bronchitis. The sputa from each case were repeatedly examined and no bacilli were ever found.

As most of the cases reported were taken from my service at the University Medical Dispensary, and as dispensary cases, as a rule, are not long under observation, it is impossible to draw any positive conclusions from these cases as to the relation between the bacillus and prognosis in phthisis; but in cases 17, 19, and 77, which ran a fatal course within a year, and in cases 31, 33, 37, 39, 48, 56, 76, 96, which were examined near to the time of death, tubercle bacilli were unusually abundant. Especially was this the fact in case 56, which was examined about ten days before death. In conclusion I wish to acknowledge my indebtedness to Prof. Osler, to whom I owe my knowledge of the *technique* of the work, and to Drs. John H. Musser, of Philadelphia, and R. R. Bunting, of Roxborough, for opportunity given to examine sputa of their cases.

DISCUSSION.

Dr. Osler said: I think that the importance of the tubercle bacillus in the sputum as a means of diagnosis is not sufficiently recognized by the profession. The technical skill required is not very great, and the time required with the rapid methods of staining is not more than fifteen to thirty minutes. I have succeeded in demonstrating the bacillus within five minutes of the time that the sputum was put upon the slide. This examination is particularly serviceable in just those cases where the evidences of disease are very slight. Only within the past few weeks there was in the University Hospital a man without any pulmonary signs, who had been failing in health and had slight fever. The condition was attributed to some obscure abdominal disease. Finally a suspicion arose that there might be some trouble with the lung, and the sputa were examined and the bacilli found. The signs of phthisis have since developed. The power required for these examinations, as Dr. Fussell says, need not be very high.

TYPHLITIS AND PERITYPHLITIS.

BY T. C. SMITH, M. D.,

Of Aurora, Ind.

Inflammation of the caecum is of sufficiently frequent occurrence and adequate gravity to merit our serious consideration and careful study. As far as we know, the literature of this disease is not very old. Students a generation or two ago rarely heard of the distinctive title of Typhlitis or Perityphlitis; but though it occurred then as it does now, it was classed with fæcal obstruction, or peritonitis, or peritoneal abscess.

It is now well known, however, that inflammation of the walls of the caecum does occur, and even of the peritoneum of the right iliac region also, without producing general peritonitis; and though this circumscribed disease is serious, and tends to terminate fatally, it is less fatal than general peritonitis.

Typhlitis may be simply catarrhal, or an ulcerative inflammation may attend it from the inception of the morbid action. At first it is local, and involves only the intestinal tissues. But there is a decided tendency to spread to the peritoneum. Thus a typhlitis, pure and simple at first, is very liable, by extension of the disease, to become the more serious perityphlitis, and even extend to the cellular tissue of the abdomen.

The ætiology of these diseases is of great practical interest. First and notably stands the anatomical relations of the cæcum to the functional duties it is expected to perform. Its peculiar and rather pendant relations render it an easy place for the collection of fæcal masses, foreign bodies, seeds of fruits, biliary calculi, and undigested food. Indeed, impacted fæces, or the lodgment of foreign bodies in the cæcum or appendix vermiformis is but too often the exciting cause of an attack of typhlitis which may end fatally. Such accumulations or lodgments are favored by the peculiar anatomy of the cæcum. Constipation, therefore, in a secondary sense, becomes an ætiological factor in this disease. Mechanical injuries causing typhlitis are not rare. One case that came under my notice, about 1872, was, I think, caused by mechanical violence. Another was caused by a strain resulting from a slip while turning in a path. Another was caused by being thrown from a buggy. Another was, I suspect, caused by a strain in lifting. It is readily produced by blows, as from a plow handle, from a ball, or by a kick.

It is frequently caused by exposure to cold, and is lighted up by a common diarrhœa or entero-colitis. One of the severest cases that ever fell to my lot to manage was in a lad of ten years that had first contracted a severe cold while coasting in the snow; this was followed by an attack of cholera morbus and then by typhlitis. It may also be caused by the use of irritating ingesta, by seeds of fruit, as cherry or plum pits. One case related, as I remember it, by the late Dr. Fries, of Cincinnati, was apparently produced by an apple-seed lodged in the appendix vermiformis—a case of great severity, too, resulting in extensive abscess. One attack renders the subject quite obnoxious to subsequent attacks. One case I treated five times for attacks of this disease. Any considerable freedom in diet or efforts at boyish sports, horseback riding, or exposure to cold, seemed to bring him down with perityphlitis. He had the last attack, of which I have any knowledge, while attending a medical college in Philadelphia in October, 1876, during which there was suppuration, the abscess opening externally. The lad above referred to was several times threatened with an attack subsequent to the first. Another case coming to my notice in practice had frequent attacks after the first one, which was set up by mechanical injury. A case now in hand has a similar history of repeated attacks. In my experience males are more obnoxious to it than females. This is perhaps due to their greater exposure to cold and mechanical causes.

The pathological anatomy of this disease need not be gone over here, as it is just such as is usually found in cases of inflammation of the bowel and peritoneum, with the variations of ulcerations and abscess in some cases.

The symptomatology is interesting. To diagnosticate the disease early in an attack gives great advantage in the treatment. One will not meet many of these cases before he will discover that it is not easy in every instance to differentiate between it and simple fæcal obstruction at the ilio-cæcal valve early in the attack, or possibly from intussusception. In one case that I saw there was obstruction at the ilio-cæcal valve from a large biliary calculus found after death. The diagnosis was obscure throughout the case. At first there is local pain and soreness more or less acute at the head of the colon. Generally a distinct tumor can be outlined in thin persons. It may not always be felt in persons who are obese. There is a distinct exacerbation, with increased frequency of pulse. Nausea appears early, and a feeling of severe prostration. If the disease arises from an entero-colitis or diarrhœa, the symptoms arise secondarily, and are more severe, but less prominent at first, being obscured by the complications present. There are two distinct varieties: the one catarrhal, the other ulcerative. The symptoms in the former may be more abrupt and severe at the outset, but those of the latter continue the most severe later, and do not yield to treatment as readily, and are quite liable to light up peritonitis, to produce suppuration, perforation, and death, or at best a long tedious course before recovery. The prognosis in the catarrhal type may be said to be fairly good. In the ulcerative variety it is always serious, often very grave. If the case demands opening of the abdominal cavity to remove pus, or a foreign body, then of course it is serious, but may recover. If an abscess opens into the peritoneal cavity, recovery will rarely occur. If it open externally, or into the bowel, recovery may usually be expected in good subjects.

The treatment should in some measure be prophylactic. It is not wise to allow extreme constipation, nor the swallowing of fruit pits that are large, like that of the cherry or plum, or that have firm, large seeds, like apples or melons. They readily lodge in the appendix vermiformis, and set up ulcerative inflammation. But the prophylactic treatment should be most closely observed by those who have been the subjects of one attack. There is a very marked disposition to renewed attacks when once these tissues have been the seat of typhlitis. A large proportion of the cases I have met with or treated have been subject to one or more subsequent attacks. Two cases had each two attacks; one had six or more. In another the subsequent attacks were only prevented by very great care in diet, rest and exercise. I have not yet seen a case where the attack was ever renewed after suppuration has occurred. Where one attack has occurred, any severe mechanical violence is liable to cause its return, such as violent exercise, or labor, or horseback riding, also imprudence in diet or constipation will be quite likely to cause a recurrence at any time within five to eight months after an assault of this disease. To avoid these causes is therefore always wise, until a year has elapsed after being the subject of this affection. The active medicinal treatment, as it seems best to me, consists in anodynes to control the severe pain, a blister, large and free, over the point of inflammatory action, remedies to control nausea and vomiting when present, or diarrhœa when too free. On the other hand, if there is obstinate constipation, the bowels should be freely and easily moved. When there is an accumulation of hard fæces in the head of the colon and typhlitis is present, it must be removed if possible by any reasonable means, for as long as it remains in that location it can do nothing but aggravate the inflammatory process by acting as a foreign and irritating mass. We should be very careful in our selection of a cathartic in such a case. One should be chosen that would produce, not full and scarcely softened passages that will, before ejection, be moved along the colon in almost solid mass, but one that will soften the dried, impacted lump, thin it down as much as possible, and induce its ejection in as easy a way as possible. I know of nothing that comes any nearer filling these requirements than our common sulphate of magnesia. It is not best, however, to give it in these cases in full free doses all at once, but place an ounce or two ounces in a half pint of water, and give of this a tablespoonful once an hour, or oftener, until it acts. I have never seen any harm, but always good, from this method in cases of typhlitis. In a case recently seen in consultation with Dr. A. L. Loudon, of Wilmington, Ind., this method seemed to act very kindly, and was followed by considerable relief of the most distressing symptom. Shall we use hot or cold applications? If the temperature is very high, use the latter. But I have found only benefit from free blistering in most of the cases I have seen.

It often occurs that nausea and vomiting will interfere with the administration of remedies by the mouth. If needful the anodynes and nourishment can be given usually per rectum. Thus one can combine the anodyne with peptonized beef tea, or can add the bisulphate of quinine if needed. The salts above referred to, can also be used per rectum, and will act as kindly as if given by the mouth, quite as soon and as thoroughly.

I have not yet met with a case where I thought operative procedure needful, unless it may have been the first case I treated. In that instance there was free suppuration that discharged per rectum. Some, as Dr. Gurdon Buck, have recommended early incision where there was evidence of the formation of matter, with a view to be rid of the pus, and prevent danger or death from its discharge into the abdominal cavity. In some cases it is well to operate, and remove pus or any foreign substance that is acting as a mechanical irritant; but it is a nice point to be able to correctly decide just when to use the knife and when to abstain. There is always great risk in opening the abdomen; this alone may cause death. It is well, therefore, "to be sure you are right" before you "go ahead."

REPORT OF A FATAL BURN.

BY BYRON F. DAWSON, M. D.,

of Rochester, Ind.

About 9 o'clock on the morning of April 6th, in the absence of the regular township physician, I was called to attend Alice S., aged 21, an insane inmate of the county poor asylum, of plump form, robust constitution, well nourished, and of previous good health, who two hours before had accidentally ignited her clothes from the stove in the corridor, while given her freedom to eat breakfast. She was perfectly harmless, except as pertained to her own clothing, of which for some time she had completely stripped herself; later, however, she was induced to wear a cotton flannel skirt and a drilling dress by keeping her in a straight jacket, with arms tied behind; these she had on at the time, but wore no underclothes nor shoes.

With her clothes on fire, she walked out of the jail into the yard, and was found sitting on a stone, leaning against the building. A second inmate of the asylum discovering her, protected her head with his coat, and a third dashed a pail of water upon her.

Upon my arrival I found the patient had been transferred to her own bed in a cold room, without any attempt at keeping her covered. She appeared like a maniac, writhing and biting her own hand and forearm, calling "Give Allie one"—the only words she has used in the past fifteen years. I ordered the patient removed to a warm room. Upon examination the following conditions were found: Patient entirely naked except a small portion of the dress waist remaining on the shoulders and neck, covering the scapular, supra-scapular and supra-mammary regions. All the rest had been burned on the body, and this remnant was blackened and charred. The entire body was found burned to the extent of the first four (chiefly 3d and 4th) degrees of Dupuytren's classification, except these small areas: right half of face, back of neck, right shoulders in supra-scapular region, back of hand, soles of feet, and middle third of the back down to the lumbar region; hair was singed. Front thorax, abdomen, and front of thighs were burned to a crisp. Over the greater portion of this vast area the cuticle had been removed by her rolling on the bed before my arrival. Excessive thirst.

At once administered ¼ gr. morphia sulph. hypodermically, and used a warm lotion of sodii bicarb. (℥ss. to Oj.) over the entire burned area, then anointed the body and limbs with petrolatum. Repeated the injection at 9:30, and again at 12, the patient becoming restless in the meantime. Opium by the mouth was desirable, but hypodermic medication was necessary, as the patient would drink nothing but water from a tin-cup. Directed that the patient be given all the cold water she desired.

3 p. m.—Patient under influence of morphine, but when called would rise on her elbow and appear unusually bright, then take a drink of water, and at once relapse into

profound slumber in whatever position she then remained. Pulse small, weak, rapid—could not be counted. Commencing anasarca. Hypodermic injection of ¼ gr. morphine at 4:30 p. m. Has had two attacks of vomiting.

Patient died at 9 p. m. of same day, without recovery from shock. Body in state of emprosthotonos, but from the evidence of the attendants I conclude that tetanus was mild. Rigor mortis occurred within one hour (before the body was "laid out"), and was so intense that extensive laceration occurred in the groin in attempting to confine the body in an ordinary coffin 18 hours after death. No post mortem was held.

At the age of six years the deceased had cerebro-spinal meningitis, sequelæ of which were insanity and aphasia, previous to which the child is said to have been possessed of ordinary intelligence. Some years ago she was severely burned on the abdomen and thighs, which nearly proved fatal, and caused a disfiguring cicatrix. The patient was able to feed herself with her toes when confined in the straight jacket, and had a somewhat extended reputation for her wonderful feats of climbing.

Erichsen says: "In many cases of extreme burn the patient suffers no pain, although perfectly conscious. This is a very grave sign, indicating the severest shock." Whether or not this is true could not be definitely determined in this case, but the superintendent of the asylum says that previous to my arrival this patient was no more restless, and made no more noise than was usual with her, but her actions were certainly maniacal when I arrived. No hope being entertained for her recovery, the large and frequently repeated doses of morphine are explained in the desire to render the patient wholly insensible to pain, that death might be easy.

This case is deemed interesting because of the extent of the burn and the mental condition of the patient.

MEDICAL CASES IN THE COURTS.

BY HENRY A. RILEY, ESQ.,

Of New York.

MEDICAL CONTRACTS.

There was a recent case in the New Jersey Court of Chancery, on the interesting question whether a physician could make an agreement such as to prevent him from ever practicing medicine in a certain locality. It appeared that a physician, intending to be absent from the city of Newark a considerable time, employed another to attend to his practice, but fearing his patients might be lost to him when he resumed his practice, he secured the signature of the attending physician to this agreement: "In consideration of this contract made with him by the said * * * the said * * * hereby covenants and agrees not to engage in the practice of medicine or surgery in the city of Newark at any time hereafter." The employed physician did, after the termination of his engagement, begin practice for himself in Newark, and suit was brought to prevent him from doing so. The answer was that the agreement was an unreasonable one, and was in restraint of trade and void in law.

The court held that the claim was correct, and an injunction should not issue to prevent the physician from practicing for himself.

The main ground for the decision is that the agreement covered too long a period of time; it might be many years after the death of the physician who was supposed to be benefited. On this point the reasoning of the court will be interesting. The judge said: "The fault imputed to the covenant is that the restriction which it imposes is to endure for an unreasonable period of time—for a much longer period than will be necessary for the protection of the complainant. It interdicts the defendant, it will be observed, from practicing medicine or surgery in the city of Newark at any time hereafter. The restraint covers the whole period of the defendant's life, and if an injunction is awarded enforcing the covenant according to its terms, the defendant can never at any time thereafter practice his profession in the city of Newark, though the complainant may the next year or even the next month after the injunction issues lose his life or his reason, or remove to another field of practice. Under such circumstances the injunction would give no protection to the complainant—he would need none; and the only purpose the injunction could serve would be to causelessly oppress the defendant."

ANTE-MORTEM PROBATE OF WILLS.

The question of ante-mortem probate of wills is up again in the New York Legislature, a bill having been introduced in the Assembly. The plan of allowing a person to prove his will while alive, and thus prevent the charge of mental incapacity after his death is a desirable one, if practicable, but it is doubtful if it can be made to work. Comparatively few people will try it, and as has been the case in Michigan, it is probable that a short trial will result in its repeal.

MEDICO-LEGAL ASPECTS OF HYPNOTISM.

Some recent experiments in hypnotism in Paris open up a very extensive medico-legal field of investigation, and suggest possibilities which are most startling. Persons were experimented with, and when they were sufficiently under the influence of the operator they were induced to sign promissory notes, and in one case to execute wills. The person who signed the note was perfectly conscious of doing so, and wished the document prepared with all the proper legal technicalities; she did not, however, know whether she had received the money mentioned in the note or not. The broad field here opened up for possible imposture is most appalling. If an expert in hypnotism, who is also a scoundrel, could induce persons to execute perfectly legal documents and promises to pay, and then attempt to enforce them, it might be exceedingly difficult to present any legal defence to actions based on them. Take, for instance, the case mentioned of the person signing the note: she knew after she was relieved from the hypnotic influence that she had signed the note, but the fact of the receipt of the money was not known, or perhaps it might be more accurately stated that she did not know whether she had received it or not, and did not know whether she had put it away or not.

The opportunity for fraudulent claims is a most inviting one to the accomplished scoundrel, and yet it must be said that there is a new defence made possible to many actions. A person can now admit the making of some obligation, and yet attempt to avoid its effect by pleading the hypnotic condition when making it. This defence might possibly prove as successful as the insanity plea in murder trials.

HOSPITAL NOTES.

CHARITY HOSPITAL, NEW YORK.

Stenosis of Larynx—Intubation.

By John J. Reid, of New York.

The case here recorded is of value in demonstrating the great advantage of intubation in stenosis of the larynx.

Dr. Joseph O. Dwyer, after perfecting his laryngeal tubes for use in the croup of children, turned his attention to laryngeal stenosis in the adult, and reported two cases in the *New York Medical Journal*, June 5, 1886.

The following case makes the third on record as far as I am aware: J. K., aged 22, entered hospital May 1, 1886, and stated that four years previously he contracted a cold which was accompanied by hoarseness. He had been under observation at a dispensary, but, from his statement of the case, had paid little attention to his disease. He steadily became worse, and on admission to hospital there were hoarseness, cough, and dyspnœa at night. He gave no direct history of syphilis, but there was a necrosis of the hyoid bone which could be readily made out on examination of the throat. From the orifice of the sinus leading to the necrosed hyoid on the right side, there was ulceration which extended around the base of epiglottis, and down towards the vocal cords.

The cords had only limited motion. There was no marked dyspnœa on entrance to hospital, but by degrees it became pronounced, especially at night.

September 20. A small tube was introduced, but coughed up after 21 hours. The dyspnœa was relieved in the meantime.

September 21. A large tube was retained for 24 hours.

September 22. A still larger tube was inserted, and was coughed out after one-half hour.

No tube was introduced for several days to mark the effect. It was found that the dyspnœa was much relieved at first, but gradually disappeared.

September 29. A still larger tube was introduced, and retained for 18 days, when it came out whilst the patient was sitting up.

During the wearing of the tube there was no special discomfort complained of, regardless of the fact that the shoulder of the tube rested on an ulcerated surface of the larynx above the vocal cords. There was no marked improvement in the voice. Dyspnœa did not return until December, when there was slight evidence of it.

December 15. Introduced the same tube for 24 hours, when it was removed with an extractor.

The benefit then obtained was continued till the patient left hospital to resume work as a cigarmaker. He has not reported since, and the inference is that he has suffered no serious trouble up to the present date, April 30, 1887.

—The students of the University of Paris numbered nearly 11,000 last year. Of these, 3,786 were studying law, and 3,696 were studying medicine, while only 35 were studying theology. The female students numbered 167.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated meeting, April 27, 1887. H. Augustus Wilson, M. D., in the chair.

Dr. G. Betton Massey read a paper on

A Rheostat, for the Utilization of Incandescent Lighting Currents in Medical Practice; also a Cheap, Permanent Galvanic Battery.

The new building of the Orthopædic Hospital having been recently furnished with an incandescent lighting plant for which wires were laid throughout the edifice, I determined to make use of the same current in the treatment of patients in different parts of the house, in place of that derived from ordinary galvanic batteries. To do this, it was necessary to use the current as it was delivered to the lamps in full strength from the entire secondary battery, as the many wires necessary to the use of a cell selector were out of the question. The electromotive force of this current is only 60 volts, which is about equal to the full strength of an ordinary gravity battery of 60 cells, or of a Grenet battery of 45 cells. It is readily seen, therefore, that I had merely to choose a rheostat or resistance medium that would be efficient with the full strength of any good chemical battery. The wire rheostat was rejected for the double reason that it was expensive, and did not admit of delicate gradations; and the water tube, because it would have to be long to be efficient, and with the rod pulled up would be awkward in use.

The rheostat exhibited to you to-night is free from all of these objections, and is, as you see, an exceedingly handy instrument. It consists merely of a broad line of pencil mark on roughened glass extending around the greater part of a circle.* One end of this broken circle of pencil mark is connected with a terminal of the battery, and the circuit is completed by a circular switch which makes contact with the pencil mark by means of a small metallic wheel. A greater or less length of plumbago is thus included in the circuit with ease, and this material thinly spread out being a poor conductor, a great range of resistances is obtained. In connection with the rheostat, a milliampèremeter must always be used, the hand being on the rheostat and the eye on the meter. With this rheostat and a meter attached to a battery, all cell selectors may be dispensed with, and the whole battery used simultaneously and evenly. The instrument before you has been constructed by Mr. Flemming, and is elegantly mounted with the meter on a ward table for use at the bedside. Connection with the mains is made by thrusting a plug attached to the table into receptacles in the base boards near each bed in the wards and beneath the lamps in the private rooms.

I have also to show you to-night a new galvanic cell devised by myself for use in a permanent cabinet or shelf battery. Its chief advantages are: the cheapness of the materials used, its freedom from local action and creeping salts, and the long intervals that it will run without being touched. It consists of a zinc rod, such as is sold for use in the Leclanché cell, clasped by rubber bands to a carbon rod, and resting in a saturated aqueous solution of chloride of ammonium and bichromate of potassium. The carbon rod is one of those used in arc light lamps, and, like the zincs, is both plentiful and cheap, one carbon rod broken in half serving for two cells. The containing jar is an ounce quinine bottle, such as sold by Powers & Weightman. Before attaching the wires to the carbons by winding and twisting, as shown in one cell, or by the pin and hole arrangement, as shown in another, the tops of the carbons must be treated with boiling paraffine to prevent interstitial creeping. The elements are kept about half an inch apart by blocks of soft rubber. The permanence of the cell is greatly improved by greasing the inside of the necks of the bottles and covering each with a piece of thin rubber to prevent evaporation. Sixty cells give a strong and reliable battery, and I would estimate the electro-motive force at fully a volt per cell. The total cost of the materials is only twelve cents per cell.

DISCUSSION.

Dr. C. Seiler said: Some months ago Dr. Massey called my attention to the form of rheostat which he has presented to-night, which was a modified form of one exhibited by Dr. Jacobi at the meeting of the American Neurological Society, three years ago. Looking up the subject, I found that a similar contrivance was suggested by Professor Philips, in the *Philosophical Magazine*, 1870, No. 46, page 41. He shows that such a rheostat will not answer for accurate measurement, as moisture and other conditions affect the resistance in the course of a few days. For medical purposes, however, this variation is so trifling that it does not amount to much. The only objection that I can see to this instrument is that the current has to leap from one particle of plumbago to another, for, with the microscope it will be seen that the particles do not join each other. I am now trying to arrange the rheostat so that the plumbago will be continuous.

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* A straight pencil-mark rheostat was shown by Dr. Jacobi to the American Neurological Society in 1885.

Dr. Massey said: The apparatus described by Dr. Jacobi was straight instead of circular in form. The failure of the instrument to record the same amount of resistance on different days is of no importance, as we must rely upon on the milliamperemeter to register the strength of the current. It is entirely unnecessary to graduate these current controllers in any way, as their only use is to vary the strength without shock. In reply to Dr. Seiler's remarks about the current leaping from particle to particle, I would remark that all the effects of the currents traversing these pencil marks, show that they do not differ from other continuous currents through any other media. The objection to a graphite line that would be continuous under the microscope, is that it would not present enough resistance to be of service.

NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, April 27, 1887.

T. Mitchell Pruden, M. D., President, in the chair.

Anthracosis Pulmonum.

Dr. Peterson presented the lung of a man sixty-seven years of age, a laborer in stove-works. The room in which he had been employed contained an atmosphere loaded with carbonaceous matter and fine sand. This he had inhaled for thirty-one years. His wife said that he had suffered from a terrible cough. Death took place suddenly when he was walking in the street, and the autopsy revealed the cause to be fatty degeneration of the heart. But the point of interest in the case was the condition of the lungs, which were nearly the color of coal throughout; the fresh-cut surface stained the finger black. There were lobules converted almost completely into fibrous tissue filled with carbonaceous matter. In one lung was an abscess the size of a hazelnut. There were numbers of men working in the same room, all of whom suffered from some pulmonary trouble.

Renal Calculus.

Dr. I. Van Gieson exhibited a large white kidney containing a calculus in its sinus. The calculus was 5 cm. long, 1 cm. in diameter, and had two branches each about 1 cm. in length, which extended into the calyces.

Phosphorous Poisoning.

Dr. Van Gieson also presented specimens from the body of a man who died four days after drinking water containing phosphorus. There was slow respiration and jaundice. The autopsy showed fatty degeneration of the heart and parenchymatous degeneration in the kidneys. Mucous membrane of the stomach was nearly normal in some places, in others there were erosions. In some parts the cells on the surface and those in the follicles were swollen and granular. In the duodenum the epithelium of Brunner's glands was swollen. The cells of the pancreas were swollen. The cells and mucous glands of the trachea were swollen and granular.

The case was a typical one of phosphorus poisoning, but it contained two interesting features. One was a very limited area occupied by miliary tubercles, they being found in only one of the bronchial glands. There were no tubercles elsewhere. In the course of time the patient might have developed general tuberculosis. The other point of interest related to hemorrhages from the lymph channels in some of the cervical glands.

The President remarked that this was one of several cases in which he had seen actual fat droplets in the liver cells after phosphorus poisoning. He was disposed to think that the old distinction between fatty degeneration and fatty infiltration was not borne out by experience.

Diphtheria.

Dr. Brothers presented a part of the air-passages of a child nineteen months old, which had died of diphtheria. When Dr. Brothers first saw the child it was suffering from croupy breathing and developing cyanosis. There was limited consolidation of the lung. No false membrane was visible. An O'Dwyer tube was introduced into the larynx. This relieved the impending symptoms of suffocation, but the patient died about two days later. At the autopsy a false membrane, not removable, was found in the larynx, trachea, and larger bronchial tubes. The tonsils and upper pharynx were free. There was slight pneumonic consolidation in either lung. The case did not in the least speak against intubation.

Cirrhosis of the Liver, etc.

Dr. Frank Ferguson presented several organs removed from the body of a man who had been a heavy drinker for about twenty years. He was healthy until three years ago, when he began to complain of occasional swelling of the feet, headache, and specks before the eyes. Three weeks before death his legs became greatly swollen, his abdomen enlarged, and his scrotum was distended to the size of an adult's head. He was admitted to the hospital semi-comatose. The autopsy, which was made just before the exhibition of the specimens, showed chronic diffuse nephritis and intense congestion of the kidneys; great hyperæmia of the stomach and thickening of its lining membrane. The heart was anæmic, its left ventricle was greatly hypertrophied, but its valves were normal. The liver was cirrhotic, and seemed to be composed almost entirely of fibrous tissue. The scrotum contained a great amount of fat, and enclosed two large lipomata. The testicles were normal. The pancreas was unusually firm. Rarely did one encounter fatty degeneration of the renal capsules so distinct as in this case.

The Society adjourned.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Irritable Heart of Civil Life.

At the stated meeting of the Toronto Medical Society on April 14, 1887, Dr. William Osler, of Philadelphia, read a paper with this title, of which the following abstract is from the *Canadian Practitioner:*

This condition, though not so dangerous to life as organic disease, often gives rise to great discomfort and uneasiness. The prominent symptoms are palpitation, pain, dyspnœa, and slight enlargement. The condition is comparable to the irritable heart mentioned by Da Costa as occurring in military life, particularly among young recruits.

As regards the condition under consideration, the following is the etiological classification:

1. Toxic cases.
2. Those traceable to over-exertion.
3. Those due to sexual excesses.
4. Those accompanying neurasthenia.

The toxic agents giving rise to irritable heart are tobacco (which is the most common), tea and coffee. Young men from 18 to 25 years are most frequently the subjects of irritable heart. There is usually some slight enlargement of the organ, and the symptoms accompanying this are palpitation on exertion, more or less pain, and occasionally dyspnœa.

The reader of the paper then recited several cases illustrating this condition. The principal points in treatment were removal of the cause, rest in bed, and pot. brom. gr. xv. *ter die.* Most of the cases recovered completely.

Irritable heart from over-exertion, otherwise known as heart-strain or heat-shock, is met with in gymnasts, as runners, rowers, etc. There are two forms of heart-strain:

(1) Acute dilatation (heart-shock) the result of an individual great and continued effort. In such cases perfect recovery never takes place, and the subjects are thereafter incapacitated for any great effort.

(2) The irritable heart is the result of persistent and repeated great exertions. This is the condition described by Da Costa as occurring in young soldiers. Gradual hypertrophy and dilatation may precede the irritability. These conditions are sometimes classified under the head of idiopathic hypertrophy and dilatation. Cardiac dropsy and murmurs may be accompanying symptoms. Chronic alcoholism and syphilis, as well as over-exertion, enter into the causation.

Sexual excess, either in the form of coitus or masturbation, induces irritability of heart. The following case is illustrative: A male, aged 26. History good. Had chewed tobacco moderately but never smoked to excess. Had lifted a good deal. Had been a masturbator and also of late had indulged in sexual excess with women. The heartbeat was hard, but not rapid when at rest. There was considerable pain in the chest. Fluttering at night was a distressing symptom. The pulsations were very variable. In recumbent posture the pulse was 74; when erect, 132. There was no murmur. Under treatment here covered in about three months.

The cases of irritable heart, occurring as a result of neurasthenia, are nearly twice as frequent in females as in men. They are accompanied by mental distress, debility, nervous dyspepsia, and, in women, uterine disease. There is sometimes a peculiar vaso-motor disturbance, causing flushing or even lividity of various parts of the cutaneous surface. A feeling of impending death is a frequent and most distressing symptom in some cases.

Two other conditions, tachycardia, in which the pulsations reach 180–200, and Graves' disease, are forms of irritable heart.

Treatment.—Perfect rest in the recumbent posture, careful feeding, and removal of the cause, are important. The application of cold (50° or 60° F.) to the præcordia, by means of Littré's tubes, frequently allays the pain and rapid action of the heart. Galvanism has been used with some benefit in the tobacco heart. Of drugs, bromide of potassium, in doses of gr. xv. *t. d.*, has been found signally useful. Nux vomica is also beneficial. Aconite and digitalis seem to have no special influence over this condition.

Discussion.— Dr. Graham considered that among toxic agents might be mentioned those formed in the system, especially in patients of the gouty or rheumatic diathesis. In these cases large quantities of starchy or saccharine foods, or even small quantities of alcohol, give rise to extreme irritability of the heart.

Dr. Bryce had met cases in which saccharine and starchy food caused distressing cardiac symptoms by distending the stomach.

Dr. Wilson had used nitro-glycerine and ammonia in such cases with benefit.

Dr. Zimmerman found that emp. belladonnæ over the præcordia often gave relief. Arsenic and cod-liver oil were also found beneficial. In cases of irritability due to distension of the stomach small doses of ac. carbolic are useful.

Right Upper Canine Tooth in the Left Orbit.

Dr. John Ward Cousins reports, in the *British Medical Journal*, April 23, 1887, a very interesting case of a child, 2 years old, from whom he removed a tumor of the left orbit, which proved to be a supernumerary and misplaced right upper canine tooth. The crown of the tooth was enclosed in a sac, and the fang was attached to the orbital plate by fibro-cartilage. On examination the teeth in the mouth were found in normal position, complete in number, and well formed. The jaws were also large and fully developed for a child 2 years old.

Irregularity in the number of teeth may occur in either the first or second dentition, and supernumerary teeth may spring up in any part of the dental arch. In shape these teeth are generally irregular and conical, and they bear no special resemblance to any kind of normal teeth. Sometimes, however, they present a definite outline and accurately resemble one of the recognized forms. Instances of supernumerary incisors, canines and bicuspids have been recorded, but examples of ill-shaped teeth, without possessing the characters of any special form, are of frequent occurrence in dental practice. As regards the time of eruption, supernumerary teeth are always irregular. They are generally matured long before the appearance of the permanent set, but their exact relation to the normal teeth is not well defined. They may be freaks of development in connection with either the temporary or permanent teeth. A normal permanent and a supernumerary tooth sometimes seem to hold the same relation to each other as the teeth of the first and second dentition. In the case of Dr. Cousins there was no irregularity of the teeth, but the age of the patient, and also the special characters of the tooth, clearly indicate its relation to the deciduous set.

Cases of misplaced teeth, in strange situations, have often been recorded. These irregularities, however, are not associated with any special shape of jaw, or deficiency of size in the dental arch. The teeth are generally found to occupy an inverted position on the bone to which they are attached. They have been erupted in the hard palate and in the nares, but Dr. Cousins has been unable to find an instance on record of a tooth appearing in the orbit. The occurrence of a *right* upper canine in the *left* orbit is certainly singular, and this crossed displacement must have taken place at a very early stage of embryonic life. The canine papillæ appear in the primitive dental groove about the eighth week; and soon after the rudimentary pulps of the milk teeth are in rapid formation within their follicles on the edge of the jaw. At this period, a supernumerary follicle and its contents could be very readily displaced from the lip of the primitive groove, as the surrounding tissues are soft, and the rudimentary orbit and the gums are in close proximity. A supernumerary tooth-sac must always be especially liable to dislocation; and when once it gets out of the groove it may be pushed in any direction during the formation of the surrounding structures.

Epidemic of Exudative Tonsillitis in Children.

Thomas F. Raven, L. R. C. P., reports in the *Practitioner*, April, 1887, observations in regard to an interesting epidemic of exudative tonsillitis (diphtheria?) at Broadstairs.

During August and September, 1886, nearly sixty cases of exudative tonsillitis occurred, and for two months later occasionally a mild case would crop up. Almost all of them were extremely uniform in symptoms and progress, and the main characteristics were a high initial temperature, sometimes reaching 105°, flushed face, membranous patches upon one or both tonsils, pyrexia, lasting from five to seven days, clearing up of the throat appearances, convalescence, frequently succeeded by relapse (almost certainly the result of re-infection), eventual recovery, without paralytic sequelæ, or loss or impairment of the reflexes. A condition of considerable anæmia and debility generally supervened, lasting for some weeks. Albuminuria was never found, and glandular enlargement was always absent.

Following ill-marked throat symptoms, three cases of acute rheumatism, with cardiac complications, presented themselves. Permanent valvular mischief resulted in each instance.

The treatment of the tonsillitis was simple, and in every case satisfactory. A solution of chlorate of potassium was freely administered, and as much air and space as could be afforded was given to each patient. While pyrexia lasted, the diet was light; subsequently it was more substantial. For the acute rheumatism, salicylate of sodium was employed, but it entirely failed; and, beyond the administration of alkalies, the treatment was of an expectant character. During convalescence, steel and quinine were required for all the patients.

Mr. Raven gives a brief and interesting review of the various theories in regard to the nature of diphtheria, and concludes that this epidemic was not one of this disease. The sudden onset and the high initial temperature, found in every case, stood in marked contrast to the depressed or scarcely elevated bodily heat, and the insidious and stealthy approaches of diphtheria. The fact of the absence of albuminuria and of glandular swelling at the angle of the jaws; that among so many cases there was not an instance of extension of the membrane to the larynx; that not a single death occurred; that in no case did any paralytic affection or loss of reflexes ensue, is against the assumption that this epidemic was one of diphtheria.

It is, as Mr. Raven remarks, difficult to prove a negative; and it might seem a higher aim to show what diphtheria is than to show what diphtheria is not. Still, experiences of this kind, if faithfully recorded, may assist in determining the truth with regard to this important question.

Dr. Lauder Brunton and Homœopathy.

Faithful to his promise, Dr. Brunton has taken advantage of the opportunity afforded him by the appearance of the third edition of his work on Pharmacology, Therapeutics, and Materia Medica, to repudiate the charge which interested parties have brought against him of having appropriated homœopathic remedies (?) without so much as a word of acknowledgment. He points out that homœopathy consists, not in the possession of this or that medicinal agent, but in the principle upon which it is used. The mere fact that certain drugs were or were not first employed by men professing to practice on homœopathic principles is altogether irrelevant, and beside the point. Just as homœopaths can prescribe mercury or opium in homœopathic doses, and in accordance with Hahnemann's formula, so an ordinary practitioner can employ actæa racemosa or any other drug upon which homœopaths pride themselves without rendering himself amenable to the charge of trespassing on reserved ground. The essence of homœopathy as established by Hahnemann, says Dr. Brunton, lies in the infinitesimal dosage and the universal application of the rule *similia similibus curantur*. It is the falsity of the claim which homœopathy makes, to be in possession, if not of the universal panacea, at least of the only true rule of practice, that makes homœopathy a system of quackery. It is to be hoped that in face of this emphatic disclaimer, those persons who have for some time past striven to claim Dr. Brunton as "one of theirs" will cease their machinations, which can serve no useful purpose and are at most a source of annoyance. This very question was exhaustively discussed in our columns some few months since, on substantially the same grounds as have now been authoritatively put forward by the eminent therapeutist.—*Medical Press and Circular*, April 20, 1887.

Ligation of the Innominate.

Thomas Henderson, M. B., C. M., writes from Rome to the *Lancet* of April 30, 1887:

The patient, a man of about forty-five years, was suffering intense pain from pressure by a very perceptible aneurism of the second part of the right subclavian. Other means having been tried with no good result, Professor Durante, of Rome, determined upon ligation of the innominate. Accordingly, on March 25 the operation was performed, with strict antiseptic precautions, the vessel being tied in two places, viz., immediately below the junction of the subclavian and common carotid, and again slightly lower down. The vertebral artery was also tied. The ligature used was No. 3 carbolized catgut. The result, up to the present date (April 5) has been most satisfactory. Circulation in the right upper limb and side of the head has been completely restored, and the patient's general health is good, with the exception of obstinate constipation, which may account for a rise of temperature having occurred. The external wound, excepting a small drainage aperture, has healed by first intention.

Pickle for Pathological Preparations.

We are informed that Professor Grawitz, of the Berlin Pathological Museum, has since April, 1885, been making use of a pickling liquid for the preservation of pathological specimens, and after two years' test speaks enthusiastically of its usefulness. The liquid is prepared as follows: 150 grms. of common salt, 40 grms. of sugar, and 20 grms. of saltpetre are dissolved in 1 litre of water. This solution is acidulated by the addition of 3 per cent. of boric or tartaric acid. The acid is necessary on account of the decomposition of the hæmoglobin in the tissues. When the preparation is placed in the liquid, water is added until the object sinks in it. The pickle is ready in from four to eight weeks, when the objects are taken out and placed in fresh clear pickle. The quantity of water that requires to be added is from one-third to one-half. The vessels should be filled brimful, so that when the cover is placed on, no layer of air should remain under the cover; the cover should touch the liquid.

Evisceration of the Eyeball.

The operation of Dr. Mules, of Manchester, consists in emptying the sclerotic and inserting a glass globe in the place of the contents of the eyeball. Mr. W. P. Keall, of Bristol, has modified this by substituting a hollow silver ball for the glass globe. The operation is performed in the usual way under antiseptic precautions. The cornea and adjacent ring of sclerotic are excised, the contents of the eye removed, and the internal surface of the sclerotic scraped clean. A horizontal incision of about five millimetres on either side of the sclerotic permits the hollow ball to be fitted in, and the sclerotic is then stitched together, and the conjunctiva sewed over the whole. The results of his cases show that the silver ball is tolerated perfectly by the living tissues, and that a somewhat violent accidental blow on the eyeball after the operation produced nothing more serious than an ordinary "black eye." The cost of a silver ball is four shillings.

Sialorrhœa of Pregnancy.

M. Schramm reports a case of sialorrhœa in which, after seven hypodermic injections of pilocarpine in one centigramme doses, the salivary flux diminished but did not cease. Bromide of potash was then prescribed, and the salivation ceased. M. Schramm believes that the bromide diminishes the excitability of the glandular nerves and paralyses the secretory fibres of the sympathetic, and the radicular filaments of the facial. One recommendation is its harmlessness to pregnant women.—*L'Union Médicale.*

Latent Pleurisy.

At a recent meeting of the Société Médicale des Hôpitaux, M. Delore presented a patient who had suffered from purulent pleurisy for three years without much inconvenience. M. Delore gave a short summary of the case, and sketched the principal characteristics of latent purulent pleurisy. The general symptoms were determined by the degree to which pus was absorbed; when the thick shell formed by the false membranes prevented absorption, no constitutional symptoms were produced.

Ointment for Ocular Neuralgias.

For the relief of severe-orbital pain following iritis, hyperæsthesia of the retina and neuralgia of the eye-balls, Dr. L. Webster Fox of Philadelphia prescribes the following ointment, which, he informs us, he has found to be of exceptional utility:

℞.	Morphia sulph.	gr. iv.
	Chloral	gr. x.
	Cocaine	gr. xx.
	Menthol	gr. xxx.
	Lanolin	℥j.

Sig.—Apply a piece the size of a hazelnut to the temple and over the brow every hour.

* * *

—At the annual meeting of the Suffolk District Medical Society, held Saturday evening, April 30th, Dr. John Homans was elected President, and Dr. George W. Gay, Vice President for the ensuing year

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

A Clinical Manual of the Diseases of the Ear. By Laurence Turnbull, M. D., Ph. G., Aural Surgeon to the Jefferson Medical College Hospital, etc., with a colored lithographic plate, and numerous illustrations on wood. Second revised edition. Philadelphia. J. B. Lippincott Company, 1887. Price, in cloth, $3.00.

It is as rare as it is pleasant to be able to record the publication of a new edition (of increased size) of such a work as the one before us, at a reduced price. Both publisher and author are to be commended for this departure. The work contains a new introduction, treating of the general pathology of ear diseases, the malformations and congenital defects of the ear, and on the auricle. The succeeding 420 pages remain unchanged, being reprinted from the old plates. Then follow 14 pages on deaf mutes, their education, and the prevention of mutism. The articulation method of teaching which is now in almost universal use, is well treated of in the work. Mr. Currick's method of education by means of the double mouth-piece ear trumpet, is not referred to, although its special value has been demonstrated. Chapter XX, a review of the causes and most successful treatment of the more frequent diseases of the ear, has been rewritten, and is especially valuable to the general practitioner. Chapter XXI, on desquamative inflammation of the meatus, the membrane and the middle ear, is new; it bestows necessary attention upon a class of cases which appear to have become more frequent. Chapter XXII is on syphilis and mumps as causes of internal ear disease, on opening of the mastoid, and on malarial otitis. There is so much ground to be covered in these 24 pages, that several chapters might easily have been devoted to it. The ophthalmoscopic examination in mastoid disease, to which the author devotes a page, is very important. The author's experience with the sulphide of calcium treatment in mastoid disease was entirely negative, and he advises opening of the mastoid in every case where we are reasonably certain that cerebral disease is due to caries, or to the retention of pus in the mastoid antrum, or the mastoid cells. There are many who would hesitate to open in every such case, but there are but few who differ with the author concerning the uselessness of the calcium sulphide treatment.

In the appendix cocaine as a local anæsthetic is considered; the author has found it useful in large polypi, and in smaller growths it has "invariably proven valuable." In such cases it usually is valuable, but there are cases where it exercises no effect whatever. Peroxide of hydrogen is next considered, and its value is well illustrated. Sexton's operation for the relief of chronic inflammation of the middle ear is condemned, we believe with justice, the risk being considered as too great. Diphtheritic inflammation of the nose as a cause of deafness, and artificial membrana tympani are next considered, following which are 20 pages on the best means of illuminating the ear, nose, throat and eye, in which the author concludes that the electric light is the best, but regrets that at present it is practically unattainable.

As a whole the book before us is very valuable, and unlike many other so-called clinical manuals, is truly deserving of the title; numerous cases are given in almost every division of the book, but nowhere is the subject better illustrated by cases than in the three new chapters. L. J. L.

Tracts on Massage, No. III—The Uses of Massage in Medical Practice. Translated from the German of Reibmayr, with Notes by Benjamin Lee, A. M., M. D., Ph. D., Secretary of the State Board of Health of Pennsylvania, late President of the American Academy of Medicine, Member of the American Medical Association, etc. Philadelphia, 1887.

This constitutes the third of a valuable series of short tracts which Dr. Lee proposes to issue for the benefit of the busy practitioner, and contains the substance of a useful little treatise by Dr. Albert Reibmayr, of Vienna, entitled "Massage and its Utilization in the Various Departments of Medical Practice." The present tract will shortly be followed by others on the Uses of Massage in the practice of "Surgery," "Midwifery," "Gynaecology," and "Ophthalmology." A bibliography will be appended to each tract for the accommodation of those who desire to procure their information at first hand.

Evacuant Medication. By Henry M. Field. M. D., etc. 8vo., pp. 288. P. Blakiston, Son & Co., Philadelphia, 1887.

In the older days of medicine, the study of cathartics and emetics was carried to an extreme of minuteness, and, indeed, purging and vomiting were the aims of a large share of the medication employed. Of late years there has been, perhaps, too little attention paid to such agencies in therapeusis. Dr. Field, therefore, who is Professor of Therapeutics in Dartmouth Medical College, has carried out a timely scheme in selecting emetics and cathartics as a theme for a monograph. He treats the subject with reasonable fulness, though rather from the observations of others than from any new experience of his own. Nevertheless, his essay is a judicious condensation of what is most certainly known of the physiological and therapeutic action of these elements of the materia medica.

A Manual of Weights and Measures. Second edition, revised. By Oscar Oldberg, Ph. D. 8vo. pp. 246. Charles Johnson & Co., Chicago, 1887.

This convenient little manual has already proved very useful to students of pharmacy and of medicine, and the author has availed himself of the opportunity afforded by the call for a new edition to give his work a careful revision. It will doubtless still be found by many classes of students a very convenient aid to the memory.

A Practical Treatise on Impotence. Sterility and Allied Diseases of the Male Sexual Organs. By Samuel W. Gross, M. D., etc. Third edition, thoroughly revised. Lea Brothers & Co., Phila.

This interesting and valuable work is the result of a large experience in the treatment of disorders of the genito-urinary apparatus. Its success is indicated by the fact that it has so soon reached a third edition. To handle a subject of this kind well, requires great skill and judgment, and these qualities have been exercised in the book before us, which we can heartily recommend to our readers.

Persistent Pain after Abdominal Section. By James B. Hunter, M. D., Surgeon to the Woman's Hospital, New York, Professor of Gynecology in the New York Polyclinic, etc.

This is an interesting paper. At its close the following conclusions are presented :

1. That all cases of abdominal section done for the relief of pain should be carefully followed up and observed, or made the subject of inquiry, for at least two years from the time of operation, and not counted as cured because the operation itself does not prove fatal.

2. That peritonitis in any degree after operation is to be dreaded as much for its remote consequences as for the immediate danger it threatens.

3. That extreme caution is demanded as to undertaking operations where the history or the physical condition points to the existence of chronic peritonitis.

4. That secondary operations, though sometimes justifiable, are generally of no avail ; that they only occasionally afford temporary relief, and very rarely effect a cure.

5. That a guarded prognosis should be made in all cases of abdominal section done especially for the relief of pain ; that the patient should be made fully aware that there are certain chances, which it is impossible to calculate, that a perfect cure may not result from even the most successful operation.

Neuritis Plantaris. A Clinical Record. By C. H. Hughes, M. D., St. Louis, Former Surgeon U. S. A.; Superintendent and Physician-in-Chief, Missouri State Lunatic Asylum ; Lecturer on Neurology, St. Louis Medical College, etc.

A valuable discussion of the therapeutics of the affection named, with special reference to the applications of electricity.

The Scientific Rationale of Electro-therapy. A Revised Paper on the Therapeutic Applications of Electricity. By C. H. Hughes, M. D., St. Louis.

Tennessee State Board of Health Bulletin for the month ending March 31, 1887.

Report of the Committee on Disinfectants, presented at the fourteenth annual meeting of the American Public Health Association, held at Toronto, Canada, October 5–8, 1886.

A full account of the various methods of practical disinfection, with illustrations of apparatus employed.

A New Explanation of the Renal Troubles, Eclampsia, and other Pathological Phenomena of Pregnancy and Labor. Read (in part) before the Wash. Obst. and Gynec. Soc., Feb. 4th, 1887. By A. F. A. King, M. D., Prof. of Obst., etc., in the Med. Dept. of Columbian University, Washington, D. C., and in the University of Vermont; president of the Washington Obstet. and Gynec. Soc., etc.

The author maintains that the recognition of an oblique, dorso-anterior position of the fœtus above the pelvic brim, during the later months of pregnancy, as the truly *physiological attitude* in both primiparæ and multiparæ, will open a door for the philosophical explanation of phenomena that have hitherto been puzzling and inexplicable both in the domain of pathology and physiology.

THE

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EVACUATION OF PSOAS ABSCESS.

Edward Owen, M. B., F. R. C. S., discusses in the *British Medical Journal*, April 23, 1887, the treatment of psoas abscess, and criticises the let-alone method which was formerly so much adopted. The hope that a psoas abscess might disappear spontaneously he shows to be delusive, as this actually occurs in so small a proportion of cases that it is but a forlorn hope. In a large practice, covering many years' service in a general and a children's hospital, Mr. Owen has known this to happen only once. Even aspiration he thinks to be of no service. The only method which offers a hope of good results is free opening and thorough evacuation, and this should not be postponed until the abscess has reached the surface and thinned the skin. The abscess should be attacked as soon as treatment has brought the patient into the best possible condition for the ordeal. There should be no useless temporizing, and the operation should not be delayed until the skin has become thin and red, for during this time the pus may hollow out for itself a chasm extending from the diaphragm to Scarpa's triangle, and may insinuate itself beneath the iliac fascia or among the planes of the abdominal muscles. The smaller the abscess the less serious the inevitable operation, and the more amenable the cavity to successful treatment.

The method of evacuating psoas abscess, which he has adopted in a large number of cases, and which he recommends, is by a free anterior as well as posterior opening and by then washing and draining the cavity right through. The first opening is made close above the outer end of Poupart's ligament, using the scalpel until about an inch of the length of the fibres of the aponeurosis of the external oblique has been exposed. The fleshy attachment of the internal oblique and transversalis are then scratched through, and a director thrust into the swelling, keeping well below the level of the peritoneum. Pus escapes, and the opening is enlarged by the dressing forceps and the finger. A stiff probe is then passed through the abscess cavity and made to project beneath the skin on the outer side of the erector spinæ. With this as a guide, a counter-opening is made in the loin. The cavity is then flushed perfectly clean with a warm antiseptic solution, and a drainage-tube of the size of a penholder is laid through the abscess-cavity for a few days, and is afterwards replaced by a silk thread. The parts are covered with large pads of wood-wool and finely picked oakum in gauze bags. These are kept in position by a towel arranged as a binder, which, for the sake of compression, is tightly drawn and fixed with safety pins. Next day the cavity is again washed out—under chloroform, if necessary,—the wounds being dressed as before. After this, the less the abscess is interfered with the better; if the temperature do not rise, and the discharge do not soak through, the dressings may be left on for three or four days, or longer. From the first day the discharge becomes thin and watery; suppuration in the ordinary sense of the word is at an end, and the cavity steadily contracts into a narrow passage.

If the abscess be so small that the surgeon does not feel inclined to attack it from the front, he may readily work down on it above the crest of the ilium, on the outer side of the erector spinæ muscle. The scalpel is needed only for the skin incision, the rest of the operation being performed with ease and safety by the use of a steel director and the dressing forceps.

CONSISTENT FOLLY.

There has recently been an interesting and instructive episode in the history of what is known in Philadelphia as the Women's Homœopathic Hospital. The circumstances were these: Certain of the medical staff were found to be departing in their practice from the principles of homœopathy, and were notified that this course was not agreeable to the founders and supporters of the hospital. As this notification was not heeded some further remonstrance was made by the managers of the hospital, and eight of the staff—all women—resigned. When the matter became public, the resigning physicians explained that they did not care to remain longer connected with a hospital where lay persons interfere with the work of physicians, and assume to direct what shall be prescribed. The managers had made a rule that "no medicines, except strictly homœopathic potentized remedies, should be used in any department of the hospital."

On the part of the managers it is claimed that no other course is open to them than that which they have pursued, and they deny that they have dictated to the doctors. They say the difficulty with the women physicians who have resigned is because of the use of crude and unproved drugs in the hospital, in violation of positive rules and of the principles of pure homœopathy.

The money with which the hospital has been built was given with the express condition that the institution was to be conducted in accordance with the principles of pure homœopathy, and the use of crude drugs and alcoholic liquors is directly opposed to those principles.

In this small controversy a very important principle is involved, and we congratulate the managers of the Women's Homœopathic Hospital upon the firmness with which they have insisted that their institution shall not be used as a means of deception, pretending to be homœopathic and being actually eclectic. The physicians who have resigned may know more about the use of drugs than the managers; but the latter seem to be better judges of consistency. The outcome, however, must be to show the folly and danger of the exclusive doctrines of Hahnemann.

SEXUAL STARVATION.

The interesting lecture of Dr. Lydston, which opens this number of the Reporter, contains, besides other useful matter, such sensible and clear suggestions in regard to the management of certain troubles caused by prolonged celibacy, that we think it worth while to direct the attention of our readers more especially to them; and to add our own endorsement of them. There is no problem of our modern civilization which it is harder to discuss in a manner which shall be at the same time thorough and pure; and so many, who have attempted the discussion, have, from choice or necessity, sacrificed purity to the attempt at thoroughness, that we are glad to be able to present a study of the subject, which, so far as it goes, does not offend the strictest idea of propriety.

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NOTES AND COMMENTS.

The American Medical Association and Journal.

The *Journal of the American Medical Association*, for May 7, 1887, contains information of great interest to members of the Association, concerning the programme of work, both in general session and in the sections at the coming meeting of the Association. The programme is as yet incomplete, and it is desirable that further reports of papers and contributors should be forwarded to the Chairman of the Committee of Arrangements as early as possible. The indications thus far point to a large meeting, and one of the most important that have been held in many years. The promised liberal reduction in railroad and hotel charges, the central position of the place of meeting, and its easy access from all directions, are favorable for a large gathering of representatives from every section of our country. And they will certainly receive a cordial welcome from the profession and citizens of Chicago.

The Editor of *The Journal* reports that much progress has been made during the four years since the first number was issued. At that date, 1883, and for the preceding five years, the average annual receipts of the treasurer indicated less than 1,000 members regularly paying the annual membership dues, while since that period the number has increased more than three-fold, and with the receipts from subscribers and advertisers, has so increased the income that, instead of $5,000 as in 1883, it will reach not less than $20,000. This is a result upon which we congratulate the Association and its *Journal*.

Fœtal Therapeutics.

In an original article with this title in the *American Lancet* of May, 1887, Dr. T. C Smith presents the following conclusions:

1. That remedies administered to the pregnant woman find their way by osmosis to the fœtal circulation, and therefore will influence the fœtus quite promptly.

2. It is probable that the influence will be proportionate to the dose taken by the pregnant woman, and we should therefore exercise care in all remedies given to such women.

3. In pregnant women with decided syphilitic taint, the continued or persevering use of proper remedies tends decidedly to preserve the viability of the fœtus to the end of the puerperal term, and to prepare its blood and tissues to be brought forth in a purer state than it possibly could be without such treatment.

4. Any recognized dyscrasia of the mother which is likely to destroy the fœtus may often be met and fœtal viability secured to the end of term.

5. In cases of fatty degeneration of the placenta, where the placental respiration is sufficient to maintain fœtal life to the end of the term, we may hope by the use of proper remedies given to the mother to increase the respiratory capacity of the placenta, and thus retain fœtal viability to the end of term.

6. Violent and threatening movements of the fœtus may be controlled by giving proper remedies to the pregnant woman.

7. The administration of any powerful agent to the mother may lead to the death of the fœtus, if too largely given.

8. The fœtus may be affected by contagion in the pregnant woman's system, when she herself does not contract the contagious disease; as in the case of Mauriceau, as given by Leishman.

9. The fœtus is often destroyed by constitutional and contagious diseases which attack the pregnant woman, or to which she has been exposed: as in small-pox, scarlatina, rubeola, etc.

10. "Occasionally the child, when thus affected, passes safely, while in utero, through a full course of small-pox, and is at length born with the pits of the disease alone remaining. I vaccinated repeatedly a person born under these circumstances, and always unsuccessfully." (Sir J. Y. Simpson's Obstetrical Works, vol. ii., p. 360.)

11. "This affords presumptive proof that variolous, and perhaps other contagious febrile matters, affect the body by first entering the vascular system." (Loc. cit.)

12. "The morbid matter can pass thus from the mother to the fœtus only through the medium of the circulation, for there is no communication by the nervous system between the economy of the mother and that of the fœtus." (Loc. cit.)

13. If our premises are true and our clinical experiences reliable, then, surely, we have great reason given us to see how and why we should look after the treatment of the unborn fœtus, when necessary, as well as the infant that sports joyfully on its mother's breast. The safety of both mother and fœtus may often demand this at our hands.

Iodized Starch as an Antiseptic.

England describes his preparation and use of this substance as follows in the *American Journal of Pharmacy*, for April, 1887:

Apropos of the subject of antiseptics, the author was led some months ago to advocate the use of *iodized starch* as an addition to our rapidly growing list of these compounds. Reasoning that the antiseptic activity of iodoform and bismuth subiodide must depend, in part or wholly, upon the iodine freed in their decomposition, in contact with decomposing putrescent organic matter, it was thought that if an iodized compound, readily decomposable, was subjected to the same conditions, that it would induce the same healthful process in the latter case as well as in the former. Full experience has demonstrated the value of the theory in this instance, and iodized starch is now used daily in our hospital practice, and recognized as a valuable adjunct in certain forms of antiseptic treatment. It is applied in the same manner as other antiseptics, namely: first washing out the wound with pure water, and drying out as far as practicable, then thoroughly dusting in with iodized starch and covering the wound, even beyond its outer edges. The applications are generally made in the morning and evening.

On the removal of the dressings the absorption of the iodine is most strikingly shown. Whereas in the central parts of the wound, where the exuding pus or matter has come in contact with the bluish-black powder, the same has become wholly decolorized, and shows the white color of the starch, yet, around the outer limits of the dressing, where no excretive matter has exuded, the bluish-black color remains unaffected.

Comparative trials with iodoform, subiodide of bismuth, and iodized starch have demonstrated that the latter possesses valuable antiseptic qualities as a dressing; and though it may not be superior to the first two named, yet, at the same time, it has occasionally succeeded where they have given unsatisfactory results.

In its preparation the pharmacopœial method, given under "Amylum Iodatum," has been followed, namely, the trituration of 5 parts of iodine with a small quantity of distilled water, and the gradual addition of 95 parts of powdered starch, until the compound has assumed a uniform, bluish-black color. Then dry at a temperature not exceeding 40° C. (104° F.), powder and bottle or box.

Pediculosis Capitis.

In a clinical lecture at the Children's Hospital, Philadelphia, reported in the *Archives of Pediatrics* for April, 1886, Dr. A. V. Meigs said: This girl, about ten years of age, is brought to us by her mother, with the statement that there is an eruption upon the head which began when the child was four years old. She states that this eruption under treatment has improved several times, but for the last two years it has been much worse. In other respects the child is perfectly healthy. An examination of the head at once reveals the presence of pediculosis. The hair is filled with lice, the pediculus capitis, and it is covered with nits. The secondary result of this source of irritation is eczema. In such conditions I have never been able to cure the disease without cutting off the hair. Although the lice are readily destroyed, the nits cannot be removed without great difficulty, and unless the hair is cut the parasites will be as numerous as ever in a few days. The only way to accomplish a cure is to cut off the hair, and then in a few days the trouble can be relieved. Pediculosis of the head is much more difficult to cure than the same affection of the body. After the hair is cut off, the head should be thoroughly washed with a solution of corrosive sublimate in alcohol, one grain to the ounce. Although in the irritated condition of the scalp this may cause some stinging, yet it will do no harm to make one application, or possibly two. The case should then be treated as one of ordinary eczema, by the application possibly of oxide of zinc ointment. I am frequently asked if there is not danger from the use of this preparation of mercury. I have never seen the slightest constitutional effect from the use of corrosive sublimate about the head or body in persons suffering from pediculosis. This is also very efficacious in the treatment of pediculosis pubis. Here two or three applications will usually cure the trouble.

American Archæology.

Dr. Daniel G. Brinton delivered the last of an interesting and well attended series of lectures on American Archæology at the University of Pennsylvania, on Friday afternoon, the 6th instant. Speaking of "Arts and Sciences," he said: The early Americans were representatives of the stone age in most cases, although a few possessed the knowledge of metals. They were particularly clever stone workers, and the samples of their craftsmanship show them well versed in the arts of the potter. In clay moulding they were also skillful. The textile arts were practiced, such as cotton and wool spinning and weaving. Cotton was extensively raised in Mexico and Yucatan, and two species of goats were acclimatized to Peru for the sake of their wool. As to their architectural methods, the lecturer said they were not familiar with the plumb line, but adjusted their building materials merely by the eye. They were familiar with two kinds of arches, also square and rounded pillars. The lecturer called attention to the love of music that prevailed, and the astronomical progress that our American forerunners seem to have reached. They learned the length of the solar year, and in their leap years made provision for the necessary "extra day." They pursued thorough agriculturical methods, and practiced fertilization and irrigation.

Dr. Brinton further referred to the extensive commerce which prevailed among the American races, and closed with a mention of their love for sports and out-door games. Early American art in general the lecturer criticised as much below that of ancient Egypt and Assyria in point of appreciation of the beautiful.

Antifebrin in the Treatment of Phthisis.

In an interesting paper in *The Medical Record* for April 16, 1887, Dr. C. H. Cauldwell reported his experience with antefebrin in the treatment of consumption. His conclusions concerning its use are as follows:

1. Antifebrin is the best drug with which to control the chill and fever of phthisis. With it we can at once check these depressing symptoms.
2. It does not produce the unpleasant effects of quinine, salicylic acid, antipyrine, thallin or resorcin.
3. Chills, collapse, or semi-intoxication are not caused by it.
4. In many patients it induces sweating.
5. It diminishes the frequency of the pulse, and usually strengthens the heart's action.
6. Occasionally it produces cyanosis. This happened but twice in thirty cases.
7. It does not interfere with digestion, but on the contrary increases the appetite.
8. Even when the stomach is in an irritable condition, it can be retained.
9. It increases the secretion of urine in the majority of cases.
10. It tends to quiet the nervous system and produce a feeling of "well being" in the patients.

Tea Poisoning.

Dr. Moton, in the *Medical Times*, in 1879, drew attention to the effect of tea on tea-tasters, and from time to time the use of the beverage has drawn forth opinions from both friend and foe—the most startling of the adverse opinions being Dr. J. R. Wolfe's paper on the softening of the vitreous humor from tea drinking—and the following which we copy from a foreign contemporary is enough to alarm even a Johnsonian tea drinker: "Russian tea merchants who, when present on the Chinese frontier for buying the article, are obliged to taste from 150 to 200 specimens of strong tea-infusions daily, do not swallow the infusion, but nevertheless a slow intoxication appears in them. The symptoms are loss of appetite, constipation alternating in diarrhœa, failure of general nutrition, periodical epigastric pains, enlargement of the liver with subsequent atrophic cirrhosis, and dryness and sallowness of the skin, hypochondriacal frame of mind, marked failure of memory, of sight (weakness of visual acuity, sometimes diplopia), and of taste and smell.

Electrical Aids in the Treatment of Insomnia.

G. Betton Massey, M. D., writes as follows in the *Medical News* of May 7, 1886: Simple anodic faradization of the occiput is frequently attended with most gratifying results. In making this application the cathode should be placed in the position least likely to give rise to sensation (on the heel is preferable, but *not* on the thin skin of the instep), both poles being well moistened. The current is increased at once from the initial weakness to a strength that is distinctly felt at the anode, and is not increased further, notwithstanding the rapid fading of the sensation as the nerve ends become tolerant of the stimulus, for a gradually increasing faradic current is anything but sedative. The full effect of this application requires that the note emitted by the hammer of the interrupter shall be clear and free from quavers due to irregular vibrations.

Action of Saline Purgatives.

M. G. Leubuscher offers the following conclusion, in regard to the action of saline purgatives, after a series of experimental researches in this line:

"1. That an exaggeration of the peristaltic movement of the intestine only plays a secondary part in the action of saline purgatives.

"2. In whatever manner saline purgatives may be introduced into the intestine, the intestine becomes the site of a great secretion of liquid, which is the principal cause of the purgative action.

"3. It is impossible to claim for saline purgatives that they act as a barrier to reabsorption.

"4. Saline purgatives introduced into the circulation in sufficient quantity produce constipation."—*Edinburgh Medical Journal.*

The Average Income of the Family Doctor.

The average income of the family doctor in England, according to estimates made by Dr. E. Paget Thurstan in the *Lancet*, is £625 or $3,125. Deducting the average working expenses and the interest on capital sunk, the average net income is estimated at $1,775. If there be included all the physicians having only salaries as assistants, etc., or having no practice, the average net income is placed at about $1,000.

An average gross income of $3,225 is very much beyond that earned by American physicians, if we include the younger men who are still striving to establish a practice. This is the natural result of the fact that we have twice as many doctors proportionately as there are in England. We have to divide the fees.

Quinine Amaurosis.

Dr. Edward Browne, of London, has lately collected eighteen cases of quinine amaurosis. The symptoms were blindness and deafness of a marked character. The deafness was brief in duration, and the recovery rapid. The onset of the amaurosis was sudden, and more complete than was known in any other recoverable condition. It resembled the dense darkness of atrophy.

Hyperemia of the retina is a very common malady these days. It may be a transient affection depending on overwork of the eye, or upon a deranged state of the stomach. In these circumstances the congestion passes away so rapidly that it is not likely to attract attention from either the surgeon or the patient.—*Dr. Benj. J. Baldwin, in the Alabama Medical and Surgical Journal.*

Important Metallurgical Discoveries of a Physician.

Dr. C. C. Carroll, of Meadville, Pa., after years of experimenting, has discovered a method by which aluminum can be cast, soldered, and welded. It is claimed by metallurgists and artisans that this is a very valuable invention, since it insures the use of aluminum for many purposes on account of its extreme lightness, strength and non-oxidation by exposure. It is already successfully employed in the manufacture of the dental plates, for which it is apparently admirably adapted. In the course of his experimenting, Dr. Carroll believes he has also discovered the law governing the disintegration of iron stringers employed in the construction of railroad bridges.

New Method of Employing Electricity in Neuralgia.

Dr. Adamkiewicz describes in the Polish journal *Przelad Lekarski* an exceedingly effective way of applying electricity for the relief of neuralgia of various kinds. The apparatus he uses is a constant-current battery, the cathode being a concave metal plate lined with electrical carbon, which is saturated with chloroform. This is then applied over the painful spot, and a current, weak at first, but gradually increasing in strength, passed. One or two applications of this kind were found, says the author, sufficient entirely to relieve the severest cases.

Decadence of Homœopathy.

We have the authority of the *Medical Record* that a prominent publisher of a regular medical book sells more books proportionately to the homœopaths than to regular physicians. The fact is but an addition to the accumulating evidence of decadence of homœopathy as a system of therapeutics. The number of consistent homœopaths whom the public regard as such is rapidly growing beautifully smaller, and the time is not far distant when only cranks and men who sail under the name as the pirate sails under the flag of an honest merchantman will fly the legend homœopathy on their shingles.—*The Medical Age.*

Hydrobromate of Quinine.

Hydrobromate of quinine is the subject of a long article in the *St. Petersb. Med. Wochenschr.*, by Dr. Maximo Novitch, who has for some time past been engaged in studying the relative merits of the different salts of quinine.

He considers the di-hydrobromate the most useful salt. Its advantages are greater solubility, no tendency to produce irritation of the skin when used hypodermically, its causing less cerebral annoyance, hence Jaccoud employs it exclusively in typhus. Steinitz and Professor Rosenthal recommend it for whooping-cough, hysteria, nervous vomiting, and the pains of ataxy.

Solanine.

The alkaloid extracted from *Solanum nigrum* and also from the fruit of the potato plant, is being employed to relieve acute pain and as a narcotic in the place of morphine. It is said that its administration in large doses does not occasion the nausea and vomiting which occurs frequently from the use of this latter. The therapeutic dose is from $\frac{1}{4}$ gr. to 4 grains, and $7\frac{1}{2}$ grs. have been given without any unpleasant effects. Solanine and its hydrochlorate are prepared at the well-known laboratory of M. Mialhe, Rue Favart. The price varies from 6f. to 10f. the gramme.

Pomade for Cutaneous Disorders During Pregnancy.

Monin, in *L'Union Médicale*, of March 29, 1887, gives the following formula:

℞.	Zinc. oxid. pulv.		gr. iij.
	Hydrarg. ammoniat.		gr. iss.
	Ol. theobromi,		
	Ol. ricini,	āā	℥ ijss.
	Ol. rosæ,		gtt. x.

This may be applied to the face morning and night.

Peroxide of Hydrogen

Is recommended by Dr. B. W. Richardson, in the *Asclepiad*, as a remedy of some value in whooping cough. He believes it to act like dilute nitric acid, subduing the spasmodic paroxysm, checking secretion, and shortening duration of the disease. It is, however, more effective than this acid. The formula employed is — hydrogen peroxide ʒvj., glycerine f℥iv., water to f℥iij. Of this mixture half a fluid ounce is given in a wineglassful of water five or six times a day.

Pure Chromic Acid.

A new form of chromic acid, prepared by Merck, and alleged to be absolutely free from sulphuric acid, and hence very slowly deliquescent in dry air, is now procurable. The acid is in the form of small dry red crystals, readily soluble in water and in alcohol. It is said that the acid in this form does not spread over the surrounding tissue, and is therefore better suited for use in places where it would be dangerous to employ the ordinary acid.

Arsenical Eruptions.

Dr. P. A. Moroon (*La France Médicale*, 11th January) has observed the following variety of cutaneous eruptions from the use of arsenic: Erythema, papules, urticaria, vesicles, pustules, ulceration, skin bronzing. In each case the discontinuance of the drug caused the disappearance of the rash.

For Blistered Feet.

Salicylic suet is used in the German army as a remedy for foot-sores, instead of the salicylic powder formerly employed. It is composed of two parts of pure salicylic acid and ninety-eight parts of the best mutton suet.

Bergeon's Method in Asthma.

At the meeting of the Philadelphia County Medical Society on May 11th, Dr. S. Solis-Cohen read a paper with this title, the full text of which we shall present in an early issue of the REPORTER.

CORRESPONDENCE.

The Use of Forceps.

EDS. MED. AND SURG. REPORTER:

I see in the REPORTER, as well as a number of other journals that come to my office, that the forceps are just now a subject of vigorous discussion, pro and con.

Dr. Mitchell, of Pennsylvania, seems to entertain a very decided distrust of, if not repugnance, to them. It is true, the doctor does not relegate them to absolute oblivion, but the faint praise bestowed upon them is equivalent to their condemnation. The literal butchering depicted, and the bloody scenes described as sequences of the use of the forceps, if "taken at their word," would certainly deter a young doctor from their use, even if he was so fortunate as to escape the "curdling of his blood" by their perusal.

Beneath this remarkable and phenomenally successful obstetrical career of Dr. Mitchell, of a life-time practice of obstetrics without the use of the forceps, lies a criticism and condemnation of all others who have felt the necessity of the aid of the forceps. If Dr. A can practice obstetrics a life-time without their use, Dr. B is unskillful, careless, or impulsive if he fails to do the same thing. The natural inference drawn from Dr. M.'s articles is that all of the torn perineums are the result of the forceps—when the truth is that the perineums of a large number of primiparæ are torn to a less or greater degree, whether the forceps have been used or the child delivered by the unaided efforts of the woman. When a solid, almost unyielding mass, four and a half to five and a half inches in diameter, is forced through an avenue or opening that is frequently not more (in its natural state) than one inch in diameter, a certain per cent. of the openings will be torn in spite of the most skillful management.

There is another side to this question: how many mothers have lost their lives or suffered from the many casualties incident to prolonged labor, such as bladder and rectal fistula, sloughing of the soft tissue of pelvis, nervous exhaustion, loss of blood, etc., etc., because of the failure to use the forceps?

How many children have been stillborn from the same cause? Your humble servant has been for a number of years engaged in "chewing the cud of bitter reflection" on account of the loss of the lives of two "confiding women" who had entrusted themselves to his care, and died *because the forceps were not used.* The first occurred when he was a young man, when torn perineum and many other imaginary ills as the result of the forceps deterred him from their use; the second was lost by being hampered by a consultant who had never used forceps, and was opposed to their use by others. I have been in practice for more than a quarter of a century, and I would advise my younger brethren to always and upon every occasion take the risk of tearing the perineum rather than lose the life of the woman. Take all risks short of that of death to her.

I must confess that I use the forceps, and as I grow older and *more cautious* I use them more frequently. I have never had an "irreparable injury" follow their use in my hands. In two cases "great gaping wounds staring me in the face," occurred where the forceps had not been used, and were not "monuments to my lack of skill and judgment," either.

On April 6, 1886, I attended a primipara through an apparently natural labor of eight hours' duration—the child weighing nine pounds. Upon the delivery of the afterbirth I found the perineum intact, but, starting just within its border on the left side, and running upward and a little to the left, was an irregular gaping tear, whose presence might have set me to "cud chewing" *if I had used the forceps during delivery.* But fortunately for the cud and me also, they had not been used. If they had been used this would have been a legitimate forceps "butchery," if it had been reported—the wound was full three inches in length.

Now with all deference to the judgment of other practitioners, I make the radical statement that the forceps in skillful hands, and used when indicated, are one of the greatest blessings to suffering woman.

There is no excuse or justification for their unskillful use, unless it be found in the teaching of such as oppose and condemn them, thereby preventing our young men from the careful study of their application and use.

The innumerable opportunities and facilities now open and accessible to all students of medicine, enabling them to become proficient in their profession—the almost perfect forceps that are within the easy reach of all—and the small amount of danger in their use, seem to me a justification to the physician who resorts to them to reduce the time of the awful pangs and agonies attendant upon the labors of some women. A woman of this class, who has once been delivered by the forceps in competent hands, will beg piteously for their use, if called upon to pass again through the ordeal. There are many contingencies requiring the use of the forceps—imminent danger of laceration of the womb, alarming hemorrhage, danger of sloughing from long-continued pressure upon the soft parts, exquisite pain and spasm of the thighs and calves of legs from head pressure upon pelvic nerves, rapid exhaustion of the mother, prolapse of the cord, endangering the life of the child, retention of the child's head after the body is delivered—these, and many others, not only justify, but imperatively demand the use of the forceps when the parts are in a condition permitting their use. J. B. Hatton, M. D.

Red Oak, Iowa.

Midwifery in the Country.

Eds. Med. and Surg. Reporter:

Since reading the article by Dr. Mitchell in your issue of January 22, I have taken the trouble to look up the number of actual cases of confinement that I have attended, to make sure that in approximating in my previous communication I had not seriously erred. I find that I shall be obliged to apologize for misstating; the exact number is three hundred and ninety-eight; I take back two from my former estimated labors, and ask pardon. Perhaps my experience has been a little greater in the given number of years, from the fact that I am alone in that line of practice in a country quite thickly populated, and no doctor nearer than six miles who attends confinements at all. Success in the practice of obstetrics is as necessary to build up a good business as a physician, as good sermons are to make a popular preacher; and while Dr. M.'s unusual success, as far as mothers is concerned, is excellent, having lost only one, I am happy to say that as yet I have not lost *one.* It doubtless is not due to particular excellence in my plan of procedure—rather to a fortunate class of cases. I always anxiously wait for a period of two or three days to elapse after completion of labor before feeling relieved in mind. I do not believe that forceps skillfully used tear any more perineums than we find in natural deliveries without their use. I have seen but one torn, and that occurred in my practice six years ago, when so far away from my instruments that I could not get them. Does a torn perineum necessarily involve a lifetime of misery? Surely not. Surgery of these parts is productive of excellent results. What prevents the torn perineum healing when properly stitched, and when healed where does the misery come in? It really seems as though "the cud of bitter reflection" might be more appropriately "chewed" when thinking of those cases in which, the physician having "possessed his soul in patience" until exhausted nature was unable to properly perform her duty after delivery, hemorrhage takes place, and, if not death, a slow tedious recovery follows. Unless some abnormality exists, it is no more necessary to tear with forceps than to cut the lips when extracting teeth. Dr. Mitchell cannot believe any beneficial result could follow the method of treating rigid os proposed by me. If he will try it he will do no harm, and if no good follows then he can *intelligently* differ with me. Chloroform should not be given to complete anæsthesia in ordinary cases, and if not used beyond the point required to give relief, it does *not* retard labor at all. When the pains are hurried, giving the woman no rest, and only lasting long enough to barely engage the head and then giving up, it tends to diminish the frequency but increases the time occupied by the pains, thereby *hastening* the final result. I thank the Doctor for criticising my article so sharply, as it served to make me look up authorities on the subject which have strengthened me in my position.

H. L. Manchester.

Pawlet, Rutland Co., Vt.

News and Miscellany.

Aid for the Veterinary School.

The appropriation of $100,000 for the Veterinary Department of the University comes before the House for final passage this week. There should be no question about this appropriation in a great agricultural State like Pennsylvania. This country loses millions yearly through animal diseases, whose origin, cure, and prevention will never be discovered except by a college like that which this appropriation will keep open, for without aid it will be impossible to maintain this department of the University on its present basis.

Letting alone other states, Pennsylvania farmers lost by disease last year, as official reports show, 35,212 milch cattle, 35,684 sheep, and 44,136 swine. This is a yearly loss—1886 returning losses one-half those of 1885—which is from two to three times as large as it would be if veterinary science were properly studied, and a very small percentage of reduction in this loss would in a few years repay the proposed appropriation a hundred-fold. If any other trade but farming were losing from 3 to 10 per cent. from causes which inquiry would remove, the Legislature would be besieged to pay for the education of experts in the hope of securing relief. We advise legislators not to neglect the farmer.

The school has thus far been most successful in its work, and its curriculum is longer and more rigorous than that required in any school of human medicine in the country. All that is asked now is buildings and the accommodations needed to carry on a growing institution. This the school should have. It is a small insurance for a State which has millions of dollars invested in domestic animals, and loses hundreds of thousands of dollars yearly from preventable diseases among them.

A Question of Medical Practice Discussed by the Supreme Court.

The Supreme Court of Pennsylvania heard argument on the fourth instant, in a case appealed from the Court of Quarter Sessions of Lebanon county.

Dr. John Ege was a regular practicing physician, residing in Reading, in Berks county, and was duly registered in that county in August, 1883, under the act of 1881. He also registered under the same Act on the the 18th of May, 1885, in Lebanon county, but before this registry he had a number of patients in Lebanon county who visited and consulted him at his office in Reading, and for their convenience he occasionally visited Lebanon, giving notice of his coming, the time and place at which he could be seen and consulted, and styling himself in the newspapers as "Dr. John Ege, of No. 1002 Penn street, Reading." When he came to Lebanon he was visited and consulted by his patients at the address given in the newspaper notice, and was also visited by new patients, for whom he prescribed and was paid by them for his services. He was arrested, and was prosecuted by a committee of physicians for a violation of the Act of 1881 in practicing in Lebanon county when not registered there. A verdict of guilty was taken by the Court. The Doctor appealed to the Supreme Court, where the case was argued. Decision was reserved.

Vaccinated Indians.

The United States sanitary inspector at Yuma, Arizona, in his report for the week ended April 16, 1887, states that the Yumas and other tribes of Indians in that vicinity have been thoroughly vaccinated and are well protected against small-pox. For the past two months they have been suffering from a severe epidemic of measles; 180 cases and 60 deaths have been reported up to April 16. They have no physician, and their vicious habits of destroying their property for the benefit of their dead, left them early in a destitute condition, without food, clothing or houses; and the great percentage of mortality may be accounted for by complications arising from exposure and want of proper food.

Japanese Cod Liver Oil.

The Japanese do not appear to be lacking in commercial enterprise. According to a note in *Nature*, the Japanese government has despatched an official of the Ministry of Commerce to Norway in order to study the cod fisheries, and the preparation of cod liver oil in that country. In the north of Japan large numbers of cod-fish appear at certain seasons of the year, and it is intended to develop this industry. Japanese cod liver oil is already known in the London market, but, doubtless, the inquiry now being made will lead to the preparation of a superior article in Japan.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS.

U. S. Marine Hospital, for the week ended May 7, 1887:

Wyman, Walter, surgeon. Detailed as chairman Board for physical examination of candidates for appointment as cadet, Revenue Marine Service, May 6, 1887.

Mead, F. W., assistant surgeon. Detailed as recorder Board for physical examination of candidates for appointment as cadet, Revenue Marine Service, May 6, 1887.

"Bill."

Physicians' prescriptions were originally called "bills.' Sir Thomas More (1829) writes: "After the billes made by the greate physicion God, preservbynge the medicines himselfe"; and Butler, in "Hudibras" (1663), says, "Like him that took the Doctor's Bill, And swallow'd it instead o' th' pill."

A Clairvoyant Sentenced.

In Philadelphia the County Medical Society is keeping irregular practitioners stirred up by instituting legal proceedings against a variety of breakers of the law for the registration of physicians. The last case is that of a man who called himself Dr. Charles Bond, an alleged clairvoyant, who was recently sentenced to one year's imprisonment for practicing without being registered.

Swiss Delegates to the Congress.

We learn that the Swiss Confederation has appointed Professor Theodor Kocher, of Berne, Switzerland, and Dr. Henry A. Banga, resident in Chicago, U. S. A., as delegates to the International Medical Congress, to be held in Washington, September 5, 1887.

The West Virginia State Medical Society Will hold its twentieth annual session at White Sulphur Springs, W. Va., July 13, 14 and 15, 1887. The Secretary is J. L. Fullerton, M. D., of Charleston, W. Va.

Items.

—Dr. Richard J. Levis has returned from his trip to Europe.

—St. Paul, Minn., reports a death-rate for 1886 of only 12 per 1,000.

—Dr. S. P. Duffield, of Dearborn, Mich., has been elected Health Officer of Detroit, to succeed Dr. Wight.

—Dr. O. W. Wight, who has been Health Officer of Detroit, Mich., for several years, sails on May 18 for Europe.

—The N. Y. Homœopathic Life Insurance Company has passed into the hands of a receiver.—*New York Medical Times, May*, 1887.

—The American Neurological Association holds its thirteenth annual meeting at Long Branch, N. J., on July 20th, 21st and 22d.

—Dr. E. C. Spitzka, of New York city, has accepted the vice-presidency of the Section of Anatomy of the Ninth International Medical Congress.

—The Penn Mutual Life Insurance Company of Philadelphia has appointed Drs. Clara Marshall and Anna Broomall examiners for a special class of risks among women.

—The Boylston Prize of the Boylston Medical Society of Harvard University has been awarded to Mr. Charles L. Scudder for an essay on "Congenital Talipes Equino-Varus."

—The State Medical Society of Wisconsin will hold its forty-first annual session at Oshkosh, commencing on Tuesday, May 3d, at 8 p. m., under the presidency of Dr. S. C. Johnson, of Hudson.

—At the annual meeting of the Chicago Medical Society, held April 4th, Dr. Wm. T. Belfield was elected President; Dr. J. H. Etheridge, First Vice-President; Dr. Sarah H. Stevenson, Second Vice-President; Dr. Frank Billings, Secretary; and Dr. H. N. Moyer, Treasurer.

—The particular office of flies appears to be the consumption of those dead minute animals whose decaying myriads would otherwise poison the air. It was a remark of Linnæus that three flies would consume a dead horse sooner than a lion could. He, of course, included the families of the three flies.

—A householder in Jersey City has brought suit to recover $20,000 damages against City Health Inspector Benjamin and his assistants, for dumping night-soil against the rear fence of his premises. He claims that five of his children died within three days from disease contracted in consequence thereof.

—Dr. Neyron, professor of anatomy in Notre Dame University, Indiana, is the Nestor of physicians in this country. He is ninety-four years of age, and was a surgeon in Napoleon's army during the Russian campaign and at Waterloo. He is still able to conduct his classes, and few men of seventy, it is said, are so strong and active.

—Our English confrères are chafing under the carriage-tax, which in spite of efforts to secure its reduction, remains at two guineas, in some cases, amounting, it is said, to fifteen per cent. of the cost of a vehicle. To the country practitioners especially, the burden is very heavy, and prevents them from keeping a close carriage for rainy weather, and a cheaper open vehicle for fine days.—*Boston Medical and Surgical Journal.*

—The ninth annual meeting of the American Climatological Society will be held at Baltimore, on Tuesday and Wednesday, May 31st and June 1st, and we understand that interesting papers have been promised by Drs. Loomis, Trudeau, Westbrook, Shattuck, Donaldson, Musser, Curtin, and Reed, all on phthisis in one or other of its phases. Drs. Rice and Peale will make reports on mineral springs, and Dr. Linn on some health resorts.

—The *Therapeutic Gazette* calls attention to massage as an employment especially suited to the capabilities of the blind, in whom the tactile sense is so strongly developed, and remarks that, in Japan, massage has been for a long period of time practiced by blind men, who go about the streets with a flageolet, to call attention to themselves and their occupation. It adds the hint that superintendents of blind asylums will do well to consider this as a possible avenue for labor for their pupils.

OBITUARY NOTICES.

Elliston R. Bateman, M. D.

Dr. Bateman was born in the village of Cedarville, N. J., where he died. He was the son of Dr. Robt. Bateman, deceased; and the grandson of Dr. Eli E. Bateman, deceased. He was carefully educated at Blair Hall and at Princeton college. He received his medical education under the tutelage of his grandfather; and was graduated from the Medical Department of the University of Pennsylvania in the spring of 1882. He acquired considerable practice, and was held in high esteem by many families who employed him. Never having been robust, he began, about two years since, to show symptoms of the disease which caused his death—phthisis pulmonalis. His life was unostentatious and unobtrusive; and in the church, of which he early became a member, he was rather a hearer than an aggressive worker. He leaves a wife, but no issue—his two children having died in infancy. His remains find rest in the cemetery attached to the first Presbyterian church, of which he was a member. His age was about 27 years.

Elliott Richardson, M. D.

It is our painful duty to announce the death, in Philadelphia, on May 9th, of Dr. Elliott Richardson, who was best known in connection with the practice of obstetrics and gynæcology. He was a most careful, conscientious and competent practitioner, modest and unassuming, and a man of true worth. He had many warm friends, who will miss his presence in social gatherings and in the meetings of the medical societies to which he belonged. He had the distinction of having performed the first successful Porro operation in this country.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

LEAD ENCEPHALOPATHY—CHRONIC MYOCARDITIS.

A CLINICAL LECTURE DELIVERED AT THE PHILADELPHIA HOSPITAL.

BY J. H. MUSSER, M. D.,

Physician to the Hospital.

Reported by William H. Morrison, M. D.

Gentlemen: The first case for study is a rare and interesting one. The patient is now in a much better condition than he was when he first came under observation. He was admitted about two weeks ago, and at that time appeared to be intoxicated, or at least suffering from the effects of alcoholism, and he was placed in the wards set aside for the treatment of such conditions. It was soon found that a more serious affection than alcoholism was present. When first seen, the patient was in a condition of semi-coma. He could be aroused from the deep stupor by the application of irritants to the nostrils, by loud calling, and also by placing food or water in his mouth. He would at once relapse, however. He continued in this state until a short time ago. Previous to admission, the patient had been sick and had been treated in another institution for a phase of the disease which I shall hereafter mention. I may say, however, that so far as we can determine, there had been no cerebral symptoms.

The patient is forty-one years of age, a painter by occupation. He had been under treatment, as intimated, for lead colic, and had been somewhat benefited. Previous to admission he had been on several sprees, and at the termination of one of these this state of stupor ensued. As far as we can learn, the week preceding the attack was spent in one continuous debauch. We have therefore a history of lead colic and alcoholism followed by the occurrence of stupor.

The question to consider is, what is the cause of this grave cerebral condition—coma? Head injuries are readily eliminated. There is no history of exposure to great heat. There is no history, as far as we could ascertain, of any disease or of any condition which would lead to the development of meningitis, and on careful examination of the various organs of the body, nothing is found that would give a clue to the cerebral phenomena.

We have, of course, endeavored to determine the condition of the kidneys. The urine presents nothing abnormal either on chemical or microscopical examination. There has been no history of the symptoms which usually precede an attack of uræmic coma. There is nothing to indicate that the man had been suffering from uræmic symptoms prior to admission. It is often said that in uræmia the temperature is subnormal, particularly if attended by depressing circumstances, as in this instance. The temperature has nevertheless been constantly above normal, only twice falling below 99°. We therefore eliminate the possibility of uræmia.

Other conditions which may produce coma can also be excluded. The absence of sugar and acetone from the urine excludes the idea of diabetic coma. The history does not point to this condition. In diabetic coma the case usually terminates fatally in a much shorter period of time than that in which this case has been under observation.

The question of syphilitic disease of the brain must also be considered. Nothing has been found that would point to previous specific infection. There have been no symptoms to indicate syphilis. In cerebral syphilis, while stupor and coma are present, yet other evidences of grave organic disease precede this state; for instance, a patient will suffer from vertigo, from severe headache and from sleepiness, while convulsions, paralysis (partial or unilateral), tremors, loss of speech and of memory, and impaired mental faculties are usually observed. Symptoms like these were not observed by the relatives, nor by physicians, who treated this man for lead colic. Examination of the eye-ground usually discloses a choked disc or an optic neuritis. In the present instance the eye-ground is perfectly normal, and there is no evidence of fulness either of the arteries or of the veins.

There are no signs of intra-cranial pressure, as from a tumor, meningitis, or hemorrhage. There was not, and is not now, any paralysis, either of sensation or of motion. There was not, and is not, any strabismus, and the pupils are normal and perfectly mobile. At the time of admission they were slightly contracted. Moreover, paralysis of the muscles of the face or of the tongue has not been observed.

The question of the presence or absence of syphilis is often decided by the condition of the various organs of the abdomen. There is no disease of the liver, kidneys, or spleen (amyloid), which would permit an affirmative answer to this question.

In this case also there is no evidence whatsoever of disease of the arteries, a concomitant of syphilis, an antecedent of hemorrhage usually. The radial arteries are perfectly free from atheroma, and the tension is not high. There is no hypertrophy of the heart, which generally accompanics atheroma, and there is no accentuation of the second sound of the heart. The absence of these symptoms, as well as the healthy eye-ground help, by the by, to eliminate Bright's disease.

The diagnosis of lead encephalopathy is determined upon by the history of exposure to lead, by the marked clinical manifestations of poisoning by the metal, and by the exclusion of other causes of coma. While the character of the urine and the absence of the associated pathological lesions permit us to exclude chronic interstitial nephritis, it is well to bear in mind that an arterio-capillary fibrosis accompanies chronic lead poisoning, as well as chronic Bright's disease.

Likewise, the late lesions of syphilis resemble the effects of the long-continued absorption of lead. It is these facts which create so much interest in the analogies of the case, and render its nature somewhat obscure.

Our conclusion, therefore, based upon the history of the case and the exclusion of other conditions, that this is one of lead encephalopathy, is confirmed by the examination of the gums and of the urine. At the time of admission the characteristic lead-line was seen at the junction of the gums with the teeth. This is still present to a slight degree. In addition, the peculiar metallic odor of the breath which is often present in lead poisoning, was extreme, and at the same time the metal was detected in the urine. It is common to find albuminuria associated with lead poisoning. This is not only functional on account of the action of the lead, but also due to an associated nephritis. There is now in the wards a case of chronic interstitial nephritis which has undoubtedly been set up by the action of this poison. Great care, therefore, as before intimated, is to be exercised to determine whether you have to deal with a case of uræmic coma, or of lead encephalopathy.

This grave cerebral state you have just studied is one of the rare manifestations of the deleterious action of lead on the nervous system. Persons exposed to the action of this metal suffer in very different ways. Lead colic is of the most common occurrence. Lead paralysis is also quite frequent. Lead poisoning may show itself by the occurrence of coma, or of convulsions, or of delirium. The delirium is usually mild, but may be maniacal in character. The convulsions are epileptiform, and can scarcely be distinguished from epilepsy, except by the history of the case.

The treatment in this case has been the usual treatment of lead poisoning, that is the use of iodide of potassium. The patient has been given 50 grains of iodide of potassium every 24 hours. Its effects thus far have been most beneficial. Had we not obtained such prompt and decisive results, other means of elimination would have been resorted to. Sulphur baths are of service. Small doses of sulphate of magnesia are often given. As this man is now taking large doses of iodide of potassium, you may ask is not the improvement due to the fact that he is being cured of cerebral syphilis? In the tertiary stage of syphilis large doses of iodide of potassium are borne in the most remarkable manner. While in the ordinary subject ten or fifteen grains in twenty-four hours will produce iodism, yet in the syphilitic subject from fifty to one hundred grains are necessary to produce the same effect. In this case distinct iodism has been produced. There is a papular eruption on the forehead and on the trunk, and some coryza, both of which are indications that the system is under the influence of the iodide. I can not think that this theraputic test indicates the existence of syphilis; but, on the contrary, I think it most certainly favors the idea of lead poisoning. In cerebral syphilis fifty grains in the twenty-four hours is a small dose, and not likely to produce iodism.

The good effects of this treatment are most manifest. You observe he is quite conscious now, although dazed. A word is sufficient to recall him to consciousness, and he answers questions slowly but correctly. The past week he has recognized friends. He takes nourishment with avidity, and altogether presents a much more hopeful condition than he did two weeks ago.

CHRONIC MYOCARDITIS.

This man is between seventy and eighty years of age. We have been unable to obtain any information in regard to his previous condition. When admitted he had slight œdema of the feet, which had been present for two or three weeks. The patient made no complaints of illness. On examination, we found several interesting conditions, however. In addition to œdema of the feet, there is a little puffiness of the eyelids. This would direct our attention to those organs which are concerned in the production of dropsy. And first, the kidneys. On examining the urine we found a considerable quantity of albumin, but no casts. Examination of the vascular system, which I will now make, reveals an interesting condition of affairs. The pulse is extremely slow, forty beats per minute. It is incompressible. The radial artery is atheromatous. The pulse-wave is sustained for a long time beneath the finger. Atheroma of the other vessels is also observed. For instance, there is a marked murmur in both carotid arteries. There is a rough systolic murmur heard in the abdominal aorta, and also in the course of the femoral arteries. Evidence of the presence of atheroma is also shown by the high arterial tension in the abdominal aorta. On palpation, we find this vessel beating strongly, but there is no thrill, or tumor, or other sign which would suggest the presence of aneurism.

On examination of the heart, we find that the area of cardiac dullness is somewhat increased. It begins above at the third rib. It extends towards the left as far as the nipple line, and towards the right one inch beyond the right edge of the sternum. On auscultation, a murmur is heard at the aortic orifice. This is systolic in time, and high-pitched and rough in character, and is undoubtedly due to the presence of lesions of the aortic valve similar to the lesions of the vessels. At the mitral orifice a low-pitched murmur is heard, which is feebly transmitted in the axilla. The character of the murmur is not such as would necessarily indicate disease of the valve. It might result simply from functional derangement, or from the state of the heart muscle itself. At the tricuspid a third murmur is heard, which is different in character from either of the others. It is undoubtedly due to regurgitation at the tricuspid orifice as a result of dilatation of the right ventricle, particularly as the right heart is enlarged.

There are several points worthy of consideration in this case. From the condition of the aortic valve and of the vessels, we should expect an increased area of cardiac dullness and displacement downwards of the apex of the heart. The increased area of dullness would be in a downward direction. In other words, we should look for hypertrophy of the left ventricle. The cardiac impulse would also be increased. In this instance there is scarcely any perceptible impulse, the percussion area of dullness is increased but square in shape, and on auscultation the first sound is moderately weak. In hypertrophy, you well know, the impulse is strong and visible, the first sound loud and prolonged. The opposite, however, is observed here. Involvement of the heart muscle itself is present, and with the disease of the valves of the heart there is dilatation of its walls and enlargement of its cavities. These conditions are, however, not sufficient to explain the slowness of the pulse, although they do explain the slight albuminuria and the œdema. In dilatation of the heart, the pulse is feeble and its frequency is increased. Therefore there must be something more than the dilatation to explain the slow pulse. Slowness of the pulse is not frequently met with, but when it is present, it is usually due to one of two or three things which could be readily eliminated in this case. Simple slowness of the pulse is often due to jaundice. It is often found subsequent to severe acute diseases, such as typhoid fever and scarlatina. The rate may fall as low as thirty-five or forty per minute. What the actual cause of this is we do not know, but in all probability it is due to the condition which is present in this instance. Slowness of the pulse is sometimes met with in aortic stenosis. Aside from these conditions, slowness of the pulse is rarely found, except where we have an affection of the heart muscle itself; and from the symptoms and physical signs which this man presents, there is no doubt that we have here that affection of the heart muscle known as chronic myocarditis.

There is no doubt that associated with atheroma of the peripheral arteries, which is marked in this case, we frequently have a similar affection of the coronary arteries. The sequence of such a condition of the arteries is frequently a chronic myocarditis and secondary dilatation. The pathology of the lesions is simple. You well know the condition of the arteries in atheroma, and how readily thrombi may be caused in the vessels, the calibre of which is narrowed and the walls roughened. So in atheroma of the coronary arteries, thrombi are readily produced. Not usually extensive, the area of cardiac muscle affected by the thrombus, together with the effused blood, undergoes the secondary changes common to infarcts. A necrosis of the muscle fibres from local anæmia is set up; and the disintegrating tissue elements create an inflammatory process in the connective tissue resulting in the formation of the sclerosed or fibroid patches which one observes so often at the apex of the left ventricle or on the tips of the papillary muscles. By growth and pressure the proliferating connective tissue causes degeneration of the muscular fibres.

You will recall that we just recorded the presence of a weak impulse and first sound of the heart, and of a feeble pulse. In addition to these physical signs, which indicate degeneration of the cardiac muscle, the patient complains of other symptoms which appear to confirm our suspicions. He suffers from dyspnœa and from attacks of angina. The latter are not extreme, but, since under observation, create sufficient suffering to be worthy of the name. The physical signs, the slow pulse, the dyspnœa and the cardiac pain, are enough to warrant the diagnosis of chronic myocarditis.

The treatment of chronic myocarditis is not possible. The general vascular lesion must be treated, and chiefly by moderate exercise, care in diet, and freedom from excitement, mental or physical. A discussion of the hygienic and therapeutic indications in cases of general atheroma would extend far beyond the hour, and must be reserved for a future lecture.

COMMUNICATIONS.

THE VALUE OF QUININE AS AN ANTIPYRETIC IN PNEUMONIA.

BY HIRAM CORSON, M. D.,

of Pennsylvania.

In the Boston *Medical and Surgical Journal* of March 3d, there is an article, or rather synopsis of an article, on quinine in pneumonia, read by Dr. J. H. Ripley before the Academy of Medicine of New York. The reading was followed by a discussion in which seven other members, of acknowledged eminence, gave their experience concerning its value in pneumonia. I was just going to say, "this is a timely paper," but that would not be correct. Such a paper, founded on such knowledge of the utter inefficacy of the medicine to do what it was expected to perform, given to the profession ten years ago would have been timely; would have saved thousands of lives. Even now it is a most valuable paper, and I thank Dr. Ripley and his associates for what they have given to us. The physician who after having read that paper shall again, as he has done before many times, administer quinine in large doses to decrease temperature in pneumonia and in other diseases, will deserve the severest condemnation which the profession can give him. Several years ago a prominent young physican, the son of a beloved friend, was dead from pneumonia, with only three days' illness, and I was informed by those cognizant of the whole treatment, that himself and those who aided him relied on large doses of quinine to save him. Since that time I know that it has been relied upon in many cases all over our country. There are very few physicians with whom I have talked about the treatment of pneumonia, but have *tried* quinine as an antipyretic, not only in pneumonia, but also as a common remedy to reduce temperature in other diseases. I was several times amazed and saddened to learn that many persons, ill with pneumonia, had been allowed to die while the doctors were watching their *trials* of quinine. Trials, did I say? Yes! that is the word. These unfortunate patients, in their peril, had called on their physicians, in the confident belief that they would bring to bear on their cases those remedies which the experience of the profession had proven to be efficient in controlling this disease, so dangerous to life unless quickly arrested in its course. They had regarded our profession as an honorable one, and therefore relied on it for fair treatment. But their physicians had heard that large doses of quinine were antipyretic—in other words that they would prevent further increase of an already high temperature of the body—yea, even reduce it—and therefore were an important remedy; and though they had often successfully combatted the disease with well-tried remedies, they were glad they had opportunities to *try* the quinine. You say this looks as though they thought the high temperature was the disease? If they did not consider *that* the disease, they at least aimed to cure the pneumonia by the mere reduction of the temperature. Some years ago I saw, somewhere, a doubt expressed by Dr. Oliver Wendell Holmes as to whether the mere reduction of temperature is a matter of any value in febrile affections or not, and it has often seemed to me that it was of trifling importance in many fevers beyond the comfort which it brought.

But what harm was there in *trying* it? They could do it without alarming the patient—they could tell him, if he desired to be bled, that "he had no blood to spare," and that "purging was out of fashion," that "the cough was a good thing to have," that they would give him medicine "that would reduce the heat of his body," etc. Let us see now how the treatment goes on. The patient is fairly affected; his lung is congested in a small part of it—and congestion is but the commencement of inflammation, and both these processes have an ugly way, when they have a "plant," of spreading themselves over more "territory," and of doing it very rapidly, so rapidly indeed that on the physician's second visit, next day, recovery is sometimes impossible, so that even the adorable whisky cannot save him. Bearing this in mind, let us see how the doctor's remedy is confronting the disease. One large dose is given—then wait 8 or 10 hours—then another dose—wait again—the temperature has not fallen, or if from the nausea induced, it has fallen one degree, no relief has come to the patient—but what *has* really happened? Greater involvement of the lung by the disease. In all the time which has elapsed while waiting to *try* the quinine, not the least effort has been put forth to allay the inflammation which was spreading itself throughout the lung, blocking up the air cells and rendering recovery impossible. But where am I going?

Let us now come to Dr. Ripley, who carefully observed the effects of quinine in forty-eight patients from 19 to 45 years of age, commencing in 1877, at St. Francis' Hospital, New York. He "gave it as early as possible in the course of the disease; only in complicated cases, and in those in which the temperature was at least 103°, the thermometer being used in the rectum. No experiment lasted less than four hours, and the majority were continued for from twelve to fifteen hours." . . . . "When a single dose was used in the twenty-four hours it was given in the morning. In twenty of the experiments a single dose of twenty grains was given; and in eight a single dose of forty grains. It was usually given in solution, but in some instances was used hypodermically.

"In two of the patients there was no reduction of temperature whatever noted after the use of quinine, and in two a slight elevation occurred. The reduction of temperature effected by the quinine never lasted for more than from two to four hours." I will give some of his conclusions in his own words:

"1. That quinine was a feeble and uncertain antipyretic in pneumonia.

"2. It in no case shortened the natural course of the disease.

"3. The bad effects produced by it more than counterbalanced the good effects.

4. "It had a bad effect on the appetite and digestion, and not infrequently excited nausea and vomiting.

5. "In some instances the pneumonic consolidation extended under its use.

6. "It was liable to produce marked cardiac weakness, profuse cold perspiration, and profound nervous depression.

7. "That quinine had any effect in preventing cell migration, as claimed by certain authors, he thought extremely doubtful.

8. "We have more efficient antipyretic agents.

9. "In conclusion he expressed the opinion that large doses of quinine in pneumonia should be abandoned."

These excellent conclusions, given to us by a careful, competent, conscientious observer, should be widely known, so that this most fatal practice may cease.

After Dr. Ripley's paper had been read, Dr. Mary Putnam-Jacobi spoke of 100 cases of broncho-pneumonia in children averaging 2½ years. Do I hear my conservative brethren of Philadelphia ask, what business *she* has there? No, I was misled. They did not say anything. Well, this brave, learned woman came out boldly. Her patients were dispensary people, over whom she perhaps could not keep close watch during the whole course of this disease, for only 59 of them were available for statistical purposes. Seven deaths were *known* to have occurred. Of those not known we have no account; but the conclusion she arrived at was, that quinine was not to be relied on as an antipyretic in the pneumonia of children; and that it was an efficient remedy *only so far as it affected the morbid process present* (italics mine). *That*, it seems to me, would be all that could be desired. "It did tend," she thought, "to limit the *secondary extension* of the disease." When the first extension ends and the secondary begins, is a question I cannot answer; but we fail to do our duty if we do not stop its extension from the first hour in which we begin treatment. The man who knows how to treat pneumonia and applies his knowledge, can do that.

Dr. Fruitnight said, "it had been the common practice to give quinine for almost everything." An honest but sad expression, and a clue to the sad results of the treatment of pneumonia during the last few years.

His experience with quinine as an antipyretic in pneumonia coincided with that of Dr. Ripley, but at the same time he intended to continue its use in this disease, not for its antipyretic, but for its sustaining effect. To secure this it should be given in small doses.

How it *sustains* when the inflammation continues he did not say—probably does not know, but is desirous not to break away from using it too suddenly, for fear of shock.

He said, "one great danger in pneumonia was cardiac failure, and, in large doses, quinine was supposed to have a tendency to produce it." As the term "small doses" is very indefinite now, when from 40 to 70 grains are used in a day, he ought to be well assured that his small doses are not so large as in a certain degree to produce heart-failure. We hope he will soon, like Dr. Ripley, abandon its use entirely.

Dr. F. A. Castle spoke boldly—said, "that his experience fully bore out that of Dr. Ripley as to the uselessness of quinine in pneumonia. Ten years ago Binz had recommended it in large doses, giving as much as 70 grains in 24 hours. Personally he had never carried it to that extent, but had used it in as large quantities as the stomach would bear. He had found, however, that if the temperature was to be reduced by quinine, it must be at the expense of the nutrition of the patient. For the last five years he had almost entirely abandoned the remedy in pneumonia. As regards sustaining the heart, he thought one had a much more reliable agent than quinine in digitalis." How strong is this testimony! What a pity he did not publish it five years ago—thousands are still using the drug, ignorant of its uselessness.

Dr. R. C. M. Page reported Dr. J. Lewis Smith as having said: "He was in the habit of giving one *large dose*, with a view to prevent cell-migration, after which he preferred to give it in doses of from one to one and one-half grains every four hours. It was a useful tonic, and he thought it prevented secondary lesions." It would be satisfactory to know how many grains his large dose contained, and what secondary lesions he feared. There are no secondary lesions in a well treated case of pneumonia. He had just stated that: "This drug was exceedingly liable to excite nausea in children." Why then use a large dose?

Dr. Billington said: "In pneumonia he had been disappointed in quinine as an antipyretic, and he had also found that its use was attended with other bad results. In children, the natural tendency was to recover, both in broncho-pneumonia and in ordinary pneumonia, and a large number of cases would get well without any treatment at all." He forgot, or purposely omitted, to say that under the nauseating quinine treatment, despite the "natural tendency to recover," so flippantly spoken of by many writers, a large number of cases died, as is the case too in the no-treatment practice in true pneumonia. In many cases of so-called broncho-pneumonia, the "broncho" is all there is of it, and they will get well even despite the quinine or in the absence of treatment from—let us agree to say—the natural tendency.

Dr. L. Emmett Holt spoke confidently, as one who knew the subject. I shall quote him freely: "Of twenty cases of pneumonia in children treated by him with quinine or cinchonidia, in twelve the drug was given in sufficient doses and for a sufficient length of time to enable him to form some opinion of its action; and in nine it was a total failure, so far as any effect on the temperature was produced."

"He gave from sixteen to thirty grains a day to children from one to one and a half years old"—not his own children—"and in two or three cases the temperature *rose steadily* after the quinine had been taken. His own feeling was, that as an antipyretic, quinine in small doses was useless, and in larger doses dangerous." I would like to ask how the dear little children bore up under the thirty grains a day? As large doses are dangerous, whether it was too much for them? But I will leave the inquiry for the present.

"When the fever was high, much better results could be obtained from the judicious and continued use of the cold pack" — a bit of common sense. "By this means he had been able to save a number of children whose cases were apparently hopeless. Unless the temperature reached a very high point, he was doubtful about the efficacy of antipyretic treatment in pneumonia"—the same feeling as that expressed by Dr. Holmes. "For the past two years he had abandoned quinine entirely in acute pneumonia, as he had found that it almost always gave rise to vomiting and other bad results." I am afraid the little children experienced some of these bad results. "Quinine was, however, of very marked advantage in convalescence and in protracted cases of broncho-pneumonia, if given in small doses." Stronger testimony than this by Dr. Holt against the use of quinine, as it is sometimes used in our country, is needless. Dr. Jacobi, the President, who began practice in New York thirty years ago, said: "At that time, and ever since, he had been in the habit of giving six, eight, ten and twelve grains of quinine to children, and it was his practice to administer it deliberately at certain times of the day. He usually gave full doses in two installments in the morning, when the remission occurred—say five grains at eight and five at eleven. If it did not affect the stomach unfavorably, however, he would give a single full dose in the morning." The full dose was I suppose ten grains. For more than fifty years I have had occasion to use quinine in the diseases of children, and know full well how seriously even two or three grains affected some of them; and can readily realize the truth of the assertion made by Dr. J. Lewis Smith that "this drug was exceedingly liable to excite nausea in children:" and the declaration of Dr. Holt, that "it almost always gave rise to vomiting and other bad results." It would have been valuable information to the readers of these reports had Dr. Jacobi given a clear, full account of how the children were affected by so large doses. Whether any of them suffered from vomiting, deafness or other "bad results."

In conclusion, Dr. Jacobi, who had spoken favorably of giving quinine hypodermically, makes the following interesting remarks: "It is not safe to use too concentrated a solution of quinine for hypodermic injection," and he related a case he had met, in which at the autopsy it was found that the quinine was all deposited in the cellular tissue, the water of the solution only having been absorbed." What a valuable hint to us! Is it not probable that, even in the stomach, the solid undissolved quinine—quinine is not entirely soluble in water—is not absorbed, and that we may in that way account for the fact that persons may take the forty or fifty grain doses sometimes given, without greater injury than follows their use?

I have thus thrown together the important facts and opinions of our New York brethren, giving them in the exact words of the reporter, in order that the convictions of these able observers and eminent practitioners, in relation to the utter uselessness—to say nothing of the harmfulness—of quinine, in pneumonia, may be given to the readers of the MEDICAL AND SURGICAL REPORTER.

THERAPEUTICAL NOTES.

BY ROBERT C. KENNER, A. M., M. D.

Of Louisville, Ky.

For some time I have used in practice several emulsions which have proved very satisfactory. They are palatable preparations of efficient therapeutical agents, and I think they may be of service to other practitioners. Emulsions, when properly made and flavored, afford an admirable means of administering many of our most nauseating remedies, notable among which stand cod-liver oil, castor oil, and oil of copaiba. The following, like nearly all properly made emulsions, will separate on standing. It is claimed by some advertisers of proprietary medicine, as an advantage, that their emulsions will not separate on standing. But when we consider that the constituents are of different specific gravity, we are not led to consider it an advantage, but, on the contrary, rather fear the oil is changed into a soap, or that the mixture has been converted into a paste. The palatability is not enhanced, and I cannot think of a single feature of excellence which can be added by its not separating.

An emulsion of castor oil:

℞. Ol. ricini, f℥j.
Glycerinæ, f℥ij.
Spts. menth. piperitæ,
Spts. lavand. comp., āā f℥ss.
M. Sig.—Use in same doses as plain castor oil.

This preparation of castor oil is less calculated to produce emesis than any I have ever seen prescribed.

An emulsion of cod-liver oil and syr. hypophosphites:

℞.	Ol. morrhuæ.		f℥iv.
	Syr. hypophos,		f℥ij.
	Mucil. tragacanth.,		f℥iss.
	Aq. menth. pip.,		
	Aq. cinnamomi,	āā	f℥j.
	Spts. lavand. co.,		f℥ij.
	Ol. amygdalæ dulc.,		gtt. v.

M. Sig.—Dose a tablespoonful.

The following formula is a very palatable and stimulating emulsion of cod-liver oil:

℞.	Ol. morrhuæ.		f℥iv.
	Spts. vin. gallici.,		
	Mucilag. tragacanth.,	āā	f℥ij.
	Ol. amygdal. dulc.,		gtt. v.

M. Sig.—Dose a tablespoonful.

The syrup of the hyposphites can be added to this formula in this way:

℞.	Ol. morrhuæ,		
	Syr. hypophos.,		
	Spts. vin. gallici,		
	Mucil. tragacanth.,	āā	f℥ij.
	Ol. amygdal. dulc.,		gtt. v.

M. Sig.—Dose a tablespoonful.

If the patient should not like the flavor of sweet almonds, compound spirits of lavender, or some other flavoring ingredient can be added. If an oil, it should be added at the expense of the cod-liver oil; and if a tincture, it should be added at the expense of the brandy. It will be found that from half a drachm to two drachms of compound spirits of lavender will give sufficient flavor to eight fluid ounces of the emulsion.

It will be remembered that cod-liver oil preparations stand summer heat poorly, and for that reason have to be kept in cellars or cool places. The mucilage of tragacanth is quite likely to undergo change and become worthless if allowed to stand long in the heat. It may be preserved longer by adding the oil of gaultheria in the proportion of one minim to the ounce. Indeed, it is claimed this will keep it indefinitely. It is well to add this to all of the emulsions, as they turn black when the mucilage undergoes change.

A plain emulsion of cod-liver oil is thus made:

℞.	Ol. morrhuæ,		
	Mucil. tragacanth,	āā	f℥iv.
	Ol. amygdal. dulc.,		gtt. v.

M. Sig.—Dose a tablespoonful.

An emulsion of castor oil and santonin may be made in the following manner:

℞.	Santonin,		grs. xxiv.
	Aq. cinnamomi,		
	Spts. lavand. co.,	āā	f℥ss.
	Ol. ricini,		f℥j.
	Syr. tolutan.,		f℥ij.
	Mucil. tragacanth., q. s. ad,		f℥ij.

M. Sig.—A teaspoonful contains a grain and a half of santonin. The dose is a teaspoonful every three hours.

The santonin may be added to suit the particular case. If this should not have the proper consistence, pulverized acacia should be added in sufficient quantity. But it is rare for this to occur if the mucilage is properly made, and the emulsion rubbed thoroughly in the mortar. A thorough rubbing is necessary to success in any of these emulsions.

When it is desirable to give a more active purgative, the fluid extract of senna may take the place of castor oil, as in this formula:

℞.	Santonini,		grs. xvj.
	Spts. lavand., co.,		f℥ss.
	Ext. sennæ fld.,		f℥j.
	Syr. tolutan.,		f℥ijss.
	Mucilag. tragacanth.,		f℥ss.

M. Sig.—A teaspoonful contains two grains of santonin.

The dose is a teasponful, more or less, as the physician may deem proper in each particular case. The same must be said of the amount of santonin, and of the senna in each fluid drachm of the emulsion.

The taste of copaiba is commonly very revolting, and causes much trouble to my patients when they try to swallow this drug without its taste being disguised. I have frequently administered it to persons who had easily-disgusted stomachs, and who had no trouble whatever with it. When it is to be given in gonorrhœa, or for any other purpose, the following formula is a very eligible one:

℞.	Ol. copaibæ,		f℥ij.
	Spts. menth. pip.,		f℥ss.
	Mucil. tragacanth.,		f℥iss.

M. Sig.—Dose, a teaspoonful.

In chronic bronchitis, I have given the oil of copaiba in combination with other drugs, as in this prescription:

℞.	Ol. copaibæ,		f℥j.
	Syr. senegæ,		
	Syr. tolutani,	āā	f℥ss.
	Mucil. tragacanth.,		f℥ij.

M. Sig.—Dose, a teaspoonful.

For children six years old, suffering from chronic bronchitis, I frequently order an emulsion of copaiba with aromatic syrup of yerba santa, which not only completely covers up the taste of the copaiba, but is a very efficacious remedy for coughs. The emulsion is made as follows:

℞.	Ol. copaibæ,		gtt. lxiv.
	Syr. yerbæ santæ arom.,		f℥ss.
	Mucil. tragacanth., q. s. ad		f℥ij.

M. Sig.—Dose, a teaspoonful.

These are only a few of the emulsions which can be devised by the physician who has duly before him the importance of rendering his prescriptions palatable. Many of them can be modified to suit particular cases, and, in fact, that is one of the implied objects of this list of formulæ. Of course, the doses of cod-liver oil, of santonin, and of copaiba, are not here calculated for all cases. Those who use them can adapt them to the cases they have to treat.

S. W. Cor. 26th St. and Alford Ave.,
Louisville, Ky.

HOSPITAL NOTES.

CASE OF AINHUM OCCURRING IN THE OUT-DOOR SURGICAL DEPARTMENT OF JEFFERSON MEDICAL COLLEGE HOSPITAL.

REPORTED BY ORVILLE HORWITZ, M. D.,

Demonstrator of Anatomy in Jefferson Medical College, and Chief of the Out-door Surgical Department of Jefferson Medical College Hospital.

This case occurred in a negro, from North Carolina, aged forty-five, by occupation a teamster. He presented himself for treatment during the month of August last. On examination, the little toe of the left foot, owing to atrophy of the metatarso-phalangeal articulation, was found to be hanging by a pedicle, and it looked as though a ligature had been tightly tied around it, causing extreme mobility, which impeded locomotion by reason of the toe getting underneath the foot. The patient stated that he had first observed four years before that the toe was becoming larger, and that it was at times painful. He attributed his ailment to a "stone-bruise," and by the advice of his attending physician, he kept the foot at rest and applied poultices to the parts. He was not improved by this treatment, and some four months after his notice had been called to the condition of his foot, he observed a constriction at the digito-plantar fold. There was great pain on pressure, or on attempting to walk. The metatarso-phalangeal articulation gradually became smaller, but it was observed that as the atrophy progressed the pain began to lessen; at the time that the patient presented himself at the hospital, sensation was far below the normal standard; this was ascertained by pinching, and by inserting a needle in the part. He stated that no member of his family had ever had a similar disease; that he had always enjoyed robust health, and that until the preceding six months he had always lived in North Carolina.

On examination of the diseased part, the skin was found to be much thickened, with the addition of a great deal of fibrous tissue. The adipose tissue was normal. The bones were much atrophied, and the articulations had entirely disappeared. The two digital arteries had become obliterated, and were replaced by an artery which passed directly through the centre of the pedicle. The affected toe was a soft ovoid mass, much larger than normal; the nail was greatly increased in size. There was no appearance of a cicatrix on the foot or leg, nor was there any sign of previous ulceration.

The toe was removed by the knife; a catgut ligature was found necessary to control hemorrhage. The part was then dressed with iodoform gauze. The wound healed rapidly.

The writer has been enabled to find the reports of but three other cases of this singular disease occurring in North America; and, by a singular coincidence, they all occurred in male negroes from North Carolina.

Recent observation seems to confirm the belief that this disease is most probably due to a pathogenic microörganism.

MEDICAL SOCIETIES.

THE BALTIMORE ACADEMY OF MEDICINE.

Stated meeting, held April 19, 1887.

The President, Dr. P. C. Williams, in the chair.

Dr. John Uhler exhibited a very simple

Apparatus for Gaseous Injections into the Bowels,

which can be made as follows: Take a tall glass salt-mouth and bore through its tin cover a small hole at the centre and a larger one near the circumference. Through the central aperture pass the neck of a bottle (with a small piece broken out of its bottom) so as to suspend it low down in the jar from a stop-cock on the outside, and slip over this stop-cock good rubber hose to connect it with the long glass tube of a wash bottle which stands in the large hole of the lid like a mustard-pot in a castor. In like manner connect three feet of soft rubber hose to the short glass tube of the wash bottle, and slip its free end over the nozzle of a syringe, with a spring clip near it to exclude air. The whole apparatus is but a combination of well-known chemical contrivances to supply gases automatically and to act by fluid pressure, and we have only to introduce some lumps of carbonate of lime or magnesia into the generator, and pour dilute sulphuric or muriatic acid into the jar to start it into action. As a rule, it should be made large enough to force out the gas rapidly, and when once charged can be used until all the carbonates in the inner bottle disappear. When freshly charged, the rectal tube should be raised while the stop-cock and clip are partly open to expel the air by carbonic acid, and then the sulphur-water should be rapidly introduced into the wash-bottle and the cork tightly closed while the gas is still passing. By this means we will prevent much contamination of the air by sulphureted hydrogen, and the colic which is due to the admixture of air and gases in the bowels. To absolutely prevent the entrance of air, a third glass tube with a funnel on its top (to be closed by a stopper or glass stop-cock) may be introduced to the bottom of the wash-bottle to fill it with sulphur water; but as every hole in the cork increases the liability to leakage, it is generally better dispensed with. When a small apparatus is used, a Davidson's syringe may be interposed between the generator tube and wash bottle to drive the gas by hand-pressure through the sulphur water into the rectum, but with a good-sized jar the dilute acid alone should do the work. The apparatus has been used with red, white, and various sulphur waters, but he is not satisfied that we at all times get enough sulphuretted hydrogen from them when employed twice a day, and therefore suppliments the gaseous administration by the use of the waters as a drink in the intervals. He also thinks that sulphurated hydrogen is not so readily eliminated from the rectum as is generally believed, since it is nearly always present there flatus, yet we do not often notice it passing as from the breath, giving odor to it. Again if gaseous distention is so frequent in uterine cases, typhoid fever, and when the bowels are affected, is it not reasonable to suppose that a tubercular bowel will offer like impediments to proper absorption? The quantity of gas to be used is also a matter of importance, and if three litres are ordinarily required, then a certain amount of over-distention must ensue and the gas may not after all be entirely absorbed by the rectum proper. The whole subject needs careful scrutiny at the hands of the physiologist to find out if sulphuretted hydrogen in health is not altered in some way by the secretions of the bowels, pancreas, liver, etc., since the gas is so seldom belched and the valves of the intestines are hardly tight enough to entirely exclude it from the stomach, nor is it probable that the whole of the gas is used up in precipitating some mineral constitutents of the food. For the best work it may likewise be important to know whether carbonate of lime or magnesia is more suitable to be used in any particular condition of the bowels, to furnish the gas so as to disinfect, act on, or constringe them, and from a physiological stand point to find out if sulphureted hydrogen is a real disinfectant of the normal healthy body. The importance of this latter question to the hygienist is scarcely to be estimated, since if this gas is found in less quantity in the bodies and fæces of those affected with phthisis or other maladies than in health, it may have something to do with their so-called vulnerability, inheritance or tendency to take certain diseases.

DISCUSSION.

Dr. Thos. F. Murdock thought that sulphur water was objectionable, because it is liable to cause purging.

Dr. P. C. Williams thought that the principal danger of sending phthisical patients to the Red Sulphur Springs was the climate.

Chronic Myelitis.

Dr. P. C. Williams reported a case in which he prescribed iodide of potash, bromide of potash and sulphate of strychnia in the same prescription. The case was one of chronic myelitis, caused by syphilis in a man who had contracted it from his wife, who in turn took it from a midwife. The druggist sent the bottle to his office and said the incompatibility of the ingredients had caused a precipitate of the iodide of strychnia. Dr. Williams said he had not known of the danger of such a compound, and simply related it here to warn others.

Dr. Uhler was uncertain what the precipitate was, but thought that, although chemically incompatible, the prescription would be therapeutically active if the bottle were thoroughly shaken before taking each dose.

Dr. Bombaugh thought there was too little sulphuric acid in the sulphate of strychnia to cause any remarkable change.

Dr. Canfield read a paper on

Some Complications of Chronic Endarteritis.

Dr. W. P. Chunn read a paper on

Treatment of Retained Placenta.

DISCUSSION.

Dr. B. B. Browne thought it might be generally correct to remove the placenta, but in cases where the placenta had been retained for a long time before coming under observation, and when the woman had septicæmia, he doubted whether she could stand such an operation. He thought it was the best plan to run the chances for the woman, and remove the placenta if possible.

Dr. Bombaugh spoke of the method of dealing with retained placenta among the Indian tribes in the far West. Dr. Woodward, who is employed by the Department of the Interior among the Dacotahs, was called by an Indian midwife to a case of retained placenta. Reaching his hand under the blanket of the squaw, he found a heavy stone attached by a string to the cord. On inquiry as to its meaning, he learned that the woman had been marched up and down the lodge for hours with the weight tugging on the cord, until she became exhausted. He also learned that this manner of removing a retained placenta is customary among the Indians. Dr. Woodward had obtained no data as to results, but was told that the rate of mortality was favorable.

Dr. Uhler asked how many cases of death from septicæmia after abortion the gentlemen had seen.

Dr. Chunn had never a case, because he had treated all by scooping out the placenta.

Dr. Browne thought there was no doubt that many had died in this way. In fact, he could recall cases which died in this way, in his early career, especially at the time of Dr. Buckler Jones, who produced miscarriage in women.

Dr. Uhler could recall no such cases.

Dr. Murdock thought Dr. Browne was not answering Dr. Uhler's question. Dr. Uhler meant natural abortion. Dr. Murdock used ergot and the tampon, and thought it was much safer than to dilate the uterus.

Dr. Williams thought that two interesting points had been brought up; one by Dr. Browne, who suggested letting the woman run the chances. He thought at times the placenta should be removed. The other point was by Dr. Chunn. Dr. Williams asks if it is good practice in every case to dilate the uterus and remove the placenta. This is open to question. When there is no fever, he lets it alone. He has never seen a death after miscarriage, either from septicæmia or hemorrhage. He advocates letting the woman alone until some pathological symptoms appear.

Dr. W. C. Van Bibber said he had never seen death after miscarriage.

Dr. Thos. B. Evans made the same statement.

Dr. Taneyhill thought a conscientious physician was uneasy until the placenta was out, and he was in favor of using an instrument to remove it. He reported a case in which a woman would not allow the use of an instrument; so after three weeks he put in a tampon with belladonna just before her time, and then gave aloes and myrrh with senna, and she delivered herself of a large placenta, which was so mouldy that he could hardly recognize it. Dr. A. C. Abbot made an examination of it. In another case he used the placental forceps as dilators.

Dr. Chunn agreed with what Dr. Taneyhill said.

EDITORIAL DEPARTMENT.

PERISCOPE.

Points in the Diagnosis of Brain Diseases.

Nothnagel, in an article read recently before the College of Physicians of Vienna, gave the following diagnostic points on the value of headache as a symptom of brain disease:

1. In brain tumors headache is of very little value in diagnosis; we know that the cerebral substance is not sensitive; the pia mater but little sensitive, and the dura mater only, of the cranial contents, is sensitive. Headache occurring in cases of cerebral tumor is explained by tension upon dura caused by the bulk of the tumor.

2. Headache is present in inflammatory processes situated in the meninges, and more frequently in lepto-meningitis than in pachymeningitis; in lepto-meningitis the headache frequently changes its characters.

3. Headache is present in chronic cerebral hyperæmia and also chronic anæmia; it is questionable whether anæmia alone is the important element in chlorosis, as we see most marked cases of pernicious and intensive anæmia caused by carcinoma in which headache is absent. Headache is rarely present in insular multiple sclerosis; in cerebral abscess its presence and character are extremely variable. The location of the headache gives no certain diagnostic point

for the determination of the location of the lesion, although in general terms it may be said in the majority of cases the lesion is where the headache is.

Vertigo, while common in various cerebral diseases, is of little importance; when it is excessive and accompanied by incoördination, such as occurs in diseases of the crura of the cerebellum, it has decided import.

Vomiting is rarely of great value in diagnosis; it aids chiefly in the location of lesions. It can be present in cases in which the amount of blood in the brain is abnormal, and an irritation of the centre of emesis in the medulla oblongata exists.

We are aided by this symptom in diagnosticating lesions of the tissue in the posterior fossa of the skull; for example, tumors which originating in the cerebellum, press upon the medulla; or tumors of the medulla or pons.

Fever is an important symptom in but few cerebral diseases. The highest temperature is present in meningitis, especially in its infectious form. But as peritonitis without fever is often observed, so meningitis may run its course without marked rise of temperature. Fever occurs in cerebral abscess and septic phlebitis of the cerebral sinuses; it has then more often the characteristics of septic fever with pyæmic chills, and does not depend directly upon the phlebitis, but upon pulmonary embolism. Fever also occurs in the course of progressive paralysis. The pulse gives no certain criterion for the diagnosis of a given cerebral disease. It is often, however, of no value in the abnormalities of its rhythm in beginning meningitis, in the form of regularly occurring *arythmie* (first described by Nothnagel), where a certain periodicity in the variations of the pulse frequently occurs; the increased number of beats endures but a few moments, and is caused by an irritation of the pneumogastric nerve. The respiration gives no information in the diagnosis of brain diseases.

Regarding disorders of speech, aphonia is seldom present, and the location of the lesion which could cause it, in the medulla oblongata, is such that death generally results speedily in these cases. Speech is affected most often in progressive bulbar paralysis, and frequently in multiple sclerosis in patches. Speech is also implicated in progressive paralysis when the origin of the hypoglossus is affected; also in cortical disease of the lower portion of the central gyrus—*Wiener Medizinische Presse, No.* 13.—*Medical News, May* 14, 1886.

Illustrations of the Occurrence and of the Gravity of Diabetes Mellitus in Early Life.

Dr. T. McCall Anderson reports the following interesting case:

In the April number of the *Glasgow Medical Journal*, an interesting case of diabetes mellitus, in a girl nine years of age, is reported by Dr. William Frew, of Kilmarnock, and he there remarks upon the extreme rarity of the disease in children under ten years of age. In this connection, the following cases will be of interest:

On the 7th of July, 1881, on the recommendation of Dr. McGowan, of Millport, a gentleman called upon me, bringing with him a specimen of his daughter's urine. She was two years and three weeks old, and between five and six weeks before his visit she began to droop; her appetite also failed somewhat, and she suffered from thirst, with progressive loss of flesh and strength. Her urine was pale (its quantity I could not ascertain), its specific gravity was 1038, and it was loaded with sugar. She died (9th July) two days after her father's visit to me, and before I had the opportunity of seeing her —*i. e.*, within six weeks of the onset of her illness. A post-mortem examination could not be obtained.

On the 8th January, 1884, I was requested by Dr. Edward M'Millan to see with him a little girl 2½ years old, who had previously enjoyed good health. Nine days before this time she fell, alighting upon her hands, and was not supposed to have hurt herself at all. The following day, and more or less thereafter, she suffered from the most intense consuming thirst, with profuse urination, and a tendency to coldness, lividity, and collapse. The day before my visit, she was reported to have vomited everything.

When I saw the child, I found that the vomiting had ceased, but that the other symptoms had continued. The pulse was of fairish strength, but was distinctly irregular as to force and time; there was some emaciation, and the temperature registered 95° F. The quantity of the urine could not be ascertained, but it was very pale, intensely acid, specific gravity 1037, contained a slight trace of albumen, and a large quantity of sugar, the quantitative analysis with Fehling yielding 5 per cent. There were no head symptoms whatever. The treatment recommended was the administration of warm fluid food—saccharine and amylaceous matters being avoided—nutritive enemata, external warmth, and a teaspoonful of brandy every hour. Granules of morphia ($\frac{1}{100}$th of a grain) were to be continued and cautiously pushed. The day following my visit, Dr. M'Millan wrote me that altnough the temperature the previcus evening rose to 99.8° no improvement in the symptoms occurred, ond that the child gradually sank and died at 3:30 p. m. on the 9th of January—*i. e.*, 9 days from the first commencement of the symptoms.

A *post-mortem* examination was made by Drs. Coats and Steven, the brain being carefully examined, but nothing was found, with the exception of slight anæmia of the brain, and some fatty change in the renal epithelium, such as might be accounted for by the intense diuresis.—*Glasgow Medical Journal, May,* 1887.

The Case of Catalepsy Now at London.

Science for April 22, 1887, describes the following case which is now exciting great interest in London:

The case of M. Chauffat, a native of Haute Savoie, who has been overtaken by a trance in a French hotel in London, has been exciting very great interest among the section of medical men devoted to psychological studies. This is the seventeenth day of his cataleptic condition, from which he shows no sign of awakening, and the administration of food is not a little difficult. Chauffat has been a patient of the famous Dr. Charcot, in the Salpêtrière Hospital in Paris, where a large number of experiments are now being conducted upon hypnotizing. Dr. Charcot, however, particularly wishes it to be understood that Chauffat is not a hypnotized subject. The general state of his body is good, the temperature and pulse being normal, though the respiration is subject to great variation, changing from 15 to 28 in the course of a few hours. The only way in which he can be aroused sufficiently for the administration of food is by directing a strong ray of light on his eyes. An examination of them by the eminent oculist, Mr. Brudenell Carter, showed that all the vessels, both veins and arteries, were much contracted and very small. Both sides of the body are alike in their condition, though the cataleptic condition is stronger in the limbs than in the trunk. The most extraordinary feature of the case is the remarkable results obtained by gently stroking Chauffat's arm. The limb if raised upright, remains in that position indefinitely; and, when certain nerves are stroked, the fingers clutch tightly, the blood is forced from the extremity, the hand and forearm turn slowly round to the right till the strain is so great that the muscles stand out rigidly, the limb being perfectly rigid. On the other hand, the most gentle touch or stroking of the flexor of the forearm is sufficient to relax the whole. Without doubt, Chauffat's case is one of the most remarkable of the kind that have occurred in England, although they are more frequently to be met with in France.

Rumination in Man.

The *Journal de Médecine de Paris* publishes a communication made by M. le Juge de Segrais to the Sociéte Médicalé de l'Elysée concerning rumination in the human subject. The author records a case, observed by M. Axel Johannesen, of a peasant, aged 27, who was subject to frequent epistaxis. He chewed his food imperfectly, and it returned to his mouth automatically from five to fifteen minutes after meals; he then masticated it a second time, the proceeding being attended with a pleasurable sensation. Rumination lasted from fifteen to forty minutes. After a slight meal, or when the man was angry, these phenomena did not appear. Recently the patient suffered from dyspepsia, with tenderness in the epigastric region. The stomach was washed out and the indigestion was relieved, but the rumination continued. The case observed by M. le Juge de Segrais himself differed from the one above described in that there was no second mastication. The patient, a child, aged 11, had contracted the habit of causing food to return into the mouth, in order to renew the pleasure of any thing the taste of which he liked. In order to effect this, he first recalled the taste of whatever he had most enjoyed in his meal, then held his breath, and, by contraction of the abdominal muscles brought the particular thing which he wished to taste again up into the mouth; he occasionally did this a second time. On examination, the stomach was found to be slightly dilated, but made no rumbling sound; the child was pale, and rather anæmic. His parents had tried every means of curing the habit. When a young child he lived in the country, and milk was his principal diet; the stomach became overloaded, and regurgitation ensued. The child became accustomed to these regurgitations, which finally caused a pleasurable sensation, and the habit of rumination was thus established. M. le Juge de Segrais proposes to submit the patient to a course of hydrotherapy, to wash the stomach out with Faucher's apparatus, and to apply the actual cautery to the epigastric region.

The Treatment of Erysipelas.

Dr. Robert Pollok writes as follows in the *Glasgow Medical Journal* of May, 1887:

I am of opinion that the treatment must depend upon the type of the disease.

In all the cases I have seen, the treatment demanded was a stimulating one. I refer to simple general erysipelas. But in localized erysipelas affecting the throat, ear, and pharynx, aconite in small doses, frequently repeated, as recommended by Ringer, has been productive of the happiest effects when administered at the beginning of the attack. I will take as a typical example of simple cutaneous erysipelas that form which we so commonly see, commencing over the root of the nose, and spreading over the face and forehead. In such cases, I immediately begin the administration of 20 to 30 minims of tinct. ferri mur. (diluted of course with water) every two hours; and as a protective and palliative, I use the following preparation:

℞.	Gutta percha,	ʒ ij.
	Chlorof. meth.,	f. ℥ ij solve.
	Zinc. oleati,	ʒ ij.
	Iodoformi,	ʒ ss.

M. Sig.—To be painted over the part affected.

The advantage of this preparation over the powdered starch, zinc, or flour, is its comeliness. Of course, previously to applying this preparation, I have the parts carefully washed with tepid water, and often when there is much pain I use the decoction of poppy heads as a fomentation. This treatment usually effects an amelioration of the symptoms, and the disease subsides. But in some cases the course of the disease does not stop here, it runs riot all over the head and neck, and the medicinal treatment then pursued is ammonia, bark, iron, and quinine, with perhaps a grain of solid opium to obtain rest. I am happy to state that I have never lost a case of eysipelas, although the duration and severity of the complaint have varied much.

The *rationale* of the local application above mentioned must be purely protective and palliative, by excluding the irritating effects of the cold air, and not by excluding specific germs. The latest researches prove that the schizomycetes or streptococcus erysipelatosus is anærobic, or flourishes where air is excluded, living in and upon the tissues affected.

Puncture of Abdomen for Flatulent Distension.

Dr. W. O. Priestley in the *Lancet* gives notes of a case which were sent him by Surgeon-major Franklin, in India. The patient, after a long and tedious labor, suffered from an enormously distended abdomen, with constant vomiting, some dyspnœa, occasional rigors, and signs of exhaustion. All the usual remedies having been tried to relieve the distension, which was threatening the life of the patient, the ascending colon was punctured with a small trocar. The gas made a whistling noise as it passed through the canula. By pressure the greater part of it was expelled, and a binder adjusted, with immediate relief. A second puncture was made 48 hours after the first and was also followed by relief to all the distressing symptoms; the temperature rose to 102°, however, and for ten days the case caused some anxiety, but after that time improvement was steady. Tapping the abdomen for dangerous retention of flatus is a well known remedy in some of the ailments of domestic animals, and is said to be practiced on sheep when they have "blown themselves," that is, when they have eaten too largely of a succulent pasture or of some improper herbage. There are various records where the intestine has been punctured in the human subject for extreme distension. Mr. Bryant in 1873 published a case of hernia with intestinal distension, where punctures were made in the bowel without bad result; there was no escape of the bowel contents, and only a drop of blood. That the proceeding is ordinarily innocuous enough is shown by a case under the care of Dr. Broadbent, in which the patient was tapped for flatus about 28 times. Prof. Fonssagrives, *Gaz. Hebd.*, 1877, says he has seen intestinal puncture practiced by Nelaton, Blache and Velpeau, and that "it is a sovereign operation in some cases, and not dangerous even when there are multiple punctures."

Relations between the Thyroid and Cerebral Circulation.

The impetus which the description of the condition known as myxœdema has given to the study of the thyroid gland has received an additional illustration in a note by Professor Waldeyer (*Berl. Klin. Woch.*, No. 14), calling attention to the arterial supply of that organ and its apparent relation to that of the brain. He points out that Stahel recently showed that the superior thyroid artery bore in the degree of its development a constant relation to the "bulbus caroticus internus" (Krause), whereby the amount of blood transmitted through in the internal carotid in its winding course along an osseous channel could be regulated. Now the vertebral artery, in its course to the base of the brain, has a somewhat analogous disposition, both as regards tortuosity and relation to bone, as the carotid, and it is justifiable to infer that a similar relation to the above obtains between the inferior thyroid and the vertebral. This idea implies that the thyroid body can act as a sort of reservoir for blood, protecting the carotids and vertebrals from too great an influx. The great vascular supply of the thyroid is remarkable in proportion to its size; it receives large arteries and has a plexus of veins, which are in close connection with the great venous trunks. The capillaries of the thyroid are also peculiarly disposed for the rapid removal of blood. Comparative anatomy lends support to the doctrine, the general fact being that in most mammals the brain is chiefly nourished by the internal carotid, and that in these animals both superior and inferior thyroid arteries arise from the common carotid trunk. Professor Waldeyer disputes the statement that the thyroid is exceptionally rich in lymphoid tissue, and refers its abundant nerve-supply to the large number of blood-vessels it contains.—*The Lancet, April* 30, 1887.

On the Treatment of Tetanus.

Dr. A. Hiller, of Breslau (*Centralbl. f. Chir.*, 27th November, 1886), argues that the mode of death in tetanus is by hyperpyrexia, and that, therefore, successful results might be expected from an antipyretic method of treatment. Very high temperatures do occur in severe cases of tetanus, 43° C. (109.4° F.) and slightly upwards being not uncommon shortly before death. Wunderlich found in one case a temperature of 44.75° C. (112.5° F.) shortly before death, rising to 45.4° C. (113.7° F.) shortly after death. The hyperpyrexia is apparently due to the excessive and continuous muscular action. The relationship between the abnormal muscular action, hyperpyrexia, and death, appears to be proven by experiments upon dogs by E. Leyden and Ch. Richet, who produced in them artificial tetanus by direct electrization of the spinal cord. Hyperpyrexia to the extent of 43° C. (109.4° F.), from whatever cause proceeding, he holds to be in itself dangerous to life, and a rise to 44° C. (111.2° F.) probably inevitably fatal. The first indication, therefore, in the treatment of tetanus, is to reduce the temperature, which would at least hinder a fatal termination, and relieve much of the patient's suffering. The use of cold water in any way is of course out of the question. Dr. Hiller would try tepid baths, about 86° F., but would rely most upon antipyretic drugs, such as thallin and antipyrin, aided by subcutaneous injection of pilocarpin. It does not appear that he has actually treated any cases in this way, but he discusses the method in detail, and commends it to the attention of hospital surgeons.

Amputations of Fingers Under Cocaine.

Dr. Nelson L. North, Jr., of Brooklyn, calls attention in the *Annals of Surgery*, May, 1887, to a method of employing cocaine in cases in which amputation of the fingers is necessary.

The injuries for which he has usually had to amputate were caused by stamping machines or circular saws, and his operations varied from amputation of part of the last phalanx to that of the greater part of an entire finger or thumb.

His method is as follows: On the entrance of the patient the wound is thoroughly saturated with a 4 per cent. solution of hydrochlorate of cocaine before any examination is made. After waiting a few minutes for absorption to take place, the injury can be examined and the wound probed with entire satisfaction, as the patient makes no resistance, because he suffers no pain. Flaps may then be cut, following each considerable incision with a few drops of cocaine solution, also using it occasionally to wet the entire part. Ligatures may be applied, and the bone sawed as necessity may demand. After thoroughly irrigating the wound with antiseptic solution and providing for proper drainage, sutures may be applied and the wound dressed acording to the principles of antiseptic surgery.

The method is simply one of saturating the wound with the cocaine solution—the cocaine is not injected, anæsthesia being sufficient without the use of the hypodermic needle.

The Statistical Horror.

J. Stuart Nairne, F. F. P. and S., Glasgow, writes as follows in the *Edinburgh Medical Journal* for May, 1887:

> And now for the statistical horror, over which I shall linger only for a few moments to emphasize my distrust, my disgust, and my contempt for statistics as statistics. Does one man want to belittle the work of another?—he points out, disingenuously of course, his percentage mortality. Does he

want to laud his own work?—he points triumphantly to his own recovery list. And who is to know really the difference between them? Has the first man, like a brave pilot, endeavored to steer every shattered bark that has come across his path into some peaceful harbor?—not always successful, perhaps not even often successful, but always daring, kind, generous, and shedding at least a little "kindly light amid the encircling gloom." Laborious, painful task of him to be recognized honorably by few as a hero, but supported in his inmost soul by honest conviction that here is a great work to be done "without money and without price," he, indeed, has the reward within. But the other, abandoning to the wild waste of waters every apparently sinking ship, can bring into port, with flying bunting and at beat of drum, an apparantly dishevelled, but not otherwise endangered craft.

The Fertility of Women.

Schbankow concludes as follows in an article in the *Zeitschrift für Geburtshilfe und Frauenkrankheiten :*

His investigations were upon the influence on the fertility of women exerted by absence, at different intervals, of their husbands. In certain districts of Russia the greater portion of the male population of the villages is obliged to seek work in other localities during the summer, twelve per cent. of the entire population thus temporarily emigrating.

Women whose husbands remained at home during the entire year averaged 9.2 children each, excepting the sterile women, who were 3.33 per cent. of the whole number; women whose husbands left their homes to procure work averaged 5.2 children each, excepting the sterile, who were 11 per cent. of the whole number.

The writer finds the cause of these facts, not in bad hygienic surroundings, but in the severe manual work which falls upon the women in the absence of the men, tending to produce uterine disease and facilitate abortion, and also to produce amenorrhœa; in the interruption of the sexual relations thus produced; and in the frequency of syphilis and other venereal diseases, as contracted by men in strange towns, and communicated to their wives.

How to Check Bleeding From the Nose.

The following suggestion, which is now going the rounds of the medical journals, is so useful, as we know from repeated experiences, that we think it worth while to give it room in our columns, although it is neither new nor infallible:

In persistent hemorrhage from the nose, plugging the posterior nares should not be done until an attempt has been made to check the hemhrrhage by firmly grasping the nose with the finger and thumb, so as completely to prevent any air from passing through it. This simple means, if persisted in, will in many cases arrest the bleeding. The hemorrhage often continues because the clot which forms at the seat of rupture in the blood-vessel is displaced by the air being drawn forcibly through the cavity in the attempt of the patient to clear the nostrils. If air is prevented from passing through the cavity, the clot has a good chance to consolidate, and the hemorrhage is likely to cease.

A Novel Uterine Dilator.

Dr. C. P. Wilkinson, of New Orleans, reports in the *New Orleans Medical and Surgical Journal* for May, 1887, an interesting case of labor delayed by rigidity of the os uteri, in which he effected dilatation by introducing into the uterus a rubber condom, upon a female catheter, and distending the former by means of a tube connected with a fountain syringe. The bag of the fountain syringe was raised about two feet. It was found that the patient could not bear an uninterrupted pressure, on account of the pain it produced, and Dr. Wilkinson imitated nature by raising the bag of the syringe during the pains, and lowering it during the intervals between the pains. By this means he made his artificial bag of waters act like a natural bag of waters, and even supplement the efforts of nature to produce dilatation during pains, and relieved his patient of the strain at the times during which nature relaxes her exertions.

A Rational Treatment of Catarrh.

Dr. George W. Major, of McGill University, in a recent lecture, calls attention to the popular abuse of salt solutions in the treatment of nasal catarrh. He says he will not say there is nothing worse—for there is—and that is simple water used at any temperature. The membrane of the nose is hygroscopic, or capable of absorbing moisture, and that tendency is increased when in contact with liquid of low specific gravity; the result is that the vessels become loaded, the membrane tumefied, and the surface irritated. A solution of salt in water, if of proper density, is not subject to this grave disadvantage, but it relaxes the membranes in time and produces a genuine nasal catarrh where possibly none previously existed. The cleansing solution which he finds most generally serviceable, is composed of carbolic acid, gr. j.; borax, gr. iij.; sod. carb., gr. iij.; glycerine, ʒj.; water, ʒvij.

Direct Inoculation of Tuberculosis in Alaska.

Dr. Pitcher relates the following personal observation among the natives in Alaska:

The native population is, and has been for some time, steadily decreasing. It is true that an epidemic of small-pox some years since contributed largely to that end, but not to such an extent that the ravages of consumption were lost sight of. The sudden onset of the more alarming symptoms in the respiratory and circulatory organs may be in a measure explained by the almost universal stooping entailed in "packing" immense loads upon the back by means of a band passed across the chest horizontally, and attached to bands at either extremity, passing from the load, under the arms, in front of and over the shoulders, back to the load again. This, as a matter of course, renders breathing a difficult feat. The dampness of the climate, lack of good hygienic surroundings, intermarriage with Russians, and syphilis and scrofula, may explain the existence of the disease, but not its rapid spread and presence throughout whole families. One would expect to find among a people accustomed to a climate from infancy, taking plenty of out-door exercise, living extensively upon a diet of fats and oils, and remarkably free from gastric disturbances of any type, a certain percentage free from it, but such is not the case; it is the exception, rather than the rule, to find a man, woman, or child free from it. After examining a large number of cases, young and old, it struck me that some unusual agency must be at work, but look where I would, no remarkable explanation could be found, until I chanced to be in a house visiting a patient during the preparation of the of the evening meal. The klutchman (wife) was assiduously chewing a mass of something, spitting it, when thoroughly moistened, into a spider. Watching more closely, the substance chewed proved to be a sea-weed, prepared in the fall by pressing into square cakes and drying. This she picked to pieces and thrust into her mouth, masticating it as described. The spider at last becoming full, a quantity of seal or herring oil was poured over it, a few hot coals stirred in, and later warmed slightly over a fire. Of this delicate dish the entire family partook briskly. This klutchman was a consumptive, and the patient (her son) was also suffering from the same complaint.

Artificial Digestion.

Prof. E. A. Wood, M. D., in a suggestive lecture at the Western Medical College, of which an abstract is published in the *Pittsburgh Medical Review*, April, 1887, discusses the proper use of artificial digestives. He recognizes the fact that there are conditions in which artificial digestion is absolutely necessary to tide a patient over a brief space of time. But he thinks that, with these exceptions, such a practice is inefficient and pernicious. Food so administered does not supply normal nutrition, but is only an expedient, furnishing a little succor to the starving garrison, until the siege is raised and the gates are thrown open to the real commissariat.

Some people, if kept in idleness, will grow lazy and make no effort. Our pauper asylums afford plenty of such examples. If the right arm is not used it will waste, and lose not only its vigor, but the relish for exercise. The same is true of the digestive organs: if they are not exercised they will atrophy, and even cease to work at all. If a pauper is made of the stomach, by vicarious digestion, it will lose its vigor and its functions. Pampering and keeping the digestive organs in enforced idleness, so far from curing indigestion, aggravates and establishes the mischief. The cure for indigestion, except the form of indigestion belonging to acute diseases, is to compel the digestive organs to perform their work for themselves, and not by having that work done in some other way. The true way to maintain healthy digestion is by giving the digestive system physiological work.

On the Excess of Male Children when Conception Occurs at the Time of the Post-Menstrual Anæmia.

(*Arch. f. Gyn.*, XXVII., 1.)—The first question Furst endeavors to answer is as to the time and cause of differentiation of sex in general. The conclusion reached is that it is highly probable that the differentiation may occur before, during, or a little while after impregnation; that the chances of the development of one or another sex in one and the same woman may vary before final differentiation occurs; and that the ultimate cause will be all the more powerful the less the previous ones have had a marked leaning in one or another direction. The cause of differentiation he believes resides largely in the good or bad state of health of the parents, there being an excess of females in the first instance, and of males in the latter, speaking relatively.

The second question which he considers is the excess of male births in cases of conception during the post-menstrual anemic state. He has investigated 193 cases carefully in regard to the probable date of conception after menstruation. and there is a notable increase of male births over female in the cases where conception probably occurred within the first five days after menstruation; that is to say, when the woman is not so well nourished as later, when the uterus is more congested.—*American Journal of Obstetrics,* May, 1887.

Examination of the Hip-Joint Through the Rectum.

Valuable information as to the condition of the acetabulum may be obtained by examination with the finger in the rectum. Three cases are reported by Schmitz in the *Centralblatt für Chirurgie,* in which this mode of examination proved useful. The patients were children, from three to five years of age, in whom symptoms of coxalgia had existed for three, six, and twenty-one months respectively. In all three the thigh was slightly flexed, abducted, and rotated inwards. In one case rectal palpation revealed a well-defined tumor in the acetabular region, in the others abscesses varying in size from a hen's egg to a nut were detected. Movement of the femur during anæsthesia produced no friction. Resection was performed in all the cases, and the head of the femur, with its cartilage, was found to be quite healthy, but the acetabulum was extensively diseased. Schmitz recommends the use of this method of examination in all cases of suspected hip-disease.

Drainage With String.

Dr. A. R. Jenkins, of Henderson, Ky., recommends, in the *Annals of Surgery* for May, 1887, the use of rough string, rendered aseptic by immersing it for an hour in a solution composed of corrosive sublimate, 1 part; glycerine, 50 parts; alcohol, 100 parts; water. 150 parts. The string may be kept in hermetically sealed jars. In use one end of the string is drawn through a drainage tube of India-rubber of suitable size, and then the tube is introduced into the wound to be drained, and more of the string is drawn in from day to day as required, while the soiled portion is cut off. The advantage claimed for this material for drainage is that it is very hydroscopic, and that if the ends are kept covered with gutta-percha paper, or Lister's oiled silk, the string will not become glued. Dr. Jenkins points out the need to keep the end of the string which is to be drawn into the tube clean and aseptic.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Thomsen's Disease (Myotonia Congenita.) By Dr. Geo. W. Jacoby.

Transplantation of a Rabbit's Eye into the Human Orbit, by C. H. May, M. D.

Certain Causes of Sterility in the Female, and their Treatment, by Egbert H. Grandin, M. D., of New York.

Practical Examples in Prescription Writing, by Charles H. May, M. D., of New York. A very suggestive pamphlet.

A Review of Twenty-two Cottage Cases Occurring in the Women's Hospital, in the service of Dr. T. Gaillard Thomas, by A. H. Buckmaster, M. D.

Feeding Patients Against the Appetite, by Ephraim Cutter, M. D., M. M. S.

An instructive series of cases illustrating the advantages of "forced alimentation."

Oration Delivered Before the Alumni Association of the Medico-Chirurgical College of Philadelphia, on the evening of Thursday, April 7, 1887, by Dudley S. Reynolds, A. M., M. D., Louisville, Ky.

Gathering of the Waters, or the Evolution of Seas and Rivers. By D. T. Smith, M. D., Lecturer on Medical Jurisprudence in the University of Louisville, and one of the editors of the *Practioner and News.*

An Introduction to Practical Bacteriology. A Guide for Students and General Practitioners, by Thomas E. Satterthwaite, M. D., Professor of Pathology and General Medicine in the New York Post Graduate Medical School and Hospital, New York City.

This is one of that timely, practical, and essentially American series, "The Physician's Leisure Hour Library," published by Geo. S. Davis, of Detroit. It presents very clearly the data necessary for the prosecution of bacteriological research by the physician.

THE

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ISSUED EVERY SATURDAY.

N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } Editors.

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A correct statement of the circulation of The Medical and Surgical Reporter will be published in each number. The regular edition for this week is 4.000 copies.

A PERSONAL STATEMENT.

We are in receipt of inquiries regarding the change in the management of the Reporter. In response to these inquiries, we would state that The Medical and Surgical Reporter is the property of the son and daughter of the late S. W. Butler, M. D., in whose interest it is now conducted by us. The retirement of the former editor was consequent upon the expiration of his contract with the proprietors. Upon assuming control of the Reporter, we offered to Dr. B. the use of its columns to take leave of its readers. This offer was declined.

In the issue of May 7th we indicated our appreciation of the conduct of the Reporter in the past, and our intention to adhere to the general methods which have contributed to its success.

We purpose also to make certain improvements in the Reporter, which will increase its worth to its readers.

To our contributors we wish to announce that hereafter all original communications published in the Reporter will be paid for. This, we hope, will prove an incentive to many good writers and shrewd observers who otherwise could not well spare the time to give their observations and opinions to the medical public.

We hope by our management of the Reporter to keep all its old friends, and with their aid to make it a fit representative of the practical, conservative, and intelligent sentiment of the American medical profession.

THE TREATMENT OF SCARLET FEVER.

There is an impression among medical men who belong wholly to this generation that the methods of treatment adopted by those of a generation or two ago were invariably heroic. Bleeding, purging, blistering, etc., come to the mind when we think of our forefathers, and we are too apt to imagine that rational expectant or symptomatic treatment is a modern idea. This is a grave error, and does great injustice to those wise and thoughtful men who long ago often arrived, by a marvelous use of their opportunities of observation, at conclusions which are only confirmed by a use of the better means of precise study which this age enjoys. Opinions which are every day being put forth, bearing the marks of clear thinking, and worthy of the best advances of modern medical science, have been anticipated long since by those whose names are historic.

These reflections have been evoked by the reading of an admirable lecture on the treatment of scarlet fever, by Prof. Frank E. Waxham, M. D., of Chicago, which is published in the *Philadelphia Medical Times*, May 14, 1887. In this lecture Dr. Waxham describes with great judgment the principles which should govern the prophylactic, hygienic and medicinal treatment of this disease, and, in addition to other suggestions which experience has demonstrated to be useful, points out the importance of restricting the use of medicines as much as possible, and of chosing among those to be used such as support the system and assist the excretory organs. The more reliable remedies are digitalis, solution of the acetate of ammonia, tincture of the chloride of iron, and water. The latter he advises to be used freely, internally and externally. He concludes his lecture by recommending action upon the skin by diaphoretics; using the sweet spirit of nitre, or spirit of Mindererus. He directs attention to the point that the sweet spirit of nitre is a powerful diaphoretic, as well as a cardiac and cerebral stimulant. It will also act as a diaphoretic if the body surface be kept warm, while if the surface be kept cool, it will act as a diuretic.

If the urine is nearly suppressed and there are premonitory symptoms of uræmic convulsions, he recommends the use of pilocarpine, which may be given hypodermically or by the mouth. It is a powerful diaphoretic and a useful remedy in urgent cases. The bowels may be acted upon by the use of podophyllin and calomel. Croton oil, one-half or even one drop for a child three or four years of age, he says, will have a marvellous hydragogue effect in cases of uræmic convulsions.

His views are summarized as follows: "Let us not endeavor to break up an attack of scarlet fever, but rather be content with enforcing rigid preventive and hygienic treatment, using mild measures in mild cases; simply controlling the febrile action and temperature; supporting the patient; preventing complications, and curing them when they occur."

In commending these opinions to our readers we do not detract from their worth by pointing out that they differ only in details from those of older writers. Boerhaave, in his 725th aphorism, speaking of scarlet fever (with several other fevers) says: "They seldom require anything more than to keep their matter movable by a sufficiently large quantity of thin or light liquors, and by continually maintaining the *vis vitæ* under its due moderation; for then in a short time they go away with a scaling off of the cuticle." Hippocrates, in his 21st aphorism, says that "One ought not, either by medicines or by any other kind of irritation, to move nor change the matter in those diseases which are near upon or perfectly arrived at a crisis; but that one ought then to do nothing." Sydenham used no medicines in scarlet fever. He did not even always confine his patients to bed. Dr. Mosman, in 1799, found great advantage from sponging the body of scarlet fever patients with cold vinegar and water, using tepid vinegar and water when there was a tendency to chilliness. Dr. Samuel Jackson, of Philadelphia, placed great reliance on the use of ice, kept in the mouth and swallowed, in anginose cases; and Dr. George B. Wood, in 1847, described the treatment of scarlet fever in a manner which could hardly be improved upon.

The reminiscences of the older methods of treating this disease might be continued with interest, but enough has been said, we trust, to direct attention to the sagacity with which our predecessors in the art of medicine exercised their functions, and to the confirmation which their experience affords of the wisdom of such opinions as are expressed by Dr. Waxham, and as are, we believe, shared by all intelligent practitioners of the present day.

SURGERY OF THE BRAIN.

On the subject of the surgery of the brain, no one can speak with more authority, and no one does speak with more convincing force than Mr. Victor Horsley, of London, whose experiments on the lower animals, and whose exceptional experience in operating upon the brain in human beings, entitle his opinion to the highest consideration.

In a paper read before the British Medical Association in 1886, and published in the *British Medical Journal*, October 9, of that year, Mr. Horsley described his method of operating, and illustrated it with accounts of those cases in which he has put it into practice. He has since (in the *British Medical Journal* for April 23, 1887,) written another paper, in which he gives the results of ten cases upon which he has operated for the removal of various lesions of the brain.

Being strongly convinced of the importance of asepsis, Mr. Horsley follows Lister's method, including the spray. The day before operating he has the head of the patient shaved, and washed with soap and ether, and covered with lint soaked in a 1 to 20 solution of carbolic acid, with a dressing of oiled silk and cotton, and gives a purgative, followed by an enema on the morning of the operation.

He prefers chloroform as an anæsthetic, because it causes contraction of the arterioles of the brain, and does not cause the cerebral excitement which often follows the administration of ether. To which we may add that it does not cause vomiting nearly so often as ether does. Before giving chloroform, Mr. Horsley gives one-quarter of a grain of morphia hypodermically — the method of mixed narcosis of Nussbaum. Grave heart disease he regards as a contra-indication to the use of chloroform. He says that cocaine might be used as an anæsthetic in such cases, and would have this as aseptic as possible, while he points out the necessity of completely anæsthetizing the dura mater, which is very sensitive, being supplied with nerves from the fifth pair—a fact which seems not to be known to many clinicians.

As to the shape of the operation, Mr. Horsley insists that the old crucial incision should be entirely abandoned in favor of a large flap, and lays stress upon the fact that it must be so outlined as to preserve in its attachment either the superficial, temporal, or occipital artery uninjured. This can be easily done without disfigurement or hindrance to drainage, and at the same time it permits exposure of any portion of the cranium. As regards the reflection of the flap, it has always been the custom to reflect the periosteum as a separate layer. This method has obvious disadvantages, which may be avoided by lifting the whole *en masse.*

Sawing of the bone is most rapidly, and therefore best, accomplished by first taking out an inch disc with a trephine, to learn its thickness, and then by cutting out a piece of the size required with a circular saw, mounted on Bonwill's surgical engine, the separation being completed with very powerful bone forceps. Following McEwen's method in cases where it has been possible to preserve the dura mater, Mr. Horsley replaced fragments of the bone between the same and the skin flap; but although the vitality of the fragments has invariably been perfectly preserved, he had not so far observed much ossification of the cicatrix. This, however, he thinks of little practical importance, since the cavity becomes roofed over with a tough fibrous membrane which well preserves the parts beneath from injury. The dura mater is opened with the scalpel and divided round four-fifths of the opening in the bone, at a distance of one-eighth inch from its edge, so as to admit of its being sutured. The main branches of the meningeal artery are ligated through the dura, before being divided.

Portions of the dura mater which are adherent to tumors are usually very considerably altered. If the mischief has but lately begun, the dura mater will be found highly vascular. In very advanced cases it may be yellowish; and in some instances it is found to be of a dirty reddish color. In all cases where it is adherent, of course the membrane must be freely excised.

Mr. Horsley advises that plenty of brain tissue be removed, especially in the case of new growths. From the experience gained from one of the cases, it is clear that even the most malignant tumors may be successfully attacked, and life thus prolonged and ameliorated. It also shows plainly that malignant growths must be excised very freely from among the white fibres of the brain. In the instance referred to, the recurrence was almost entirely confined to the latter part of the brain.

In the first few cases operated upon, Mr. Horsley employed a drainage-tube in the usual way for the first twenty-four hours, and then left it out. He now sews the wound all round except for one inch at the most dependent part, where any discharge can escape betwen the edges; the object to be attained is immediate union of the flap. As favoring this, Mr. Horsley makes the very important assertion that he believes the arachnoidal, like the peritoneal cavity, may be trusted to absorb excess of fluid.

Mr. Horsley employs strict Listerism, and thinks experience suggests strict attention to details. He has experimentally tested the method of irrigation, to see whether the carbolic spray could be easily dispensed with, and the results of the inquiry have been to convince him that the spray affords the best method of continuously douching the wound with disinfectants. It offers no inconvenience, so far as he can see. All oozing is staunched by gentle pressure with a soft sponge, and the flap is laid down and secured with silk sutures one centimeter apart, with horsehair sutures between them. As to drainage, Mr. Horsley limits this to a period of 24 hours after the operation, after which he removes the drainage tube and endeavors to obtain primary union of the whole wound. After the first four or five days, when the wound is healed, it seems preferable to scatter powdered boracic acid along the dry line of incision, and to fix by collodion a little cotton over all. There is clearly no reason why the original dressing should remain on the head after the wound is sealed and dry.

The only inconvenience, which the patients treated so far have suffered from, has been thirst. Possibly this is in the main due to the morphine. As an additional though minor trouble, the liquid diet of the first three days makes the tongue furred and unpleasant. To remove this, the mouth should be thoroughly brushed several times a day with strong chlorate of potash solution. The patient should be put on solid food as soon as he asks for it. If the case be a comparatively trifling one, he may be allowed to get up at the end of a week. Ten days, however, is a very good average for the stay in bed, and in severe cases a fortnight should be insisted upon.

The details of the cases contained in the the table accompanying Mr. Horsley's last paper, and the experiences of other surgeons, especially in Germany and in America, show that the operation of exposing and removing considerable portions of the brain may be performed in such a way as to render the procedure comparatively safe, and justify the hope that it may prove of great benefit to humanity.

HIGH LICENSE.

The legislature of Pennsylvania, on May 11, passed a high license bill, from which the friends of temperance hope to see many advantages flow. The bill fixes the price for a license to sell liquor at retail at $500.00 a year in the larger cities, and grades it down to $75.00 in townships. One of the best things in the bill is the provision that licenses to sell liquor at retail shall be issued only by the Courts, after an open hearing of the reasons for and against granting a license to a particular person in a particular neighborhood, and that the Court shall in all cases refuse the same whenever, in the opinion of the Court, having due regard to the number and character of the petitioners for and against application, license is not necessary for the accommodation of the public, or the applicant is not a fit person to receive a license. A rather elastic part of the bill provides that the Court shall revoke a license "upon sufficient cause being shown," or upon proof being made that the party holding a license has violated any law of the Commonwealth relating to the sale of liquors.

The readers of the REPORTER will be especially interested to know how the bill deals with the sale and prescription of alcoholic liquors by druggists and physicians. Section 16 provides:

"That druggists and apothecaries shall not be required to obtain license under the provisions of this act, but they shall not sell intoxicating liquors *except upon the written prescription of a regularly registered physician.* Alcohol, however, or any preparations containing the same, may be sold for scientific, mechanical or medicinal purposes. But no spirituous, vinous, malt or brewed liquors shall be sold or furnished to any person more than once on any one prescription of a physician; and any physician who shall willfully prescribe any intoxicating liquor as a beverage to a person of known intemperate habits shall be guilty of a misdemeanor, and upon conviction shall be fined not less than fifty or more than five hundred dollars, and undergo an imprisonment of not less than twenty or more than ninety days."

The provisions of the bill certainly go as far as any one, not a prohibitionist, could reasonably ask; and we hope that they will prove efficient in restricting the promiscuous and irresponsible traffic in intoxicating liquors, which at present is a curse and a disgrace to so many communities.

NOTES AND COMMENTS.

Class Room Notes.

Frrm the excellent "Class Room Notes" in the *College and Clinical Record* for May, 1887, we make the following quotations:

—Prof. Bartholow predicts that when *lobeline* is made in the large quantity, which the demand will no doubt soon necessitate, it will be one of the most used remedies for all respiratory neuroses, generally speaking.

—Prof. Gross advises that a radical cure for a large *hydrocele* should not be undertaken at once. Evacuate its contents, and, when it has again attained a small size, again evacuate and resort to one of the radical means of cure.

—Blisters, cautery, seton, and issue plaster should never be used as a local treatment for *epilepsy.* For any good they may seem to do is only temporary, and the disease will be more aggravated in character when the symptoms reappear.

—Dr. Hunt, at the Pennsylvania Hospital, stated that he considered the treatment of *internal hemorrhoids* by carbolic acid a good procedure. He uses about four drops each of pure carbolic acid and glycerine, and injects one tumor at a time.

—Prof. Gross states that he believes subiodide of bismuth is destined to replace, to a great extent, iodoform in the *antiseptic treatment of wounds.* It is being extensively used at the hospitals, and, as yet, with none but most gratifying results.

—Prof. Parvin states that the best treatment for *chronic mastitis,* if the patient object to the radical operation, is firm compression by means of pressed sponge and a bandage, which is occasionally to be slowly saturated with carbolized water.

—A mixture of collodion 15 parts, corrosive sublimate 1 part, if applied to small, superficial *birth-marks,* is stated by Prof. Gross to act very nicely and effectively.

—Prof. Bartholow recently gave the following as an effective *hair tonic :*

℞. Ext. pilocarp. fluid.,
Tinct. cantharid., āā f℥ss
Glycerini,
Vaselini, āā f℥j.
M. Sig.—Use locally.

—For *ileo-colitis* Prof. Bartholow prescribed as follows :

℞. Ext. ergotæ, gr. j
Ext. nucis vomicæ, gr. $\frac{1}{4}$
Ext. opii, gr. $\frac{1}{8}$
Ft. pil.
Sig.—One every four hours.

—Prof. Parvin states that anteflexion with mobility, in a virgin, is a physiological condition, and can only be called flexion when the uterus becomes immobile and bound down by adhesions.

—For the *irritative fever of consumption*, Prof. Da Costa strongly advises the use of small doses of aconite. He claims it is a remedy of much value, and but little known to the profession in general.

—A case of *sciatica*, following exposure and of nine weeks duration, was treated by Prof. Da Costa in the following manner: Apply a strip of blistering plaster in the course of the nerve, and administer—

℞. Tinct. colchici seminis, gtt. xv
Potassi iodidi, gr. x
Tinct. zingiberis, gtt. x
Syrup.,
Aquæ, āā q. s. ad f℥ij.
M. Sig.—Take with water three times a day between meals.

—Prof. Da Costa recently presented to the class a case of *obstinate vomiting*, which, strange to say, was brought about only by the recumbent posture. Its cause was traced to a chronic constipation, which was treated as follows:

℞. Aloin, gr. $\frac{1}{12}$
Strychninæ sulph., gr. $\frac{1}{60}$
Extract. colocynth. comp., gr. $\frac{1}{12}$
Extract. hyoscyami, gr. j.
Ft. pil.
M. Sig.—Take after each meal.

A Case of Severe Epistaxis.

Dr. L. Deakley Rood, of Northampton, Mass., reports the following case to the *New York Medical Record:*

"I was called in great haste one evening to see Mr. T., twenty-seven years of age, who, the messenger said, was having a severe hemorrhage. I went at once and found the patient raising great quantities of blood. I at once instituted the ordinary treatment for such cases, and the bleeding was soon controlled. The next morning I saw the patient again. He had been raising some blood, but not very much. The pulse was small, weak, and frequent, and the patient was so prostrated that he could hardly raise his head. I had supposed that the hemorrhage came from the lungs, as all the symptoms pointed that way, but on inquiry I learned that the patient suffered from a chronic nasal catarrh, and that he was unable to distinguish odors —in fact, had never had any sense of smell. The patient recovered his strength quite rapidly, though he still occasionally raised bloody sputa. At the end of a week I made a thorough examination of the throat and nose. The larynx was fairly healthy, but the mucous membrane of the pharynx and nose was badly congested and more or less granular. A day or two later I was called again, as the patient was having another hemorrhage. This was controlled as before, but another and more obstinate attack occurred a few days later. I determined to prevent any further hemorrhage, if possible, as the patient was becoming extremely weak from loss of blood. I therefore applied solid nitrate of silver to the pharynx and nasal cavity, completely covering the mucous membrane. Twelve applications were made, and the patient never had another hemorrhage after the first application. One remarkable feature of the case is that the patient can now smell perfectly, whereas before he was absolutely without the sense of smell. My theory is that the blood ran from the nasal mucous membrane into the pharynx, and made the patient cough, when it was expectorated."

Paris Hospital Therapeutics.

A correspondent of the *Philadelphia Medical Times* gives the following brief glance at the treatment of disease in one of the large hospitals of Paris, presenting as briefly as possible—and yet as completely as possible—the kind of medicinal treatment employed, taking the service of Professor Germain Sée as a guide. The following is from the official book of Salle (or Ward) St. Jeanne, Hotel Dieu :

DIAGNOSIS.	TREATMENT.
Anæmia	Hemoglobine and pepsin.
Chlorosis	Sodii arsenias.
Zona	Antipyrine, 4 grammes.
Hemiplegia	Todd's potion
Peri-uterine phlegmon	Injections, terpine, nux vomica, and gentian.
Syphilis, cerebral	Biniodide of mercury, sulphur baths
Chlorosis	Ferri et potassii tart., sulphate of aconitine
Albuminuria	Tannin pill, ergotin pill, terpine pill.
Mitral insufficiency	Sparteine sulph., convallamarin.

Pericarditis and aortic reg.	Iodide of potash, digitalis, sparteine.
Myocarditis	Caffeine, sparteine.
Thoracic varix	Tinct. hamamelis, antipyrine, Vichy water.
Typhoid fever	Charcoal powder, naphthaline, quinine sulph., rectal injections.
Amyothropsia	Pill opium, mercurial frictions.
Mitral insufficiency	Digitalis infusion.
Dyspepsia	Charcoal powder, benzoate of soda, terpine.
Diabetes	M. Sée's diet, arsenic.
Hydrarthrosis	Antipyrine.
Phthisis	Arsenic, pill opium.
Dilatation stomach	Ipecac powder (5 centigrammes), cocaine hydrochlorate (5 centigrammes); suppress all vegetables.
Not made	Jalap.
Emphysema	Terpine, iodide of potassium, pill opium, sparteine sulphate.

Of course, in this rapid list of actual patients and treatment, we have not time to indicate the symptoms for which some of the remedies were given; but those accustomed to hospital practice will see the reasons, and be able to compare the above with their own practice.

Paraffin in Surgery.

It is, perhaps, not so well known in the profession as it ought to be that paraffin is a most useful material in surgery, in many cases superseding plaster of Paris. It answers admirably for splints and for jackets for young children suffering from spinal disease. The advantages are that it is clean, light, capable of being moulded while it is soft, and sets rapidly by pouring cold water on it. It must be procured with a melting point of 130°. When ordering it, it is necessary to specify the melting point required. The mode of using it is this: The paraffin is melted by placing a tin can containing it in a pot of boiling water. A muslin bandage well sprinkled with iodoform is put on the limb or other part to which the paraffin dressing is to be applied. Muslin bandages, loosely rolled, are allowed to soak in the paraffin for a few minutes. If much support is required, a piece of cotton-wool is also soaked in the paraffin. This is placed where most stiffness is wanted, and the bandage applied as for plaster of Paris dressing. It may, however, be drawn tight, as the paraffin shrinks from the limb in cooling. Cold water is then poured on it, and the limb is held in position till the paraffin has set. When a bone tends to project, it can be kept in position by the finger till the paraffin has set. The hole left by the finger can then be filled up with some melted paraffin. In cases of compound fracture, the paraffin has the great advantage of not being affected by the discharge from the wound.—*Albany Medical Annals.*

The Flax-seed Fallacy.

Dr. Williams, in the *St. Louis Medical Journal*, says: If we were to ask every man and woman in almost any community what is the best way to get any foreign substance out of the eye, probably fully one-half those questioned would say, "Put a flax-seed into the eye—it's a sure cure!" Every few days some one who has followed this advice comes to me for relief. Only a day or two ago a young man, with an eye full of flax-seed, came to me, stating that the seed had been in the organ all night, and that he could not sleep, because all night long *he could feel the seed chasing the foreign substance around and around under the lid*, but for some strange reason the substance "could not be forced out!" I have never seen any account of the origin of this superstition—for it is nothing more—but it is probably very ancient. Unlike most ancient superstitions of this sort, it has absolutely no foundation in fact. Any one who has a foreign substance in the eye, and sends a flax-seed to "chase it out," simply adds fuel to the flame. It is fortunate that the seeds are smooth and comparatively unirritating, as otherwise the fallacy would be a more serious one. Another and similar superstition is that foreign matters may be chased out by a "stone from a crab's eye"—which is nothing more nor less than the crystalline lens of the eye of the crustacean, hardened by boiling.

Iodoform in Venereal Diseases.

A review of the literature of the subject, joined to his own experience with iodoform in venereal diseases, has led Dr. Bockhart to formulate the following aphorisms:

Iodoform is not of the least use in the treatment of gonorrhœal inflammation.

Ulcers and erosions of the vaginal portion of the uterus, the result of cervical gonorrhœa, are amenable to iodoform.

Iodoform should be regarded as a specific against the virus of soft chancre, and is the best, surest, and most rapid means of treating all sorts of soft chancres.

Suppurating inguinal buboes are best and most surely treated with iodoform, especially after the method of Petersen.

In syphilis the internal use of iodoform is far less satisfactory in its results than that of iodide of potassium, and it is most useful in syphilitic neuralgia.

Iodoform is of use in treating the ulcerated gumma of syphilis, alone of all its lesions. Upon this it seems to exercise a specific action.—*Medical Summary.*

Benzoin in Treatment of Ulcers.

In a recent number of the *Russkaia Meditzina,* Dr. A. Voskresensky, surgeon to the Fëodosiïsky Regiment, speaks highly of benzoin as a specific for ulcers, especially those which occur in emaciated, cachectic, and old persons. The remedy has been largely used for the purpose by Russian peasants from time immemorial, after a crude fashion. The author employs it in shape of a salve, prepared *extempore,* of two drachms of resin benzoin, half an ounce of yellow wax, and half an ounce of lard. The ointment is spread in a moderately thick layer over a piece of linen, and placed on the ulcer. The latter must be previously irrigated with tepid water, and then dried with hygroscopic cotton-wool. The dressing is to be changed as a rule twice daily, but in cases of very large or old ulcers it is advisable to change it three times a day. A marked improvement becomes visible within a few days; torpidity of the ulcer, callosity of its edges, and its liability to bleed rapidly disappear; granulations assume a more rosy tint, and begin to discharge a thick benign pus; while there appears a whitish-bluish zone of corium, which gradually spreads from the periphery towards the centre of the ulcer. This favorable action of benzoin on ulcers is ascribed by the author partly to its disinfectant and antifermentative properties, and partly to irritation.

Treatment of Typhoid Fever at Roosevelt Hospital.

Dr. Asta-Buruaga reports in the *New York Medical Journal* of April 30, 1887, the treatment of 45 cases of typhoid fever in this hospital as follows:

The treatment was mainly expectant. Equal parts of milk and lime-water constituted the sole diet as long as the fever lasted. Forty grains each of subnitrate of bismuth and pepsin, divided into four doses, were given in the milk daily. Stimulants in the shape of whiskey were ordered according to requirements.

The convalescents were allowed solid food, commencing with tenderloin steak on the tenth to the twelfth day after the subsidence of the fever, and were generally allowed to sit up about five days later.

Small doses of Fowler's solution of arsenic were given with good results, when the fever was protracted.

Antipyretics were required in several cases. Antipyrine, antifebrine, the cold pack, the cold bath, and the abdominal water-coil were used.

The mortality was 8.88 per cent.

Good Advice.

Dr. Buller, in a farewell address to the graduates in Medicine of McGill University, on March 29, 1887, held up before his hearers an admirable picture of the spirit which should animate the true physician, and illustrated it by reference to the lives and sayings of eminent men in the profession. He quoted Sydenham as saying: "My fame is in the hands of others. I have weighed in a nice and scrupulous balance whether it is better to serve men or to be praised by them. I prefer the former. It does more to tranquillize the mind; whereas fame and the breath of popular applause is but a feather, a bubble, and a dream. Such wealth as fame gives, those who have scraped it together and those who value it highly are fully free to enjoy; only let them remember that the mechanical arts (and sometimes the meanest of them) bring greater gains and make richer heirs." He also said: "A hundred and fifty years ago William Cullen gave advice to a young man just starting out in life which any young man would do well to take heed of to-day. He says: 'Study your trade eagerly, decline no labor, recommend yourself by briskness and diligence, bear hardships with patience and resolution, be obliging to everybody, whether above or below you, and hold up your head both in a literal and figurative sense.' "

Pruritus Ani.

This troublesome affection has been found by Bangs (*N. Y. Med. Month.*) to be due in some cases to irritation of the genital organs, as by stricture of the urethra, or by acute or chronic enlargement of the prostate, and he has succeeded in curing the pruritus by curing the source of irritation. In one case occurring with acute prostatitis, the intense itching was cured by hot-water rectal injections. In another case of intense pruritus which had resisted all attempts at relief, a very sensitive condition of the urethra was found, dependent upon prolonged sexual intercourse. The patient was cured by the passage of a sound, and by correcting his bad sexual habit. Several other interesting cases are reported, all illustrating the connection in some cases between the itching of the skin and irritation in the genital tract.

Cost of an Electro-Therapeutic Outfit.

Dr. Wm. F. Hutchinson, in the *Medical Register* of May 11, 1887, states that with the following supply of instruments the doctor will be ready for any emergency in which electricity can be used in medicine. There will, of course, come times when a special appliance will be needed; but stout brass wire, a pair of cutting pliers, and a little ingenuity, will readily supply such need. Let us recapitulate the outfit and see how much all this is going to cost in round numbers:

One galvanic battery, portable	$35 00
One galvanic battery, office	35 00
One Faradic machine	30 00
Eight galvanic electrodes with handles.	15 00
Six sponges and holders	6 00
One wire brush	1 50
One eye cup	1 50
Or a total of, say, ...	$114 00

From this there will be some trade discount, probably enough to reduce the amount to $100, net.

The Effect of Cobra Poison.

According to *Nature*, the taxidermist of a Ceylon museum received a bite from a cobra whose fangs had been removed, and which was consequently supposed to be harmless. Pain and nausea ensued, and the man soon ceased to breathe. Artifical respiration was kept up for *nine hours*, when he improved. He stated that he had been conscious all the time, but was unable to make his feelings known, not having power over a single muscle. He could hear and see, but there was no response when his eyeball was touched. The poison thus appeared to be a motor paralyzant. Unfortunately, although he recovered full consciousness, he died five days after the bite. The similarity of the poison in this case to curare is at once apparent.

Aconite in Neuralgia.

Dr. A. Dumas, surgeon to the Hospital of Cette, gives the following indications for the use of this medicine:

"Aconite is an energetic, very efficacious remedy, especially in congestive facial neuralgia, and in some other kinds of neuralgia *a frigore*. It is useful in catarrhal affections in general. Like other alkaloids, there is a certain degree of tolerance of it, when methodically administered, and no effects of accumulation in the organism are apt to be apprehended. It is better to give it in very divided doses, and at carefully calculated intervals. One ought to begin with small doses, which are progressively increased."—*New England Med. Monthly.*

Nettle Juice.

Les Nouveaux Rémèdes states that the best remedy for hemorrhages of all kinds is nettle juice. It is better than tannin, chloride of iron, sulphuric acid, hydrochloric acid, or ergot. The illustrious Chomel said: "This remedy is the most certain to stop hemoptysis and all hemorrhages."

The difficulty heretofore has been that the remedy was not available, because it will not keep. However, a pharmacist, M. Peneau, has conceived the happy idea of preparing a syrup from the juice. This is done at a time when the plant is in full vigor. In this form the medicine does not alter. and keeps indefinitely.—*Nat. Druggist.*

Turpentine in Impetigo.

Dr. Saerbs recommends essence of turpentine as a local application in impetigo of the scalp or other hairy parts. The preparation should be well rubbed into the skin and roots of the hair with the fingers. After about five minutes it should be washed off with carbolic soap and afterwards with warm water. Tincture of iodine should be next applied. This treatment should be carried out once or twice a day; it causes slight itching. but is not painful. The author has found it successful where other modes of treatment have failed.

Confirmation Precedes Credence.

A physician living on the seaboard, thus writes: "Within the last five years, in a district embracing sixty square miles or so, by the sea, I have noted the hour and the minute of no less than ninety-three demises in my own immediate practice, and every soul of them has always gone out with the tide, save four who died suddenly by accident. It is a riddle—a mystery. But I, who have sat with my fingers on the wrist of many a feeble patient, and noticed the pulse rise and strengthen, or sink and vanish, with the turning of the tide, know that it is a fact."

Substitute for Court-Plaster.

The *London Medical Record* contains the following formula, which has been used to prepare a calming and adhesive preparation, suitable for neuralgias, or tender, inflamed, or abraded surfaces. Pieces of linen or silk dipped into it answer the same purpose as the so-called "court-plaster:"

℞.	Mastic,	ʒ iij.
	Balsam Peru,	ʒ j.
	Narcotine,	ʒ j.
	Chloroform,	f℥ vj.

The first three substances must be powdered separately, and then added to the chloroform.

A Disinfectant.

A new disinfecting compound for purifying the atmosphere of a sick-room has just been presented to the Berlin Medical Society. A mixture of the oils of rosemary, lavender, and thyme, in the proportions of 10, 2½, and 2½ parts, respectively, is combined with nitric acid in theproportion of 30 to 1½. The bottle should be shaken before using, and a sponge saturated with the compound and left to diffuse by evaporation. Simple as it is, the vapor of this compound is said to possess extraordinary properties in controlling the odors and effluvia of offensive and infectious disorders.

Rupture of the Bladder.

Rupture of the bladder may be definitely diagnosticated without laparotomy in the following manner: Introduce first into the rectum a Petersen's rubber bag, and distend with water, not exceeding eight ounces; next, inject through a soft catheter into the bladder, not exceeding eight ounces of warm antiseptic fluid (1 per cent. carbolic solution), note the upper line of supra-pubic dullness, withdraw the fluid from bladder, and measure. If there is *no rupture*, the fluid will measure the same as that injected.—*Weir, in Medical Record.*

Mixture of Oil of Wintergreen.

Much difficulty has been reported in finding an eligible mixture containing oil of wintergreen, so valuable in acute rheumatism, and also employed in other affections. The following may be commended:

℞.—	Olei gaultheriæ,		♏clx.
	Mucilag. acaciæ,		f℥ ij.
	Glycerinæ,		
	Aquæ,	āā	f℥ j.

M. Sig.—Dose, one to two teaspoonfuls, as may be required.

Bronchitis.

The following formula of Dr. Horatio C. Wood appears in the *Union Médicale du Canada:*

℞.	Kalii citratis,	15 parts.
	Lemon juice,	30 parts.
	Syrupi ipecac.,	15 parts.
	Syrupi simpl.,	90 parts.

Mix. One teaspoonful for a dose every two hours.

Freshly-prepared citrate of ammonia, with the addition of small doses of ipecac wine, was a favorite bronchitic remedy of the late Sir P. Crampton.

Styes.

Styes are such troublesome little ailments, that the following remedy for their cure recommended by M. Abadie, may be welcome:

℞.	Acidi boracicis,	10 parts.
	Aquæ dest.,	300 parts.

Dissolve.

With a wetted piece of wadding drop some of this solution on the stye several times a day. It is said not only to effect a cure, but to prevent a return of the annoyance.—*Medical Press and Circular, April* 20, 1887.

Treatment of Ivy Poisoning.

Dr. H. Hahn writes to the *Therapeutic Gazette* that the following prescription has given him good results in the treatment of the dermatitis caused by rhus toxicodendron:

℞.	Acid. carbolic.,	ʒj.
	Liq. ammon. caust.,	ʒss.
	Ol. olivæ,	℥iij.

M. Sig.—Compresses to be moistened and applied once in two hours to the affected parts. If the eruption be very acute and painful, cover the compresses with an ice-bag.—*Practitioner and News.*

Instantaneous Remedy for Lumbago.

The following mixture can be employed in cases of accidental lumbago, or rheumatic pain produced by strain or muscular exertion:

℞.	Collodion,		
	Tr. iodini,		
	Aquæ ammoniæ	āā	f℥ j.

M. Sig.—Apply freely and widely over the affected parts with a camel's hair brush.—*A. C. Medical Index.*

An Anodyne for Dental Caries.

The following mixture is recommended:

℞.	Camphor,	5 parts.
	Chloral hydrate,	5 parts.
	Cocaine hydrochlorate,	1 part.

On heating this mixture to the boiling point of water, an oily liquid is formed.

This is to be applied lightly, and it is said that after a few applications the pain will surely be alleviated.—*Physician and Surgeon.*

Antiseptic Mouth Wash.

℞.	Sodæ biboratis,	1 patt.
	Thymol,	½ part.
	Aqua destill.,	300 parts.

Ft. sol.

This preparation is said to be an excellent corrective for fetid breath, when it proceeds from decaying matter in carious teeth, etc. —*Magitot, in Gazette Hebdomadaire.*

Treatment of Cystitis and Genito-urinary Hyperæsthesia.

℞.	Ext. Pichi (Fabiana Imbricata),	f℥vj.
	Liq. potass.,	f℥ss.
	Elix. arom. q. s.,	f℥iij.

M. S.—Ten drops to a teaspoonful every three hours.

Remarkable improvement follows within twenty-four hours.—*Cal. Med. Journal.*

Obstinate Chlorosis.

Obstinate chlorosis attacks all young girls, without exception, in whom the menses have appeared in the twelfth or thirteenth year, and before the development of the breasts and pubes.—*Niemeyer.*

* * *

NEWS AND MISCELLANY.

Camden County Medical Society.

The annual meeting of the Camden County Medical Society was held at the Buena Vista Hotel, Gloucester City, recently. Dr. John R. Stevenson read a paper on the water supply of Camden, Gloucester and Haddonfield, and the county streams.

Dr. J. W. Snowden presented a report on the prevaling diseases of the county during the year. Measles, scarlet fever, dipththeria and chicken-pox were reported as the most prevalent.

The election of Dr. James A. Wamsley as a member of the Society was confirmed, and the following physicians were elected to membership: W. H. Jones, Alexander McAllister, R. G. Taylor and William Schaeffer, of Camden, and J. J. Glover and W. S. Long, of Haddonfield. Dr. H. Genét Taylor resigned from the Secretaryship of the Society after a service of twenty-five years. A committee was appointed to draft suitable resolutions. The following officers and delegates were elected:

President—Onan B. Gross.

Vice-President—W. H. Iszard.

Secretary—E. L. B. Godfrey.

Treasurer—Alexander Mecray.

Board of Censors—H. G. Taylor, J. R. Stevenson, H. E. Branin, Alexander Marcy and J. W. Snowden.

Standing Committee—Drs. Townsend, Shivers, Bronin, Smith and Dobson.

Nominating Committee—Drs. Pancoast, Blake and Bronin.

Delegates to American Medical Association—Drs. Dobson, W. A. Davis, Godfrey, Snowden, Gross and H. G. Taylor.

Delegates to New Jersey State Medical Society—Drs. Ridge, Hoell, Donges, H. H. Davis, Godfrey and Smith.

Delegates to Burlington County Medica Society—Drs. Townsend and Robinson.

Delegates to Cumberland County Medical Society—Drs. Pancoast, Schellinger and J. W. Wiels.

Delegates to Gloucester County Medical Society—Drs. Hurff, Woolston and Tomlinson.

Delegates to Ocean County Medical Society—Drs. Benjamin and Haney.

Committee of Arrangements—Drs. H. G. Taylor, Godfrey and White.

Medical Competition in New York.

"Here in New York very little surgery falls into the hands of the young practitioner. Most of the surgical cases occur among the laboring classes, and the ambulance carries them off to the hospital, where they are welcomed. The wealthier patients can afford to employ surgeons of established reputation, and consequently, however well prepared a young doctor may be to treat broken limbs, even after a thorough hospital training, his chances for showing what he can do will be very slim. In many parts of the city, doctors are so numerous that the rivalry leads to a reduction of fees. Doctors living near tenement districts are expected to make visits, including long distances and climbing to the tops of five-story houses, for $1.00. Occasionally I have had doctors tell me of patients making an office visit and expecting only to pay fifty cents, saying that Doctor So-and-so (a good man) only charged half a dollar in the office. The only reply to such remarks is that Doctor So-and-so probably knows the value of his services. There are many amusing stories told of the means resorted to sometimes for getting patients. A doctor living on a block where physicians are numerous, recently told me the following: "A patient of his called at the office one evening, and was informed on the stoop by the servant that the doctor was not at home. The patient descended the stoop, and while passing the next house a voice from the window said: You will find just as good a doctor in here, sir. The man thanked his unseen informer, but said he thought not. Unless there are some special reasons for young physicians locating in New York, they will certainly do better elsewhere."—*N. Y. Correspondent of Atlanta Med. and Surg. Journal.*

A Prize Essay on Hay-fever.

At its last meeting, September, 1886, at Bethlehem, New Hampshire, the United States Hay-Fever Association decided to offer a prize for the best essay from a competent source, preferably a physician, on some question relating to *Catarrhus æstivus*, or hay-fever.

In order to carry out the above, the following is announced officially:

1. Subject of the Essay: Hay-fever. (*a*) Its pathology. (*b*) The predisposing and the aggravating causes. (*c*) Advice to the sufferer.

2. The essay not to exceed *four thousand words*, and to be as practical and non-technical as possible.

3. The manuscripts to be received at the office of Samuel Lockwood, Freehold, New Jersey, not later than April 30, 1887.

4. Each manuscript to have a motto under the title, and to be accompanied by a sealed letter containing said motto, also the name and address of the author. These letters not to be opened until after the award is decided.

5. The prize to be $25. The accepted essay to be published immediately in the Association's annual report, one hundred copies to be given the author.

6. The committee of award: Samuel Lockwood, Chairman of Committee on Scientific Facts; Frank B. Fay, President U. S. H. F. A.; Charles C. Dawson, Secretary U. S. H. F. A. SAMUEL LOCKWOOD,

Chairman of Committee on Scientific Facts.

Freehold, N. J., January 15, 1887.

Snap Diagnosis.

Daniel's *Texas Medical Journal* tells the following true story of a Texas physician who makes a "snap diagnosis:" "He was consulted by the wife of an influential citizen, who said: 'Doctor, my baby is strangely affected, and I want you to tell me what's the matter. Whenever it goes to make water it seems to suffer great pain, and almost goes into convulsions.' 'Why, my dear madam,' replied the doctor, with the pompous and confident air of one who saw his opportunity for a brilliant hit, 'it is a clear case of elongated, and perhaps adherent prepuce.' 'Ah! indeed,' said the lady; 'and you are *sure*, doctor, that is what ails it?' 'Perfectly sure, madam; couldn't be mistaken; had thousands of such cases.' 'And what can you do to relieve it, doctor?' 'Oh, simple enough, my dear madam,' said the doctor, 'I'll just remove the surplus preputial tissue, stitch the integument and mucous membrane back with a couple of antiseptic sutures, and the little fellow will be all right.' 'But,' said the lady, with a mischievous twinkle in her eye, 'doctor, my baby is a girl!' Exit the doctor, who had a patient to see just about that time. Fact."

[illegible] are Dr. T. D. Crothers, Dr. N. S. Davis, Dr. J. H. Blanchard, Dr. L. D. Mason, Dr. C. H. Hughes, Dr. J. B. Mattison, Dr. Joseph Parrish, Dr. T. L. Wright,)r. E. C. Mann, and Dr. Albert Day. Dr. 'rothers is chairman of the American comnittee.

A New Museum of Hygiene in Berlin.

A large hygienic museum has recently een opened in Berlin. The rooms on the rst floor, of which there are sixteen, contain xhibits relating to fire, building, heating, entilation, lighting, water-supply, and road nd street making. On the second floor are ighteen rooms, in which are shown objects sed in civil and military nursing, clothing, aths, education, asylums, prisons, etc.

Love Among the Elements.

'otassium stole from her napthalin cell,
nd roaming around fell into a well:
'hen Oxygen, prince of the air and water,
ught full in his arms the cloister's fair
daughter.
h ardent delight she returned his embrace,
flung the gray veil from her beautiful face;

To Err is Human.

A correspondent writing to the *Cleveland Medical Gazette* says: "Billroth is a marvelous surgeon—operates like a god—with an elegance and certainty with which only Billroth can operate. But he is a very poor speaker, and it is extremely difficult to understand him. I saw an incident which I think will interest you. A patient was brought before

Billroth with a swelling in the perinæum. I thought of several things that it might be, and before I was aware of it, Billroth commenced to lecture on the subject of hernia. For heaven's sake, what had this to do with hernia? But I was soon to find out. In the course of his elaborate lecture, he suddenly launched upon ischiatic hernia. Now I saw the connection, and I thought: 'This is the place to see rare things.' Well, after he had finished the patient was narcotized. The initial incision was made with Billrothian elegance and grace. Lo and behold! in the depth sat a beautiful, round, circumscribed and yellow lipoma. We are not infallible, Billroth included."

The Bureau of General Information.

Office in the Corcoran Building (opposite the Treasury).

WASHINGTON, D. C.,

EDS. MED. AND SURG. REPORTER:

GENTLEMEN: The library of the Surgeon

twenty-four hours.—*Cal. Med. Journal.*

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Obstinate chlorosis attacks all young girls, without exception, in whom the menses have appeared in the twelfth or thirteenth year, and before the development of the breasts and pubes.—*Niemeyer.*

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These are emptied and a large opening made in the body of the gourd; another opening is made in the neck. Here we have a syringe. The medicated mixture is poured into the calabash syringe, with the neck previously adjusted. To administer an injection, the operator applies his mouth to the large opening and forcibly projects the mixture into the intestine of the patient. If we judge of the habits of prehistoric times by those of present savage races, we have here a prehistoric syringe, which has been perfected through the ages, becoming later on a bladder to which was affixed a nozzle, which we see still in use by veterinarians in the country, and which served our ancestors before the fifteenth century, that memorable epoch when Marcus Gatenaria invented the syringe with a piston.

How to Cut a Bottle.

A correspondent of the *Chemist and Druggist*, in describing how to make a percolator. mentions the following method of cutting a bottle: "I was first shown how to do it by an ingenious mechanic, and have since seen the same published in Spons' "Workshop Receipts." Put the bottle on a level foundation and fill up with oil (I use linseed oil, being able to use it in paint-making afterwards) as far as you wish the line of separation to be. Next get a rod of iron as large as possible, but small enough to go into the mouth of the bottle. Make the iron almost white hot and dip into the oil. In a very short time a crack will be heard, when the iron can be taken out, and the bottle will be found as neatly cut as if with a diamond. Should the bottle be very thick, and the crack not heard in a minute or so, a dash of cold water outside will settle the business."

A Sensible Suggestion.

Dr. Morris, of New York, speaks as follows in *Progress* for April: If one surgeon in every large town would devote enough time to the special study of malignant tumors, he would be surprised at the number of patients who would go to him—provided that he said things to each patient which would prove to be approximately correct. These patients now slip off quietly to some "cancer doctor" at a distance, and the medical men of the town do not hear of the cases being treated at all, or the patients conceal the true nature of their complaints and pass away, having received nothing more than household treatment. I would not have it understood that I should like to see a cancer *specialist* in every large town—or any where else, for that matter—for nothing cramps a good mind more surely than devotion to a small specialty.

Scientific Medicine and Christianity.

Rev. A. P. Happer, M. D., in an address to medical students in New York city, said: "In the providence of God, the knowledge of *scientific* medicine and surgery *only exist* in countries *where Christianity is found.* It is safe to say that the knowledge of healing is thus, in the providence of God, given in connection with Christianity, and is therefore as sacred a trust on the part of those who have it, as Christianity itself. * * * You may search from China to India, and every heathen and Moslem country, and the result of your investigation will soon confirm this position, that in no heathen or Moslem country is there an instance of the existence of any *scientific medicine or surgery.*"—*Med. Miss. Rec., January*, 1887.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS.

In the Medical Corps of the Navy, for the week ending May 14, 1887:

Surgeon C. U. Gravath, detached from the U. S. S. Michigan.

Passed Assistant Surgeon G. P. Lumsden, ordered to the U. S. S. Michigan.

Passed Assistant Surgeon Richard Ashbridge, detached from the Naval Academy, and to the practice ship Constellation.

Passed Assistant Surgeon Thos. H. Streets, promoted to surgeon.

U. S. Marine Hospital Service, for the week ended May 14, 1887:

Fessenden, C. S. D., surgeon. Detailed as chairman of Board for physical examination of cadets, Revenue Marine Service, May 13, 1887.

Stoner, G. W., surgeon. To proceed to Delaware Breakwater as inspector, and to New York and Philadelphia, to inspect unserviceable property, May 12, 1887.

Irwin, Fairfax, passed assistant surgeon. Detailed as recorder of Board for physical examination of cadets, Revenue Marine Service, May 13, 1887.

Fattic, J. B., assistant surgeon. Relieved from duty at Baltimore, Md.; ordered to Marine Hospital, St. Louis, Mo., May 13, 1887.

The Cartwright Prize.

At the Commencement of the New York College of Physicians and Surgeons, held on May 12th, the Cartwright Prize of $500 was awarded to Dr. B. F. Curtis, of New York, for his essay on Injuries to the Abdomen and Rupture of the Intestines. The Prize Committee also made honorable mention of the essay of Dr. H. A. Hare, of Philadelphia, on the Action of Antifebrin, Salicylic Acid, and Carbolic Acid on Normal and Abnormal Bodily Temperature. Dr. Smith, of New York, also received honorable mention for his essay.

Masterly Inactivity.

"It is a part of the biography of Majendie, that when young practitioners would in their ardor vaunt the success of remedies, he would smile and reply to them with pleasant irony, 'It is plain to be seen, young man, that you have never tried the plan of doing nothing.' Learn old Majendie's lesson, carry it with you into your sick room, and when in the blindness of ignorance you can do naught but err, do nothing—do nothing."—*Dr. Erskine, in Miss. Valley Med. Monthly.*

An International Congress of Inebriety

Is to be held in London on the 5th and 6th of July, under the presidency of Dr. Norman Kerr. Among the American gentlemen whose names are included in the list of vice-presidents are Dr. T. D. Crothers, Dr. N. S. Davis, Dr. J. H. Blanchard, Dr. L. D. Mason, Dr. C. H. Hughes, Dr. J. B. Mattison, Dr. Joseph Parrish, Dr. T. L. Wright, Dr. E. C. Mann, and Dr. Albert Day. Dr. Crothers is chairman of the American committee.

A New Museum of Hygiene in Berlin.

A large hygienic museum has recently been opened in Berlin. The rooms on the first floor, of which there are sixteen, contain exhibits relating to fire, building, heating, ventilation, lighting, water-supply, and road and street making. On the second floor are eighteen rooms, in which are shown objects used in civil and military nursing, clothing, baths, education, asylums, prisons, etc.

Love Among the Elements.

Potassium stole from her napthalin cell.
And roaming around fell into a well;
When Oxygen, prince of the air and water,
Caught full in his arms the cloister's fair daughter.
With ardent delight she returned his embrace,
And flung the gray veil from her beautiful face;
When Hydrogen, smarting with true wifely shame,
Went off in a huff, her cheeks all aflame.

Prize of $1000.

The Concentrated Produce Company, of London, offers the above prize for the best work upon the "Physiological Action of the Narcotic Principle of Hops." Competition is open until February, 1888.

Items.

—Dr. Brown-Séquard has just been elected President of the Société de Biologie, to serve for five years.

—The mortality from labor in China is estimated to be eight per cent., or about four hundred thousand deaths annually.

—A State Board of Health has just been organized in Vermont, making twenty-nine States which now have State Boards.

—Charles Reade, the novelist, was credited with having named a dog Tonic, because it was a mixture of bark, steal, and whine.

—The Missouri Legislature has passed a bill making it a felony for a physician to prescribe liquor except in cases of actual sickness.

—The sixth German Surgical Congress, which met last month at Berlin, elected Volkmann President, Bergmann Vice-President, and Billroth and Spencer Wells honorary members.

—Gautier has discovered six bases of a non-poisonous character in meat extract. It seems probable that poisonous bases are formed by bacterial action upon the non-poisonous ones.

—Following the lead of Denmark, the government of the Canton de Vaud, Switzerland, has absolutely forbidden public exhibitions of the phenomena of hypnotism, animal magnetism and somnambulism.

—The announcement is made in *Vratsch* and other medical journals that all foreign physicians resident in Russia, but especially those from Austro-Hungary, must become naturalized immediately or get out of the country.

—The Senate of Connecticut has passed a bill prohibiting post-mortem examinations of persons dying in hospitals unless the relatives are willing, and death was not the result of a criminal act, omission or neglect of some person.

—It is an interesting fact noted by the *Med. Press* that Dr. Grawitz, assistant to Prof. Virchow, has found that in as many as one-third of the cases of so-called muscular rheumatism which have been examined post-mortem, the presence of the trichina spiralis has been demonstrated.

—The ordinary drink of the people in China is boiled water in the shape of a hot infusion of tea leaves. Reflecting on this subject, Mathieu Williams remarks that the Celestial empire could never have reached its present density of population were Chinamen in the habit of drinking the water of their extremely polluted rivers and water-courses raw instead of cooked.

—Dujardin-Beaumetz says: "I can assure you that, the older I grow, the more chary I become in the use of morphine; for despite the marvellous properties of this alkaloid, which is by far the most active of analgesics, its dangers and disadvantages are such that I reserve its employment for exceptional cases."

—The disinfecting institution in Berlin has disinfected during the past six weeks not less than 982 mattresses, 70 straw beds, 1,504 feather beds, 4,437 shirts, 1,229 parts of dress, 2,340 pieces of carpets and curtains, 74 sofas and chairs. The income ($400) hardly paid the expenditures. The disinfection (by superheated steam) was chiefly done in cases of diphtheria and scarlet fever.

—Doctor's office, St. Louis. Enter a lady with a sick dog. "My dear Dr. ——, you must not be angry with me, but won't you please cut off this tumor on poor Fannie's flank?" "Well, madam, I would do anything to oblige you, but this is a little out of my line. Why don't you take the dog to a veterinary surgeon?" "But, doctor, those veterinaries are so expensive. I supposed you could do it just as well."—*St. Louis Republican.*

—From data furnished by over 6,000 cases in a table prepared by Ansell, and from similar results in other tables, Dr. J. Matthews Duncan concludes that married women, who do not become pregnant within six months after marriage, already exhibit a degree of relative sterility; and that when a married woman remains until the end of the fourth year without conceiving, the probabilities are strong that she will prove absolutely sterile.

—The increasing number of medical men to be found among literary people of late years shows that many physicians are desirous of the fame which Dr. Locke attained by his essay, which Dr. Oliver Goldsmith reaped from the "Deserted Village," which Dr. Erasmus Darwin gained from the "Botanic Garden," which rewarded Dr. E. A. Poe for the "Raven," and which repaid Dr. Holmes for his "Autocrat of the Breakfast Table." Sir Henry Thompson, of London; Dr. S. Weir Mitchell, of Philadelphia; Dr. W. A. Hammond, of New York; Dr. Donaldson, of Baltimore; and Dr. John Godfrey, of Indianapolis, are all reaping laurels in the field of romance.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

ARTIFICIAL SULPHUR WATER, AS A SUBSTITUTE FOR BERGEON'S TREATMENT OF PHTHISIS.

BY H. C. WOOD, M. D., LL. D.,

Professor of Therapeutics and Diseases of Nervous System, University of Pennsylvania.

Almost from time immemorial, waters of various sulphur springs have been used in the treatment of disease with more or less pronounced advantage. It is indeed notorious that many cases which have failed to yield to the most skilful home treatment have more or less imperfectly recovered at such springs. Experience has shown that especially three classes of cases are benefited. First, all forms of chronic gout; second, various forms of mucous catarrhs, including some cases of so-called consumption; third, skin diseases.

It will be remembered that when Bergeon inaugurated the system of rectal injections which has created so much excitement in the treatment of phthisis, the main agent which he employed was natural sulphur water. The carbonic acid bubbling through this carried over with it an uncertain amount of sulphuretted hydrogen, which was undoubtedly the active agent. Both in France and in this country artificial solutions have been substituted with advantage for the natural sulphur waters used by Bergeon, such artifical solutions yielding the sulphuretted hydrogen more freely than did the natural waters. I think it may be considered as established, that in many cases of consumption Bergeon's treatment has yielded very extraordinary results. That these results are not achieved by any specific action upon the tubercle bacillus is shown by the fact that the bacillus does not disappear from the sputa, and especially by the fact that bronchorrhœa and other pulmonic catarrhs not dependent upon the presence of the tubercle bacillus, are affected even more pronouncedly for good by the sulphuretted hydrogen than are the cases of true phthisis. It would seem, indeed, that the experience with the Bergeon's method is precisely in accord with that obtained at the various sulphur springs, namely, that sulphuretted hydrogen is a valuable remedy in the treatment of pulmonic catarrhs. The disadvantage of the Bergeon's method is the cost of the apparatus, the time and assistance required for the administration of the injection and the colicky pains which are not rarely produced. The advantages of the method over the administration of the gas by the mouth are not clear. It is simply absurd to suppose that it can make any difference in the action of sulphuretted hydrogen upon the general system or the pulmonic mucous membrane, whether it is absorbed, through the colon or through the small intestine. In either case the gas, as soon as absorbed, enters the portal circulation and passes by exactly the same route to the lungs. A further objection which might well be urged against the rectal administration is the impossibility of judging of the amount of sulphuretted hydrogen which is introduced into the bowels.

If a natural sulphur water is employed, the gas must vary indefinitely, and always be in very small amount in proportion to the carbonic acid. When an artificial solution is used, and the production of sulphuretted hydrogen depends upon the reaction between the carbonic acid gas and certain ingredients in the solution, more of the gas enters the patient, but the amount is still uncertain. The activity of chemical reactions notoriously varies with the temperature of solutions and with other circumstances still less readily controlled. Led by these considerations, I, some weeks ago, commenced the administration of sulphuretted hydrogen water by the mouth in pulmonic catarrhs, phthisis, etc., and have found that it yields precisely the same results as does the Bergeon's method of treatment. In a few instances the water disagrees with the stomach, but this is unusual; in such cases the rectal injections may be employed.

Water saturated at ordinary temperatures by sulphuretted hydrogen should contain between two and three times its bulk of gas. If allowed to stand, chemical decomposition occurs, with the deposition of sulphur and a marked reduction in the strength of the solution. The solution should therefore always be freshly prepared, not more than two, or at the most three days old. Its odor is of course excessively unpleasant, but its taste is not correspondingly disagreeable, and given in carbonic acid water, few of my patients have objected to it.

At my suggestion, Dr. John Marshall, of the Chemical Laboratory of the University of Pennsylvania, has prepared an apparatus which is so simple that any one, by means of it, can manufacture at an entirely nominal cost, a water which is saturated both with carbonic acid and sulphuretted hydrogen, and which affords an excellent method of administration. Of this water one to two ounces may be given three or four times a day. The cost of the apparatus, boxed for shipment, is only $5.00, so that it is within the means of almost any patient.

This artificial sulphur water will probably be found efficient in all affections in which the natural sulphur waters do good. I have tried it with good results in one case of chronic gout.

Dr. Marshall has also prepared for me an apparatus for impregnating large quantities of water with sulphuretted hydrogen for bathing purposes, so that it is now possible to order for wealthy patients a complete sulphur treatment at home. Perhaps it is just as well to call attention to the fact that the sulphur vapor baths extensively used are not sulphur or sulphurated hydrogen baths, but sulphurous acid baths, and sulphurous acid is no more sulphur than nitrous acid is nitrogen.

A CASE OF PUERPERAL UTERINE RUPTURE.

BY H. V. SWERINGEN, A. M., M. D.,
Of Fort Wayne, Indiana.

I have, in a previous contribution, expressed the opinion that it is the duty of the physician to report his failures as well as his successes. If, however, the number of critical, difficult cases be greater than should fall under the professional care of any single practitioner, the *proviso* that the failures be not in excess of the successes, may, with no little propriety, qualify said duty or its enforcement.

I had thought that I had had about every manner of case that could be found within the covers of the most recent standard treatises on the subject of midwifery, with the exceptions of the Cæsarian section, inversion of the uterus, and extra-uterine fœtation. But a recent case has undeceived me in this respect, and added to my obstetric record an entirely new experience.

Prudence would naturally suggest that a case of puerperal uterine rupture had better remain unreported, especially when the opinions of some of our authorities in regard to these cases are considered, as for instance, the following from the pen of Cazeaux:

"I repeat, therefore, that spontaneous rupture of the uterus is an event of rare occurrence, whilst lacerations produced by the manipulations required in turning, or the introduction of an instrument, are comparatively common. I have met with but a single case of spontaneous rupture; but, unfortunately, have seen quite a number of traumatic lacerations resulting from badly performed operations. The most skillful operator, without any fault of his own, may be the involuntary cause of rupture and cannot be justly censured; yet it is nevertheless true, that almost all such occurrences are the immediate consequence of want of skill or the use of too great force in the introduction of the hand or an instrument. Facts of this nature cannot be repeated too often, for they are calculated to render young physicians, who intend to practice midwifery, more cautious; and to convince them that to have attended two or three women in labor is not all that is needed to render them capable of performing the most difficult operations of our art."

It will be seen by the foregoing quotation that our author is very strongly inclined to the opinion that the great majority of the cases of uterine rupture that have occurred might have been prevented. However well founded such an opinion may be, it shall not deter me from reporting an additional one—the first to occur in my practice, and in over a thousand cases of labor attended.

The junior members of the profession are entitled to a knowledge of, but rarely have the advantage of profiting by, the unsuccessful practice of their elders, for the reason that the successful experience of the latter only is recorded or in any way revealed, while that which is more or less open to criticism, clouded by unwarranted procedure, or followed by serious or fatal results, is kept hidden not only from the profession at large but in many instances from the patient and friends, and is henceforth known to none save the professional attendants, the fatal results being by them attributed to causes and conditions wholly foreign to the cases.

That the opinions of authors, as of the herein mentioned writer, have not a little to do in preventing many an interesting case from seeing the light of day, or from coming to the surface of the great ocean of clinical experience and being recorded in our various journals, must be obvious to all. But authors are not always right in their opinions, correct in their judgment, or sound in their inferences.

We are too apt to conclude that because we see this or that opinion or statement in *print*, published in "*royal octavo*," bound in the highest style of the art, its title-page bearing the most recent date—the doctrines therein promulgated must be true. No idea could be more erroneous. It is wonderful the respect we pay to type and printers' ink, wholly unmindful of the fact that books partake largely of the imperfections of their creators.

> "'Tis pleasant sure to see one's name in print:
> A book's a book tho' there is nothing in't."

Upon the question now under consideration, when I am reminded of the many exhibitions of wonderful force exerted by the healthy uterus; when I reflect upon the almost incredible degree of power which must be exerted in the performance of traction in certain cases of forceps delivery, and remember that the womb is capable of exerting the same and greater force in its efforts at expulsion in the majority of cases; when I contemplate the almost superhuman power possessed by a perfectly normal womb independent of any volition upon the part of the parturient woman, acting as intelligently and forcibly as if endowed with a mind of its own: I say, when I think of what a healthy womb has done, and is capable of doing in its natural, physiological condition, I not only agree with Professor Cazeaux in saying that "spontaneous rupture of the uterus is an event of rare occurrence," but go further and assert (as my belief) that it *never* occurs in a perfectly normal organ in a labor otherwise normal; that when rupture does occur its cause will invariably be found to depend upon some degenerative changes, some retrograde or other metamorphosis, some alteration of structure, slight or extensive, of the womb itself, and that the usually very tender, mild, timid, often insufficient, fearful-of-doing-some-harm attempts of the young and inexperienced obstetrician to deliver an abnormal case, are but the irresponsible, irremediable, innocent causes—if causes at all—having no more to do with the result than the unaided efforts of nature herself, or other than to excite a manifest predisposition to, or constitute an unavoidable factor in, the production of an immediate rupture.

I have thus prefaced the report of my case in order to encourage the youger members of the profession to hesitate no longer in reporting and commenting upon similar cases, for fear of being censured for want of skill, and also by reason of the fearfully increasing amount of torture to which more especially the American womb is subjected in every conceivable manner for the purpose of preventing conception or of destroying its product. For it is reasonable to predict that these cases will become much more prevalent, and in time form a more important question in the domain of midwifery and gynecology.

At this very moment the writer hereof is cognizant of the fact that a lady (?) moving in the upper strata, if not in the uppermost stratum of society, fully equipped with tents and applicators and other instruments known only to the profession and the initiated, is at work upon herself, having with the same implements upon a previous occasion succeeded in the accomplishment of her object, her physician having yielded to her request for the production of an abortion to the extent only of instructing her how to perform it upon herself. Can it be denied that this practice long-continued will predispose to structural change and seriously compromies the integrity of uterine tissue? This is a question not only for the profession to consider, but it should command the gravest attention of the pulpit and of the bar. It is not at all unwise or improbable to conclude that those parents who resort to all manner of means of preventing and of destroying the product of conception, are more apt to lose what children they have permitted to come and grow up, and to whom they are so fondly attached, and upon whom they would be glad to lean and depend for support and comfort in their declining years.

The Case.—On Friday night, March 4, 1887, I was called to see Mrs. McNamara, who, it was thought, was in labor, having had slight pains during the whole of the day. The history gleaned from the messenger (the husband), was that her first confinement occurred in Ireland, and was followed by milk-leg, from which she never fully recovered, having ever since had a sore leg, which would alternately break and heal. Her first child lived but a few months. Her second child, now living, a boy 15 years old, seems in good health. Since she came to this country she has given birth to five still-born children in succession and at full term, and has had several miscarriages and false conceptions. Her labors have always been exceedingly slow and tedious, her pains very weak, feeble, and inefficient.

Reaching her bedside in a few minutes, a mere glance at her general physique was sufficient to satisfy me that the prospect for another still-birth was very favorable indeed, unless she was delivered by forceps the moment they could be applied. She was about 43 years old, weighed two hundred pounds, and, as I am informed by a neighbor, drank considerable beer. To the inexperienced accoucheur she would appear to be of the shape and form best calculated to insure a speedy, easy delivery; but I have long since learned to regard the thin, spare, wiry women as the best conservators of my time, trouble, anxiety, and patience in the lying-in chamber. My patient in the present instance was one of those fat women whose muscles are soft, boggy, baggy, relaxed, wanting in tonicity or resiliency, and who require for weeks or months before confinement such remedies as the phosphates, strychnia, etc.

On making a digital examination I discovered a very roomy pelvis, nothing abnormal in its dimensions, the os high up, retracted, indrawn, but undilated, the womb surrounding it in a boggy, soft condition I was unable to touch any portion of the child. By inspection of the abdominal contour I suspected a transverse presentation, which immediate palpation confirmed, the head being felt on the right above the pelvic brim, and the breech on the left. The woman's pains were aggravating, but accomplished nothing, and could not with a presentation of this character. By external manipulation, I succeeded in getting the head more anterovertically, but failed to make it engage in the superior strait. I then left her, hoping that nature would correct the position of the child by the time the os should become sufficiently dilated to require my presence.

On the following night, at about the same time, I was again summoned, when I found her in about the same condition as when I left her, except that, notwithstanding her pains were no stronger, the os was dilated and dilatable, being open to the extent of about a dollar or more; but no part of the child could be reached. The line of procedure I had now determined upon was to endeavor, by a external pressure upon the head down toward the superior strait, to apply the long Hodge forceps and deliver by traction, as in an ordinary forceps delivery. But an object so much-to-be-desired was more difficult of accomplishment than it at first appeared to be, and I reluctantly abandoned it for a procedure I feared would be still more difficult, that of version, which, however, was easily and speedily performed so far as the body and arms were concerned, but I had great and unusual difficulty with the head, which I finally delivered with forceps.

Imagine my horror when, upon introducing my hand to extract the placenta, it came in contact with the intestinal surface. A knowledge of what had happened passed through me like an electric shock. It was the most sensitive touch I ever experienced, and was not calculated to be an "antiphlogistic touch," either. There was my hand upon her bowels! Turning the palm upward, I quickly made out the contour of the posterior wall of the womb, feeling not unlike an inflated rubber bag of the size and nearly the shape of an ordinary sized ham, if not larger, no contraction as yet having occurred although there was no hemorrhage.

Withdrawing my hand, I made another and more successful effort to reach the fundus, where I found the placenta as intimately connected with it as Chang was to Eng—the memorable Siamese twins. No cleft, no fissure, no division, not a line of separation or of demarcation could I distinguish by touch: nothing hanging loose but a few shreds of the membranes and the cord. The rupture occurred in the posterior-inferior portion of the womb, through the supra-vaginal segment, but just *when* it occurred I am at a loss to determine, for at no time was there any very special, decided, or pronounced sign or symptom of shock or collapse, or any great complaint of pain. During the turning, which was very soon and easily accomplished, I let her inhale a little chloroform, but she soon recovered from its effects. I announced to the husband and friends what had happened, gave her a half grain of morphine hypodermically, placed hot bottles around her, and directed the husband to send for his priest, informing him that she was liable to sink in a very short time. She vomited several times in the course of an hour, was quite thirsty, skin cool, and but once or twice complained of a slight burning pain in the abdomen and back. She soon rallied from the shock, asked for beer frequently, talked and joked cheerfully at times, had no chill, temperature remained normal with a tendency to subnormal, pulse weak, feeble, at times hardly perceptible. She remained in about this condition until about the thirty-sixth hour, when her lungs and bronchial tubes began to fill up—she had had bronchitis for several weeks, with a harassing cough—and in the forty-eighth hour after delivery she died in collapse. A post-mortem examination was not granted me; I was *very* desirous of preserving her womb. I immediately addressed letters to Dr. W. P. Whery, of Fort Wayne, and Dr. Frank Greenwell, of Huntertown, Allen county, Ind., who were her former attendants, the former in one and the latter in three accouchements, who have kindly furnished me with data and their opinions concerning her case, and the unfortunate result of her present lying-in; but as this report has already grown far beyond the limits originally allowed it, I shall not, for the present at least, publish their kind letters. Suffice it to quote the following from Dr. W. P. Whery's letter: "Remembering the powerlessness of the uterine muscle on this occasion, I am not surprised to hear of a rupture of the walls. It is probably one of those cases where atrophy is combined with a dilated cavity. The atonic condition of the uterus probably accounts for the frequency of abnormal presentations in this patient's history." Dr. Whery was with her forty-eight hours in the confinement above referred to. The following I quote from Dr. Greenwell's letter: "I attended her again January 14, 1882; the labor was slow; the pains were not strong, but the vertex presented, and as soon as the second stage of labor was reached I gave ergot, and was rewarded for my efforts to encourage delivery by having a dead child to turn over to the family. However, I do not think the ergot had anything to do with the loss of the child. The placenta came away all right, but was in a degenerate condition, showing here and there evidences of an excess of fatty matter. * * * I again attended her May 15, 1883, with the same result as above. The first time I attended her was January 27, 1880, at which time the result was also the same as of the last two deliveries. I think I recall the story of a fall having occurred before the last time I attended her."

ON THE COMBINATION OF IRON WITH SODIUM SALICYLATE IN RHEUMATISM AND RHEUMATIC AFFECTIONS.

BY SOLOMON SOLIS-COHEN, A.M., M.D.,

Chief of Clinic, Out-patient Medical Department, Jefferson Medical College Hospital.

For some four years I have been in the habit, in certain classes of rheumatic affections, usually chronic, of employing a combination of tincture of chloride of iron and sodium salicylate, prepared according to the following formula, which I have been informed by Dr. Rice, of Bellevue Hospital, New York, and other experienced pharmacists, is the first successful combination of these drugs in an eligible preparation. In the House Pharmacopœias of the Philadelphia Polyclinic, where it was first used in 1883, and of Jefferson Medical College Hospital, it is known as the Mistura Ferro-salicylata:

℞.	Sodii salicylatis,	ʒiv.	
	Glycerini,	f℥ij.	
	Ol. gaultheriæ,	♏xx.	
	Tr. ferri chloridi,	fʒiv.	
	Acidi citrici,	gr. x.	
	Liq. ammonii citrat., (B. P.) q. s.,	f℥iv.	M.

The mixture is clear, and is not unpalatable. The usual dose is two fluid drachms in water, three or four times a day. The quantities and proportions of the active ingredients may of course be varied according to the intended frequency of dosage, and other circumstances. In cases which are rather subacute than chronic, it is sometimes given every second hour, until the physiological effects of the salicylate are produced, and then at longer intervals. I have also employed it, with apparently good results, in acute articular rheumatism, and in some cases of acute tonsillitis, especially in that group where the diagnosis is at first in doubt between rheumatic angina and diphtheria. Some of my friends have reported to me good results in acute rheumatism. Its particular applicability is in that group of patients in whom Dr. Russell Reynolds strongly urges the iron treatment—a recommendation endorsed with equal earnestness by Bartholow—namely, anæmic, delicate, poorly-nourished or broken down individuals, usually old people, children, or adolescents, but met with at all ages, whether the disease be acute, subacute, or chronic. In adults, indeed, as a rule, and quite frequently in children, even when the disease is not plainly chronic, the patient will give a history of repeated acute attacks; or there will seem to have been a long series of recurrences, with intermissions of doubtful health. Recognizing the weight of the testimony in favor of tonic, and especially ferric treatment of such cases, and yet desiring to obtain also the specific action of the salicylic compounds, I succeeded, after several ineffectual trials, in obtaining a clear mixture by the use of the formula given above, and four years' experience, latterly, with the ample material furnished by the Out-patient Department of Jefferson Medical College Hospital, has abundantly confirmed my expectations of its usefulness.

219 *S. 17th Street, May*, 1887.

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MEDICAL SOCIETIES.

ILLINOIS STATE MEDICAL SOCIETY.

FIRST DAY—MORNING SESSION.

The thirty-seventh annual meeting of this society was held in the M. E. Church, Chicago, Illinois, May 17, 18 and 19, and was called to order at 10:30 a. m. by the vice-president, Dr. Elias Wenger, of Gilman, after which the Rev. Charles H. Conklin offered prayer.

Dr. Wenger spoke of the death of the president, D. W. T. Kirk, of Atlanta.

Dr. J. L. White, of Bloomington, called attention to the fact that it was the first time in the history of the Society that it had been called upon to mourn the death of its presiding officer. He then paid an eloquent and fitting tribute to his memory, and said Dr. Kirk was born October 27, 1833. At the age of eighteen he commenced the study of medicine, and graduated in 1854 from the Louisville University. After his graduation, he came to Illinois and located at Farmer City, where he remained one year, and then removed to Atlanta, where he remained over thirty years, and died March 25, 1887.

It was moved and seconded that the society send resolutions of condolence to the family of the deceased, and that the president's chair be draped in mourning as a mark of esteem.

On motion of Dr. Ingals the report of Dr. White was referred to the Committee on Publication, to appear in the necrological transactions.

Dr. A. Reeves Jackson, of Chicago, delivered the address of welcome, and said to his mind the best *prima facie* evidence of the worth, the intelligence, the high professional standing and conscientiousness of the physician, lies in the fact of membership in his or her local State medical society. Many questions pregnant with interest and importance, in the realms of etiology, pathology and treatment, are apparently as unsettled to-day as they were a hundred years ago. This fact, however, should not discourage physicians in the prosecution of their work. He welcomed them in behalf of the entire medical profession of Chicago and vicinity, and extended to them the grasp of the hand, the friendship of the heart, and the hospitalities of the homes of that city.

Dr. E. P. Cook, of Mendota, on behalf of the society, responded in a very appropriate speech.

The Secretary, Dr. W. Graham, of Chicago, read letters of regret from Drs. D. S. Booth, of Sparta, and C. Goodbrake, of Clinton.

Dr. D. B. Brower, of Chicago, then read a paper on

The Practice of Medicine,

calling the attention of the Society first to the new treatment of phthisis, and kindred diseases due to bacteria, by rectal injections of sulphuretted hydrogen, communicated to the Academy of Sciences of Paris, by M. Bérgeon. The literature of the subject for the past year was reviewed extensively. The measure was based upon the physiological fact, established by Claude Bernard, that the introduction of toxic substances per rectum is not so dangerous as their introduction by the mouth, so long as elimination by the lungs is not interfered with. The results of the application of the new method in phthisis are, (1) diminution of cough after a few days; (2) profound modification of the quantity and quality of expectoration; (3) suppression of sweating, and gradual disappearance of moist *râles*, and improvement of the general condition. He then directed attention to the communication of Dr. John H. Skeer, read before the Chicago Pathological Society, on "A Pathognomonic Symptom in

Diagnosis of Tubercular Meningitis," presenting drawings to illustrate the changes which take place in the iris. The symptom to which he alluded is "a small circle which forms in the iris near to and completely surrounding the margin of the pupil. When it begins to appear, it is very distinct, and resembles a wreath of thin white clouds, the edge of which extends to the free border of the iris. In from 12 to 36 hours the whole margin of the iris will be involved, having become of a whitish or yellowish-brown color, and appearing irregular, thickened, and somewhat granular. These changes commence in both eyes simultaneously. This cloud-like appearance is in some cases very evanescent, hence the necessity of examining the iris at each visit. The rings are permanent, and grow narrower and longer with the progressive dilatation of the pupil as the distance advances. After an extensive examination of the literature of the subject no previous record of the symptom could be found, hence the sign might be regarded as a strictly original one by Dr. Skeer. The sign has been observed by several physicians since its discovery, two cases coming under Dr. Brower's personal observation. He next directed attention to the new treatment for tubercular meningitis (which is alleged to be successful), which consists of inunctions of iodoform ointment in large amount. He then drew attention to antipyretics, dwelling somewhat upon the new candidate for public favor, "antifebrin." Antifebrin has an advantage over antipyrin in that it is less expensive, more active, more efficient, and much stronger than the latter. He then considered this drug as a nervine, quoting the literature on the subject and the results of its use in certain cases of epilepsy which it benefited when the bromide of potassium had failed. Favorable reference was made to the application of antipyrin in arresting hemorrhage, and in headache, especially hemicrania, and its results were compared with those of other remedies; the dangerous depresssion following the use of antipyrin was also touched upon, showing that it is an agent which must be used with the greatest caution. The treatment of insomnia by the new hypnotics, urethan and paraldehyde, and especially the former, was next alluded to, Dr. Brower speaking of the reputation that urethan has recently acquired in the treatment of tetanus, several cases being reported as having recovered under its use. In one instance the urethan was combined with chloral. Experience teaches that urethan should be administered in large doses in order to secure the desired effect.

Adjourned.

FIRST DAY—AFTERNOON SESSION.

The society re-assembled, pursuant to adjournment, and was called to order at 2:20 p. m.

Dr. P. H. Oyler, of Mt. Pulaski, read a paper on

Diphtheria,

and expressed his belief that, like scarlet fever, small-pox, and other zymotic affections, it is due to a specific virus; that it is both contagious and infectious, but not in the same sense that scarlet fever and measles are. The exact mode of contagion is unknown. The statement that the disease may be local or constitutional in its origin is not only vague and unsatisfactory, but misleading. Whether the poison is introduced into the circulation by contact with mucous membranes or with the pulmonary capillaries—in either case the origin is local in character. True diphtheria is a zymotic affection, and every theory to the contrary must fall to the ground. The assertion that it attacks only unhealthy mucous membranes is groundless. He had not investigated the nature of the virus chemically, but, from observations and convictions, he bases his treatment upon somewhat different reasoning than that almost universally accepted. No one will deny that cholera is a zymotic disease. He had been taught that in cholera there exists a super-acidity of the blood, and believes that in all other zymotic diseases there exists a super-alkalinity of the blood to a greater or less degree. Assuming, then, that there is an acid condition in the development of the disease, the remedial agent which would meet all the indications and requirements of the case should be sought for and used. Since 1880 he had been using the carbonate of ammonia, jaborandi, benzoate of soda, etc., about the throat, and his results have been satisfactory. He had given the carbonate of ammonia in doses of from 30 to 50 grains. Carbonate of ammonia and benzoate of soda destroy the germ and the medium in which it thrives. Given with milk it stimulates the strength of the patient.

Dr. E. Fletcher Ingals, of Chicago, said he had a few words to say with reference to the first paper presented, and in regard to the new method of treating phthisis. He could not look upon it as a cure by any means. Of the cases in which he had used the gas, the other treatment had been continued as though the new method had not been employed. He had seen the temperature go down, and within four or five days the sweating cease and the expectoration gradually diminish. However, the temperature in one case had risen again, and things looked badly. One of his patients was unable to take the gas for any length of time on account of the laryngeal symptoms having become worse. It should be distinctly understood that there are dangers to be guarded against in the administration of sulphurous acid gas.

With regard to the paper on diphtheria, the treatment was novel. He had found, however, as he thought the writer himself had, that the treatment in some cases was peculiarly successful from the fact that in going through hundreds of cases in certain epidemics of diphtheria only a few patients were lost; at any rate, such reports were recorded. The old-fashioned treatment of the disease he thought had been more satisfactory. The tincture of iron is a valuable remedy; and gargles and spray are also undoubtedly of great value; but nothing which is liable to exhaust the patient should be used. He thought large doses of carbonate of ammonia would be offensive to a child.

Dr. J. A. Robison, of Chicago, spoke of the sulphurous waters, and said he had given preference to the natural mineral waters, while he understood that Dr. Ingals expresses himself as being better satisfied with the natural water. He would ask Dr. Ingals if he has tested the gas chemically.

Dr. Ingals replied in the negative.

Dr. N. S. Davis said, "I have but a few words to say with regard to the treatment of consumption by Bergeon's method, for I have had no personal experience with it. I do, however, once in a while, get access to the history of cases treated by this method, and will simply relate a case. A young man, well developed, in the suppurative stage of tuberculosis, came to my office: he had been using Bergeon's treatment regularly for ten days, and, according to his report, instead of progressing in the usual way, the expectoration, etc., diminishing, he insisted that his expectoration was increasing, and that he had received no benefit whatever. He only used it for ten days. I encouraged him to continue its use longer; for I consider ten days no fair test. I mention the fact simply to show that in diminishing the night-sweats, and the amount of expectoration, the gas has not been acting in accordance with the results usually obtained. I rise to inquire in discussing remedies for any of the acute febrile diseases whether we are not too apt to keep up an inquiry to find some remedy or some combination of remedies that are to be commenced and given the patient from beginning to end? Most of what I hear is, one man advocates the tincture of iron as the best remedy, another carbonate of ammonia in big or little doses, while still another puts in calomel apparently from beginning to end, and all for the same purpose. Each one has some leading remedy, and something to prop it up on either side. Now, it does seem to me in my experience that these febrile disorders have a definite progress. They present conditions of circulation, general tone, susceptibilities of the system, conditions of secretion—conditions in the exudative products essentially different from each other—as they progress. I have attended a great many cases of diphtheria in former times, and have been through a fair number of epidemics of the disease; some of them were very severe—so severe that I have seen four children in the same family laid on the same table ready for burial. Epidemics differ in their severity, their tendencies, fatality, and their varying amenability to treatment is very evident.

When I have come to a case of diphtheria at the beginning, I find most frequently a dry skin, and a tendency to the checking of secretions. Now, after four or five days have elapsed, the exudation not only on the membranes, but the glands of the neck becomes tumefied, and in a short time it has reached its culminating point. If you watch your patient closely, irrespective of any remedy, paying no attention to medicine, when it has reached that culminating point, you will begin to find a change in the taint of your patient's breath. You will find during the next twenty-four hours after that, if the patient lives, signs of disintegration; you have come to a culmination of the active progressive stage of the disorder, and you begin to notice now what I call the commencement of the stage of suppuration. The membranes and tissues break down, pulse is more rapid, and small ulcers appear in the membrane. There may be in addition offensive muco-purulent discharges from the nostrils and the throat. If remedies are given in the first stage of the disease they are highly beneficial; they tend to promote the natural secretion, diminish the tone of the fever, hold in check the high temperature. You may use calomel at this stage of the disease. I have never had occasion to use iron or carbonate of ammonia; it works well when used at the commencement. Just as soon as the culminating stage is reached the pulse begins to be softer, weaker, quicker, and, if the case is a severe one, easily compressed. The patient's countenance begins to look a little less florid—it is leaden in color. Next comes the stage of depression, when you may use carbonate of ammonia, tincture of iron, quinine, or anything that will act in the same direction; you will adjust, in other words, your remedies to meet the pathological conditions and indications of your patient in the different stages of the disease. And one of the most important things for physicians to learn is the exact adaptation of their remedies to the pathological relations and conditions of the successive stages of a disease.

Dr. A. K. Steele, of Chicago, said that Bérgeon's treatment was the live question of to-day, and that while it is not applicable to the cure of consumption, and does not destroy the micro-organism, yet it reduces the quantity of sputum and its offensiveness. After the symptoms of sepsis or blood-poisoning have disappeared to a certain extent, it is of advantage as a germicide. He ventured to predict that its life as a therapeutical agent will be as brief as that of the rectal administration of ether in producing anæsthesia for surgical operations.

Dr. E. Ingals said he was reminded of the old proverb, "A new broom sweeps clean," and the longer he lived the more thoroughly he became convinced of it.

Dr. G. L. Corcoran, of Brimfield, thought there might be something in the new treatment, and that it was unwise to criticise it before it had received a fair trial at the hands of the profession. Stranger things had happened, and by further investigation and experimental research something might be arrived at which will affect the tubercle. In his treatment of phthisis pulmonalis he had found nothing so good as iron and arsenic. He agreed with Dr. Davis regarding the disadvantage of using the tincture of iron too early.

Dr. Steele, chairman of the committee on surgery, then read his report, in which he gave a resumé of the

Progress in Surgery

made during the year, referring to the elaborate experimental researches of Dr. N. Senn, of Milwaukee, on "The Surgery of the Pancreas," which supplied data upon which to base rational methods of treatment for such diseases or injuries of the pancreas as may be amenable to surgical interference. The micro-organisms of acute infecting osteo-myelitis have been identified by Rosenbach, Becker, and others. Recently scrofulous, strumous, malignant diseases, white-swelling, and lupus, have been definitely classified as tuberculosis of bones, joints, or synovial surfaces, and rendered curable by recognition af their pathology. It has been demonstrated that foreign substances in the blood-currents are soon covered with a blood plaque (the white thrombus). When stasis occurs from any cause, the third corpuscle or blood-plaque undergoes transformation, adhering to the white corpuscle and the vessel wall, causing a white thrombus. He then referred to the experiments of Dr. Knapp, of New York, who believes that suppuration is caused by bacteria, and has proven that sterilized solutions of chemical irritants introduced into the blood are not followed by suppuration. Fermentation is the decomposition of carbo-hydrates into simpler compounds by the agency of living microbes. Thoraco-plasty was referred to as having been performed with the result of obliterating old pleural suppurating cavities. Surgical operations on the kidneys are becoming more and more frequent. The operations peformed are: Nephrorrhaphy, or suturing a floating kidney; nephrotomy; nephrectomy. Supra-pubic cystotomy is rapidly gaining favor. With regard to antiseptics, he used solutions of bichloride (1 to 500) freely in washing the field of operation. The spray had been abandoned by him during the last three years. Several cases were reported on which he operated himself, one excision of the hip, two leg amputations, one of thigh, three of shoulder. He followed Schede's method in operations upon bone. He used a primary plaster-cast in simple fractures, while in ununited fractures he drilled the unossified band of callus between the fragments in various directions. If this fails he cuts down upon the ends and fastens them firmly with bone pegs.

Dr. B. F. Crummer, of Warren, reported a case of unique

Wound of the Chest,

the lung being extensively lacerated, and profuse hemorrhage having taken place in the right thorax. Of pleuritic effusion he mentioned several cases, and one case of spontaneous recovery from empyema.

It was moved and seconded that the discussion on surgery take place during the afternoon session of the second day.

Dr. Ellen A. Ingersoll, of Canton, chairman of the Committee on Obstetrics, referred to the signs of pregnancy, saying that during the first eight weeks, the changes in the uterus were practically limited to the body of the organ. These changes constitute what is known as Hegar's sign—increase in the anterior curvature of the uterus, with increased elasticity of the uterine walls. She then spoke of the management of the secundines, the general drift of professional opinion being toward immediate removal of the uterine contents when the ovum had been expelled. Antiseptics and forceps were next dealt with. In the treatment of puerperal eclampsia the three important factors to be carried out were sedation, or suspension of the reflex functions of the spinal cord, prompt reduction of arterial pressure, and the elimination of effete matter from the system. Veratrum viride stood very high as a sedative. Extra-uterine pregnancy, dystocia, and premature labor, were referred to, the essayist claiming that latroversion at the beginning of labor was a fruitful measure in overcoming and preventing severe dystocia. Porro's operation as modified by Dr. John Bartlett, of Chicago, was alluded to. A supplementary paper on "Does a Retention of the Secundines Necessitate Septic Poisoning," was presented by Dr. W. H. Connibear, one of the Committee on Obstetrics, and read by Dr. Ingersoll, in the absence of the author.

Dr. C. W. Earle, of Chicago, remarked that Hegar's sign was long since observed; no one had considered it worth while to place it on record but Hegar himself, hence it received his name. During the first six or eight weeks, if pregnancy has taken place, we can detect a bottle-shaped condition of the uterus, and a great many practitioners have probably noticed it long before Hegar's sign was promulgated. There is an undue bulging just above the neck. Those who are expert in detecting it say they can detect this sign as early as the 6th or 7th week. Another sign of early pregnancy (not mentioned in the paper) is the discoloration of the vaginal tissues. As regards the removal of the placenta, etc., it demonstrates the fact that pieces of membranes and clots of blood are perfectly inert, if the woman is not poisoned by the practitioner, the nurse, or by something which she does herself. A little piece of placenta, together with a considerable quantity of blood, may revolve in the uterus, and if the finger of the obstetrician or appliances of the nurse do not infect the woman, these foreign masses are inert. Ask any of the operators of Italy, Austria and Germany, after they have gone through an obstetrical operation, will that woman recover? and they will answer, "Yes, she will recover, if I have not infected her." The question is, are we, as American practitioners, prepared to accept this doctrine?

Dr. O. B. Will, of Peoria, entered his emphatic protest against the use of injections, either intra-uterine or vaginal, immediately after labor. He covered all wounds with iodoform, and applied the pad used by Garrigues, of New York. His results were highly satisfactory. He favors the immediate removal of the secundines.

Dr. S. H. Stevenson, of Chicago, said there were two methods of dealing with the secundines—the conservative and the heroic. She adopted the conservative method, if the patient was under perfect antiseptic control, but if not, the physician was justified in using some violence to the uterus. With regard to the physician or nurse poisoning the patient, it leaves no room for autogenetic poisoning. No physician of experience can doubt that frequently the patient has within her the germs of sepsis, which develop at the puerperal period, without being conveyed to her by doctor or nurse.

Dr. E. P. Cook, of Mendota, favored early removal of the placenta.

Dr. Ingals never used injections, unless there was evidence of decomposition, but relied on nature, and maintained that labor was a normal process requiring little interference.

Dr. G. W. Nesbitt, of Sycamore, thought there should be some rule in regard to the treatment of abortions and retention of the secundines. He favored emptying of the contents of the uterus as early as possible.

Dr. J. H. Hollister, of Chicago, said he had practiced medicine thirty-nine years, and his results were usually very good, relying principally upon the conservative method.

Dr. E. Wing, of Chicago, endorsed the statements of Dr. Earle, that there was no such thing as autogenetic infection.

Papers on obstetrics were referred to Committee on Publication.

Society then adjourned to Wednesday at 10 a. m.

(*To be continued*).

CHICAGO MEDICAL SOCIETY.

Stated meeting, April 18, 1887.

The President, W. T. Belfield, M. D., in the chair.

Discussion on the Treatment of Pulmonary Affections by Gaseous Enemata, with Exhibition of Apparatus.

The President: During the last twenty-five years various specifics for pulmonary tuberculosis have been announced by enthusiastic physicians, and have successively secured more or less attention from the profession, yet none of these has secured in the hands of others the results claimed by its discoverer. The benzoate of sodium treatment of Rokitansky accomplished nothing in other hands; the phenic acid injections of Déclat were powerless to arrest the disease in any but his own hands; the eucalyptol treatment of Roussel failed in the hands of other investigators. The latest method of treatment—that recommended by Bergeon, of Lyons, after two years careful observation—has, unlike its predecessors, met with almost unanimous approval at the hands of those who have tried it, including physicians in the Paris and Philadelphia hospitals and several practitioners in our own city. Since the method not only promises well, but is also universally accessible to the profession, it has been deemed advisable to present the subject to the members of the Society in a preliminary discussion this evening. There will be presented communications from Bergeon, of Lyons, Bruen, of Philadelphia, as well as the experience of several gentlemen who have used the method in this city.

Dr. Francis J. Crane then read a paper entitled.

Bergeon's Method of Treating Phthisis by Gaseous Enemata.

In January last, the *New York Medical Record* contained an article headed "A New Treatment of Phthisis," which gives a brief outline of Dr. Bergeon's method of administering carbon dioxide mixed with sulphuretted hydrogen gas, and referred to an article published in the *British Medical Journal*, of December 18, 1886. This described in full the apparatus and mode of using it, and stated they had been procuring beneficial results by the method, and that Prof. Cornil, of Paris, had also become an enthusiastic supporter of it. This led me to write to Dr. Bergeon, and in the course of my correspondence, he presented me with an apparatus, as well as with the treatise of Dr. Morel, read before the French Academy last June, and also one by Prof. Cornil. These are so exhaustive that I have embodied in this paper only the essence of both, as follows:

New Treatment of the Diseases of Respiratory Organs and Septicæmia by the means of Gaseous Enemata, according to M. Bergeon's Method. By Dr. V. Morel.—It would seem from the statements of physicians who have tried either to prevent the development or the proliferation of the bacillus, or to destroy it, that it is the one thing which we have to overcome in the treatment of phthisis. In reasoning by analogy with other contagious diseases, as, for instance, cholera and hydrophobia, it might be urged that the bacillus is not the immediate cause of the morbid phenomena of tuberculous affections. It is known that, aside from miliary tubercles, which invade the lungs and are the cause of the patients' symptoms, the gravest phenomena of phthisis are due to the septicæmia, which poisons the patient, and is caused by the suppuration of the tubercles, which, brought in contact with air, undergoes putrefaction and is absorbed into the system. The bacillus works, then, by producing lesions of texture, which become fatal to the organism by rapidly destroying, or, by undergoing softening and absorption, produce septicæmia. To use Darembourg's expression: "The bacillus is nothing, but septicæmia is everything."

In acknowledging that it is not necessary to ascribe to the microbe all of the morbid phenomena of phthisis, it is not less true that its presence is to the organism an incessant and real danger, and that consequently, in endeavoring to discover a remedy for the lesions which it has produced, it is necessary to destroy it, or at least to neutralize its action. For this purpose such agents as sulphuret of hydrogen, bisulphide of carbon, and other antiseptics, mixed with pure carbonic acid, are employed.

Principles of Bergeon's Method.—The first mode of treatment thought of consisted in applying by inhalation some substances having parasiticidal properties. It is known that antiseptic substances are poisonous, when introduced into the arterial system, either directly or by inhalation. Claude Bernard has shown that poisonous gases introduced into the arterial system through the lungs produce toxic effects almost instantaneously. Besides, the antiseptic substances have an irritating action, and this action, operating on diseased lungs, will only increase the existing lesions, while their unpleasant odor arouses a refusal in the patients to their use; this is probably the reason why so little success has been obtained by inhalation in the treatment of phthisis, and is conclusive proof that the introduction of antiseptics by the stomach is preferable; for Claude Bernard has shown that when a poisonous or medicinal substance is introduced into an organ distant from the arterial system—into the digestive tract, for instance—it cannot enter the arterial system, because it is expelled before reaching it. It must pass through the portal system, the hepatic veins, and the pulmonary texture, there to be exhaled, or it can be expelled by the liver with the bile.

It is well established by experiments that the introduction of poisonous substances in the digestive tube may be done without danger by taking certain precautions, of which the most important consist in not injecting too large quantities at once, and not injecting more before the first has been completely eliminated. What avenue ought to be chosen—the stomach or the rectum? In both cases, the medicament will have to pass through the portal vein, the liver, the hepatic vein, the right heart and pulmonary arteries; but we think the rectal way is preferable, for the patient cannot take a dislike to the antiseptic substances on account of their disagreeable odors.

Gaseous Enemata in the Therapeutics of Respiratory Organs, Pulmonary Phthisis, Asthma, Whooping-cough, Bronchitis, Bronchiectasis, Bronchorrhœa, Pulmonary Catarrh. By M. Cornil.—The principle of the action of gaseous injections and of their rapid elimination by the lung, has been given by Claude Bernard. He showed that when sulphuretted hydrogen is injected into the rectum of an animal, the gas is expelled by the lungs; he proved that we can so inject it in almost unlimited quantities, without causing harm; whereas its introduction by inhalation rapidly occasions grave accidents and the animal's death. However, to introduce sulphuretted hydrogen, or any other gas or vapor, into the economy per rectum, for the purpose of destroying the micro-organisms which exist in a number of diseases, it was necessary to find a gaseous vehicle, inoffensive to the economy, and easily tolerated by the bowel.

Carbonic acid gas admirably answers the purpose; it is very easily borne by the colon, rapidly absorbed and afterward expelled by the lung, with the medicinal gas which it holds. This gas itself, in all probability, plays a very important part in this new treatment of pulmonary diseases.

Dr. Bergeon, who inaugurated this method, published a few months ago the first results obtained in the treatment of pulmonary phthisis by this method. Physicians of Lyons, Paris, Geneva and Marseilles who have treated phthisis by the method, have generally obtained a very rapid disappearance of the phenomena of pulmonary suppuration, and progress towards a state of health with all the signs of cure.

Concerning the patients I have treated by this method, I can now assert that the results I predicted three months ago have been achieved. The patients whom I considered cured have no more expectoration, and give on auscultation stethoscopic signs which denote the presence of quiescent cavities, or cicatrized lesions. Some of these patients have been obliged to return to a life of labor; nevertheless their respiratory organs have stood the test, and the amelioration obtained has been permanent.

While many patients whom the expectoration once so exhausted, now have only 3 or 4 grams of sputum a day, at the beginning of the treatment it was from 250 to 300 grams. We have found bacilli, it is true, in the sputa of these patients; yet it remains to be discovered whether these bacilli which continue to exist after the return to health have kept their functional activity or not. Whatever may be the mode of action of carbonic acid introduced by intestinal absorption in the venous blood and afterward expelled by the lung, it can be said from the observation of patients that this gas, filled with proper medicinal substances, greatly modifies the respiratory function, and makes the hematosis more complete and easy. It gives a sensation of well-being, followed by an increase of strength and weight, a diminution of fever and night-sweats.

The following precautions must be observed in giving this treatment. 1. The CO_2 ought to be as pure as possible, so as not to inflame the bowel. That obtained by the reaction of dilute sulphuric acid on the bicarbonate of soda has always been perfectly absorbed by the bowel without producing any toxic effect.

2. The gas should be collected in a receiver from which the air has been expelled.

3. Make the injections just before a meal, or at least three hours after, and never when the patient is weary. It is necessary to be very cautious in experimenting with other medicinal substances, for if, although the sulphuretted hydrogen is inoffensive, other agents, as turpentine, chloral, ammonia, iodine, bromine, ether, etc., may not be, and might be the cause of an inflammation of the intestinal mucous membrane.

It is not necessary that the dose be large; by injecting twice a day 4 or 5 litres of carbonic acid gas passed through 500 grams of sulphur water, we rapidly notice the disappearance of all the phenomena of pulmonary suppuration, either in its acute or chronic state.

Bergeon's method has been successfully experimented with by Dr. Chantamesse, in his service at St. Antoine Hospital, during the months of August, September and October. The following are his results: "Two patients brought to the hospital suffering with violent attacks of asthma were, half an hour after the injection with sulpho-carbon vapors, entirely relieved of the dyspnœa. The treatment having been continued for a few days, the breathing was relieved, and the attacks were not repeated during the time they remained." Nine patients giving general and local signs of pulmonary tuberculosis, with tubercular bacilli in the sputa, have obtained very great amelioration from this treatment. The increase of weight has been rapid, one pound, and sometimes as much as 35 oz. a week; cough and expectoration have largely ceased. We always find the bacilli in the sputum, however. These patients have been under treatment for one month and a half. One of them has increased nine pounds in weight.

I have used this treatment in four cases: two of phthisis, one of intussusception of the bowel, and one of spasmodic croup. In the croup and intussusception it operated like a charm, overcoming both almost instantly. In the case of croup I used the bisulphide of carbon, and in half an hour the little patient was sleeping, apparently as well as ever.

Case 1. Mr. W., aged 26. Two sisters and a brother died of phthisis; he had been treated by various physicians and changing climate (having been to Colorado twice) for over three years. The right lung was nearly useless, as it contained a cavity corresponding to nearly if not quite half of its original capacity. Nowhere on this side could vesicular respiration be heard, while the left apex likewise yielded unmistakable signs of disease. There were œdema of the feet, incessant cough, broken sleep, watery stools and ravenous appetite, although he could not retain anything on the stomach; temperature 102° F. After the first injection of bisulphide of carbon, given in the evening, he slept well for three hours, and was bothered very little with cough, but on rising in the morning, to use his own words, he came near strangling for want of a cough, which he finally got, and expectorated a pint in one paroxysm. I then used the sulphuretted hydrogen water and he improved very fast; in one week he had a normal temperature; night-sweats almost entirely stopped; expectoration was much less, and he was able to wear his shoes, which he had not been able to do for over six weeks. Unfortunately, however, at the latter part of the second week he ventured out in one of our rainiest March days, took cold, and his death, two days later, cut short the record of what might have proved almost a miracle.

Case 3. Mrs. W., aged 34, widow, having lost her mother and older sister from phthisis, applied to me for some heart trouble. Complained of a dizzy sensation on rising from a recumbent position; feet swollen; hectic flush; considerable dyspnœa; slight cough with no expectoration. *Diagnosis:* Incipient phthisis with heart complication? She had noticed, also, for about a week, some night-sweats, which did not last, however, after the second administration of gas. She improved so rapidly that she only made seven visits in all, and pronounced herself cured. There is, however, no doubt but she will have a return of symptoms upon the slightest provocation.

This comprises all my experience. But these are facts, and facts are stubborn things to deal with. In regard to the best mineral water, I wish to say that, after trying the Lafayette, Ind., the Blue Lick, Ky., and the Ypsilanti, Mich., mineral waters, I am satisfied that the Ypsilanti mineral water is just what we want. It contains 20 cubic inches of gas to the gallon, and is so strongly impregnated with it that I use it over a second time by having solid rubber corks to replace the perforated ones when I have got through using the apparatus. Mr. St. Clair, President of the Company at 88 Randolph St., has kindly furnished a case of 12 quarts of the water, which I have forwarded to Dr. Bergeon, in hopes that it may compare favorably with the Eaux Bonnes water which he is using. I have also had an apparatus made by E. H. Sargent, which I think takes the place of Dr. Morel's very well, differing from it only in point of cheapness, costing but a little more than one-half the former.

The true place of this mode of treatment cannot be established until the experience of careful observers has been given us, years hence. I wish, therefore, to urge the profession to investigate the matter fairly, since time, I am confident, will prove that Dr. Bergeon has been one of the greatest benefactors of the age.

The President: This method of Bergeon has been extensively used in the Philadelphia Hospital, chiefly by Dr. Bruen, who has kindly furnished a resumé of his experience with it, which the Secretary will read.

"PHILADELPHIA, April 11, 1887.

"The experience thus far obtained in the Philadelphia Hospital in the use of Bergeon's treatment of consumption by rectal injections of carbonic acid gas impregnated with sulphuretted hydrogen, has been highly encouraging.

"In the *Medical News*, of April 2, 1887, a statement of clinical results thus far secured in my wards was presented. These results indicated that the element of suppuration in pulmonary phthisis was usually very positively influenced. The night sweats have been controlled in twenty-five cases without an exception. The temperature has been modified even in the most advanced cases, and in some instances in which the disease has been extensive it has been brought to a normal point. A peculiarity of the temperature charts seems to be an introduction of a sub-normal temperature in the forenoon. The expectoration has been lessened in all instances, and in some has disappeared. A marked impression has been made for the better on the nervous symptoms which attend the disease, and a more cheerful and sanguine spirit has followed the therapeusis.

"It would seem justifiable to conclude that we have a most important therapeutic agent in the gas enemata treatment. One case of acute broncho-pneumonia treated on this plan has recovered, and will be discharged from the hospital. The history of her case has been already stated in the article in the *Medical News.* Another case of phthisis with pneumo-thorax under treatment for five weeks, is so much improved that the patient insists on her discharge. The râles have disappeared from this patient's chest (the pneumo-thorax was local and confined to the lower zone of the right thorax), the opening into the lung has apparently closed and retraction of the chest wall is going on. This patient had been ill for a year previous to admission to the Philadelphia Hospital; the pneumo-thorax was noted on admission. She has gained over nine pounds of flesh, expectoration has ceased, sweats abolished. The cough, however, continues as a modified symptom, since she is as yet merely a case of phthisis in stage of arrest, the bacilli of tuberculosis being still recognizable in the sputa.

"Two cases of commencing phthisis, with moist râles, dullness on percussion, harsh breathing, deficient expansion over right upper lobe, and tubercle bacilli in sputa, have recently been placed under the treatment. In these cases, the gain in one week has been most material. The râles have disappeared, and the patients express themselves as benefited. The method of treatment is surely worth a careful scientific investigation.

"In our hands a solution of 5 grs. sulphide of sodium and 5 grs. chloride of sodium in 22 ounces of water has proven the most satisfactory substance to produce the sulphuretted hydrogen. A solution more strongly impregnated with sulphuretted hydrogen has not only been more advantageous, but seemed injurious, apparently inducing pallor, loss of appetite, and in some cases irritation of the bowels. The gas should be introduced slowly; not less than half an hour seems requisite for each séance. From three to five quarts can be introduced in most cases, a gain in the tolerance of the necessary distension of the bowel being rapidly acquired. The absorption of the gas from the bowel is very rapid, and in half an hour the distension will entirely subside. It is sometimes introduced more rapidly, but the gain is in proportion to the time consumed in giving the gas. The carbonic acid can be pumped through the solution containing the sulphuretted hydrogen by the aid of a ball with valve attachment. * * * * *

"We have not obtained as yet satisfactory results from the examination of urine, or breath, nor of the effect of the treatment upon the bacillus tuberculosis.

"EDWARD T. BRUEN, M. D.
"1814 *S. Rittenhouse Sq*"

Dr. R. H. Babcock: My experience with this remedy is rather limited, but it seems to me there are several questions which should be considered in speaking on this subject: *First,* is the treatment safe? *Second,* is it applicable in all cases? *Third,* is it a cure? Practically the treatment is safe under the precautions which are laid down; but Dr. Osler in some remarks before the Philadelphia County Medical Society, narrates a case in which the patient almost succumbed after the first treatment, the gas being charged with a mixture of bisulphide of carbon and sulphuret of hydrogen. We can also conceive of cases in which, on account of limited respiratory power, the rapid administration of the gas by producing distension of the large bowel would seriously embarrass the limited respiratory capacity remaining in the patient. It is also conceivable that an undue amount of distension in cases of tubercular ulceration of the bowel might be dangerous, possibly producing rupture and peritonitis; and it seems to me this is a consideration which would render us cautious about administering this treatment in typhoid fever. I have had no experience and seen no reports of cases of this disease treated in this way. In regard to its applicability in all cases, that has been partially answered in considering the previous question. It has been the experience of Geneva physicians, as reported by M. Wiss, and of De La Roche, of Lyons, that there are cases which cannot tolerate the treatment at all. One patient who had hæmorrhoids suffered from such colic that the treatment had to be abandoned. Wiss also mentions a case in which the treatment had to be abandoned in the course of a month, although superintended by Bergeon himself. I was asked to administer the treatment in a case in which the lungs were so extensively destroyed that it seemed to me unwise to administer it, though perhaps a small amount of gas might have ameliorated the symptoms; but had it been possible to abate or arrest the disease, the patient could certainly not have lived with such a small amount of lung left. Of course this consideration is one which renders the indiscriminate use of the treatment hazardous. There are cases in which the recovery, or arrest of the disease, has been so complete that the patients are practically well, and have been able to return to their avocations. However, if we are to estimate this thing by the disappearance of bacilli from the sputum we must say it is not a cure. No case is reported in which the bacilli have entirely disappeared. As you know, M. Cornil has instituted a number of experiments on animals with reference to this question, a solution of which we are all looking for with much interest. French physicians are experimenting with a great many other substances.

I am now using the treatment upon two cases, one is bronchitic asthma, but the treatments are too few as yet for me to make any report. I would not wish to say whether the relief that has been obtained is due to the treatment or is merely a coincidence. Another case is a lady aged 34, who has been suffering from phthisis for a year and a half, and who last fall received injections of phenic acid twice daily, without any improvement, who had been taking cabinet treatments from me for six weeks, without improvement, in whom the right lung is extensively consolidated, with a large cavity. In this case the relief for the first week was certainly very surprising. The patient gained in strength and experienced a feeling of well being, or as she expressed it a clearer feeling in her head, a feeling of brightness which she had not had for weeks. She certainly coughed less and expectorated less at a time. Her stools had been clay-colored in spite of everything I could do. At the end of a week they were of a natural color. The movement of the bowels was perfectly natural, her tongue also cleaned off in a remarkable manner at the end of five days. The treatments were continued at my office twice a day, and the patient had to come into the city, so the improvement was perhaps not quite as great as if she had taken the treatment at home. The second week she did not do quite as well, which I attributed to the quality of the mineral water. At the end of two weeks she was improved in respect to all the symptoms which have been related this evening. The night-sweats had ceased, her temperature was lower, but not normal—it ranged from 99° to 100⅕°. I took her temperature at 9, 11, 2, and late in the afternoon, and the highest she had with the exception of once was 100⅕°; it was repeatedly 98⅕°. Her tongue did not remain clean, and her appetite did not improve as I desired. She gained strength, but there was a complication, namely tubercular laryngitis. M. Bergeon states decidedly that tubercular laryngitis has been very greatly improved by this treatment. In the case just mentioned the laryngeal symptoms have improved, but whether entirely due to the treatment I am not prepared to say, as she has had various sprays and one topical treatment to the larynx. Her case is somewhat discouraging owing to the extent of the disease, since it is not entirely confined to the right lung. She has complained of no unpleasant symptoms since the first treatment when she complained of a slight burning at the anus and a desire to evacuate the rectum. Once or twice she complained of a little colic. She is now taking the treatments at home and feels very much encouraged, but the outlook to me is not what it should be. I saw her last Thursday, and I felt disappointed to learn that she is beginning to perspire again.

I think all the precautions have been taken in this case thus far, and it proves that the treatment does not give rapid improvement in all cases; and the fact cited by Wiss, that out of four cases treated in Geneva all died within three months, shows that it does not cure in all cases. However, it is a treatment which is so admirable and furnishes such good results in many cases, that I think all physicians are justified in trying it. Another thing which recommends it is that after the patient becomes accustomed to the treatment it can be handed over to a trusty member of the family to administer. Compared with pneumatic differentiation, it offers a much better chance for the improvement of the patient, although there are cases in which pneumatic differentiation will do what this will not. But thus far this method gives better prospects of benefiting a number of cases than any method which has been placed before the profession.

Dr. W. H. Weaver: A case under treatment at the Chicago Polyclinic, which is making favorable progress, is one in which there is no doubt of the extent of the tuberculosis in the left upper lobe. The expectoration was quite profuse, and contained an abundance of bacilli. She has been failing for two years, but very rapidly for two months. She had fever, night sweats, prostration, wasting, loss of appetite, but had not taken any medicine of any sort. She came to the Polyclinic dispensary, where I treated her; the first time giving her an injection of only one pint of gas. Her temperature that day was 101½°; the next day she returned, and I gave her a quart injection, and her temperature was 102.6°; the next day, the third injection, her temperature was normal, and I gave her another quart. When she returned for the fourth injection her temperature was normal, and she seemed better in every way; said her appetite had returned, the cough was less severe, expectoration diminished greatly, and the night-sweats almost entirely relieved. At the fifth injection she had a slight rise in temperature; she said she had had no more chills and fever for the last three days. I used a solution of about 5 grains of sulphide of potassium with 5 grains of common salt in about 20 ounces of warm water, which gives about the proper amount of sulphuretted hydrogen gas, at least the patients all say that they feel better and have no unpleasant symptoms. I have given it in three other cases; one has some pelvic trouble, and the physician who is treating her thinks that it might be a counter-indication to the remedy, but she seems to be better in her general condition, has increased in flesh, and coughs less, and prefers to continue the treatment. Another case of incipient tuberculosis, where the upper left apex is affected more particularly, seems to be improved considerably under treatment. He has been having the treatment one week.

Dr. L. L. McArthur: In starting in with this treatment of phthisis I saw the difficulties that were going to arise in the apparatus, and think I can make some suggestions that will prove valuable. The apparatus presented to-night is not portable, and if the patients are to be treated at home they would either require a separate apparatus for each patient or else one must run the risk of breaking the apparatus. In the first place, I thought of a method of collecting the carbonic acid gas, by taking one of those portable laughing-gas cylinders, to be obtained at any dental depot, to a soda-water fountain and having it charged with carbonic acid gas. There can be stored from 1 to 500 gallons of gas, equally chemically pure with that recommended. This apparatus would simply require the turning of a stop-cock in the tube or opening to permit the gas to escape at any rate desired. If found desirable to continue the use of sulphuretted water, instead of mixing the two gases together first, it could be done by using a wash-bottle and a delivery tube. I believe an equally efficient method is to introduce into this cylinder a solution of sulphide of potassium, which furnishes for every ounce of the sulphide of potassium about a gallon of sulphuretted hydrogen. The carbonic acid formed liberates the H_2S from the sulphide introduced. The strength, according to Bergeon's method, is about half of 1 per cent., or a little less. By a little calculation it will be seen that the carbonic acid formed by the combination of the carbon dioxide and water would set free the hydrogen in combination with the sulphur in the definitely desired quantities, so that it would not be necessary to use the sulphuretted water. In that way the gas could be introduced into the measuring bag and then into the rectum. The cylinder would hold a sufficient amount of gas for many treatments, and as it is easily portable, it could be taken to the houses of patients, and not require them to come to the office.

Dr. R. Tilley: I have had no experience whatever in this method of treatment, but I would like to say a word with reference to the apparatus which I think would certainly make the measurement of the gases used more definite. I think, notwithstanding the doctor's explanation of the number of pressures that may be necessary to constitute a quart, that one individual may require so many pressures and another so many less or so many more, and thus the amount would be somewhat indefinite; whereas if a bottle of the necessary size was filled full of carbonic acid gas, and then another bottle with a tube attached full of water, the latter could be attached with the necessary tubes and elevated just the same as a siphon, and the water introduced into the bottle containing the carbonic acid gas and passed through the sulphuretted hydrogen water with the required rapidity, and thus it would come much more regularly than could be done by means of this spasmodic pressure of the bulb. I would like to call attention to the fact that there are on sale in this city large cylinders containing absolutely pure carbonic acid gas, imported under the auspices of the Prussian government. The gas is condensed to the liquid state at the place where it flows from the earth at a great depth, from the natural channels. I do not know exactly where it is for sale, but at some manufactory of soda apparatus; and from communication with some of the druggists here I learn that it is only a little dearer than that which they manufacture themselves. It might be argued, however, that if it was simply a little dearer for the druggists it would not be any dearer for those who make it a practice to administer the treatment in their offices, and it would be a convenient way to obtain the gas with the absolute certainty of its being perfectly pure and always on hand.

I would like to say a word about the marked indistinctness that has characterized some few of the reports. It was a positive relief to me when Dr. Babcock gave his more moderate report. The way in which bisulphide of carbon and sulphuretted hydrogen were confused and interchanged was perplexing. Both these agents are exceedingly poisonous, and it is well to bear it in mind. I had some experience with the sulphuretted hydrogen some years ago in the laboratory, and it was my experience that the inhalation of a small quantity was attended almost regularly with a crop of boils. In any case, I think it would be better to have a more definite idea of the quantities of these poisonous agents than can be obtained by the information given us to-night.

Dr. Walter M. Fitch: For generating the gas we use a common Wolf bottle with three corks, one for a stop-cock for the acid, one for the delivery tube, and one for the safety-valve. This last must not be pressed in too tightly; at one time I had the stop-cock blown out and broken by putting in the acid a little too rapidly. To make the gas we use about a heaping tablespoon of bicarbonate of sodium, covering that with cold water about two inches deep. If we use hot water we make a suds that will foam up and run into the bag. We use the bicarbonate of sodium and sulphuric acid diluted one part in four. The reason for using the sulphuric acid in preference to any other is that, being absolutely non-volatile, none of it will pass over into the bag of carbonic acid gas. To make the gas, the generating-bottle is connected with the bag, which is emptied and tightly rolled, in order to remove all the air. The generator should also be emptied of air by turning in some of the acid before it is connected with the gas-bag. The bags usually hold about one-half of what they are marked—a three-gallon bag will hold about six quarts, etc. If we should over-distend it, the corks would be blown out of the generator. For injecting the gas, the stop-cock is turned off and the bag is connected with the bubbling-tube, which extends to the bottom of the bottle of mineral water, so that the gas coming from the bag may pass down into the water, and, rising up through it, be medicated by the sulphur vapor which it contains. It is injected by means of a hand-bulb. In using the bulb it is important to remember that, since it is intended to be used only with water, the action of the valves is not perfect with gas, and it is therefore necessary that the bulb be held vertically, so that the weight of the valves may assist in closing them. In using it in this way we secure a perfect action which draws the gas into the bottom of the bottle and delivers it through the tube. I have now connected it as in use. The bisulphide of carbon has been mentioned several times. In order to use this it is necessary that the gas be washed, for fear that it may contain impurities; for none of the chemicals we get are perfectly pure, and as they are most likely to contain vapors of hydrochloric acid which are easily dissolved in water, the gas is bubbled through pure water to purify it. Between the Wolf bottle and bulb is inserted an ordinary chemical drying tube, a glass tube three-fourths of an inch in diameter, which is drawn down at one end small enough to have the rubber tube slipped over it. Into the other end is fitted a cork with a glass tube through it; in the drying tube is placed a tampon of cotton, and the requisite amount, usually one drachm, of bisulphide of carbon is placed on the cotton. In passing the gas through this cotton it becomes very strongly impregnated with the vapor and is injected in that manner. I think some Philadelphia physician spoke of an instrument for measuring the gas injected. A very simple way of measuring it when using a small apparatus of this kind, is with the bulb. The bulb will deliver at each compression just so much gas; in order to measure how much is delivered we simply take a measured bottle, invert it over the water with the water filling it, then introduce the rectal tube into the bottle and remove the water from it by displacement, the number of compressions being counted. The bulbs vary in size. I remember the capacity of six now in use: two count 15 compressions to the pint; three count 20 compressions to the pint, and one counts 25. Thus, with each apparatus the bulb must be measured, and knowing its capacity, the gas can be prescribed in as definite a way as any medicine measured out of a bottle.

The President: My experience with this method, extending over less than a month, comprises the observation of one case that impressed me strongly; this was a young man suffering from the last stages of quick consumption, who had been in the care of Dr. H. A. Johnson. He was very feeble, much emaciated, had badly swollen feet and albuminous urine. His temperature ranged from 101 to 103 each afternoon, and he had profuse night-sweats. In addition to these usual symptoms he suffered to an extraordinary degree from laryngeal tuberculosis. He had been unable for many weeks to lie down with comfort, and according to his own statement, had not slept fifteen minutes in three months. Cough was constant and expectoration profuse. About a month before Dr. Johnson had given him three or four weeks to live. I used gaseous enemata, employing the artificial solution advised by Dr. Bruen, twice a day. Improvement began on the second day, and by the fourth day was pronounced. The cough was less distressing and the sweats and expectoration had diminished, the patient was able to lie down and sleep for two hours continuously. He was, however, so evidently near dissolution that I deemed it inadvisable to continue a tentative treatment, and stopped it on the fourth day. Two days later he sent an urgent request for the resumption of the treatment, saying that his former symptoms were returning. However, I declined to use the injections further, and six days after their discontinuance the patient died, nearly two weeks after his physician had expected his demise.

It should be remembered that these injections seem to arrest, not the tuberculosis proper, but the sepsis, which is secondary thereto, and that there are numerous other septic conditions in which benefit may fairly be expected, such as surgical sepsis, diphtheria, puerperal fever, etc. The apparatus furnished by the stores is unnecessarily expensive and inconvenient for a visiting practice. I use an improvised apparatus, consisting of a gas bag, double perforated cork, and an ordinary large wide-mouthed bottle—the whole costing $2.50 instead of $10. The entire outfit can be readily improvised at a little cost and carried in a small handbag.

My limited experience gives me the impression that the artificial solution of the sulphide of potassium is preferable to either the Ypsilanti or the Blue Lick water, because the amount of sulphuretted hydrogen in these waters as we obtain them at the drug store, appears to be extremely variable, while in the artificial solution it can be maintained at a given percentage, or increased or diminished as desired, yet care should be taken to make a weak solution about such as is recommended by Dr. Bruen, since a too concentrated solution of the poison may produce very unpleasant symptoms. This method can be employed by every practitioner as well as by the most expert specialist. If it will accomplish nothing more than the relief of the distressing cough, expectoration, fever and sweats of advanced consumption, it will at least do what can be effected by no other therapeutic measure with which I am acquainted; hence it is to be hoped that it will be submitted to a general test by the profession, that we may quickly ascertain exactly its merits and demerits.

Dr. C. M. Fitch: The remedies that have been offered for consumption in the past are about as numerous as the sure cures that have been offered for cancer and hydrophobia, and have commanded about as much attention from the profession. But this method of Bergeon's comes to us under very different auspices; it comes with a letter of introduction that demands from us respectful attention. J. Henry Bennett endorses Bergeon as a man worthy of credit; and if Bergeon's statements be true, they are of the deepest interest to us all. It is in Bergeon's favor also that he not only asks us to believe something, but he gives us a reason for so believing—a plausible explanation of what he wishes us to receive. He assumes that septicæmia, arising either from the absorption of pus, or the morbid product of the bacilli, is the cause of the formidable symptoms of phthisis, and that if we can antagonize this septicæmia, can undo day by day the deadly work of the bacilli, we shall gain time in which the lesions that have arisen from phthisis may be overcome.

The first case in which I had occasion to test this method of Bergeon, was one of extreme anxiety to me. The patient, a young lady 20 years of age, had previously had exceptionally good health, was well nourished, with a muscular development that seemed to defy fatigue. She returned in July last from a visit to Colorado with a cough which was referred to the dryness of the climate and the inhalation of the alkaline dust, which causes a catarrhal irritation. This seemed a plausible explanation, and as the cough was not urgent, it received but little attention until, in November, she took a cold which resulted in chills for three or four successive days, and seemed to prostrate her greatly. I then examined her chest and, to my astonishment, found extensive and marked consolidation at the apex of the left lung; there was also irritation throughout the remainder of the lung and some moist râles. I was much alarmed by what I found, for the location of the consolidation made me fear it might prove something more than simple pneumonia. Several of our best physicians tendered their aid, but the case failed to improve. The patient lost flesh rapidly, her cough became fearfully oppressive, and her temperature never fell to normal, rarely below 100°, and most of the time 101° and rising to 103°. She had daily chills and profuse night-sweats, and the case presented all the features of acute phthisis. At the last examination, made by Dr. Belfield and Dr. Ochsner, both thought they detected bacilli in the sputum, although previous examinations had failed to show them.

Late in January my attention was called to an article in the *Medical Record*, giving a notice of Bennett's paper in the *British Medical Journal*, which contained an account of Bergeon's method. After considerable trouble I obtained a copy of the paper which contained this article, and went to Sargent's to have an apparatus made, and there learned that they had just made one for Dr. Crane, who kindly allowed me to appropriate it, and ordered another for himself. Knowing nothing at that time of what we might expect in such a case from our different mineral waters, and knowing that Dr. Bergeon recommended bisulphide of carbon as the best substitute, we commenced treatment with the bisulphide, and the effect was surprising. The treatment was commenced seven weeks ago to-day; during the week previous, the temperature had at no time fallen to normal; the lowest point was 100°, and once it rose to 105½°, and night-sweats and chills were constant. The first time the injection was tried very cautiously, only a moderate amount of gas being used. The effect was not specially apparent; the second day the temperature still rose to 103°. That night the gas was used much more freely and with results that to us were somewhat alarming. The next morning the temperature fell to 95°, and it did not rise above 100° during the day; the cough was almost suppressed, although it had previously been very distressing. The next day we did not use the gas quite so freely, but the day following the lung was almost entirely occluded; the mucus seemed to become viscid, and the air was almost shut out from the lung. There was so little elimination of the bisulphide through the lung that we soon began to have marked symptoms of bisulphide poisoning, although in many respects she appeared better; the cough was almost gone, and there were no chills. The treatment was discontinued for about ten days, and then resumed with the Ypsilanti mineral water. From that time there has been a satisfactory improvement, and she is better than she has been at any time since her sickness began; her appetite and strength are improved, and she is evidently beginning to gain flesh; her cough is greatly lessened, and the chills have altogether disappeared. Her night sweats have been absent for six weeks, although during the last warm weather she perspired a little for three or four nights there was nothing in the nature of colliquative sweating, and she seems now in a fair way to recover.

The second case in which I tried this remedy seemed about as hopeless as well could be; the patient was confined to her bed, had been suffering from severe hæmorrhage, chills, night-sweats, and great prostration. There was marked dullness at the apex of the right lung, and the physician who was treating her recognized softening. The husband, whose family were patients of mine, after the physician told him that nothing more could be done, came to me. I told him that I did not know that I could do anything more; the only thing I could suggest would be this new treatment which I had been experimenting with, and which might be of some value. He was anxious to have something tried, and the case was undertaken. At the end of four days this patient's chills, which had existed then about a month, ceased entirely, and have not since recurred. On the ninth or tenth day the sweats disappeared; her cough was relieved from the first, no opiate could have controlled it more completely. The expectoration was also lessened, her appetite has improved, and she is gaining in strength. In all respects I think she has gained as much in the time she has been under treatment as I ever saw a patient gain under any treatment in the same time.

Another case was a young man of scrofulous habit, who has a stiff knee from scrofulous disease of the joint. He has been under treatment about three weeks. There was marked consolidation in his case also, at the apex of the right lung, and every indication of phthisis. He has improved materially; his cough is much lessened and he is gaining in strength. The indigestion and flatulence, which had previously troubled him very much, has disappeared under the use of gas;

there has also been great improvement in his appetite.

A fourth case was a young woman of twenty, who came under treatment some two or three weeks ago.

The case was chronic, was not urgent in character; at the same time I thought there was little doubt of its being a true case of phthisis. She gained rapidly from the first, and at the end of ten days her menses, which had been absent since December, returned, and her cough was so nearly cured that she considered herself well, and without consulting her physician discontinued the treatment.

Another case, that of a laboring man, large and muscular, who has been working where there is a great deal of dust, probably from mechanical irritation had contracted trouble with his lungs. He had repeated hæmorrhages, which caused great loss of strength; there was marked though limited dulness at the apex of the right lung, but the chief feature of the case was the marked loss of strength, altogether too great to be accounted for by the lesion in the lung. There seemed to be some torpidity of the liver, and a little pro-iodide of mercury was given. His strength, either from the gas or stirring up the liver, has very greatly improved.

The other cases I have seen have not been under treatment long enough to justify me in making a report. It seems to me from what I have seen that we have a remedy that is worthy further trial. Whether, or not, it will fulfil the promise of its youth we have yet to see. I have no doubt this remedy will relieve spasmodic asthma, and there are other conditions that it would relieve. In puerperal fever I should try it, using the bisulphide of carbon, but using it cautiously. I also think it would be of value in malignant diphtheria and typhoid fever.

FOREIGN CORRESPONDENCE.

LETTER FROM MUNICH.

THE PATHOLOGY AND THERAPY OF WHOOPING COUGH.

BY PROF. A. VOGEL, OF MUNICH, AND PROF. HAGENBACH, OF BASLE.

In a paper read before the Congress of Physicians, held at Wiesbaden, April 14th, 1887, Professor Vogel said that whooping cough is classified by Gerhardt among the infectious diseases; yet the contagion of whooping cough is of a different nature from that of the acute exanthemata. It has not yet been discovered; and the declarations of Hallier and Letzriech could not stand before the judgment seat of the exact bacteriologist. The short bacilli found in the sputum of those afflicted with whooping cough, by Burger, do not influence Flügge. You must inform yourselves in regard to these long or short characteristic micro-organisms. As concerns the symptomatology, the great clinicians of the last century presented a gastro-pathological theory. In the beginning of the present century the neuro-pathological theory had many followers, but this also fell to the ground, as unsuccessful as was the attempt to prove whooping cough to be a simple bronchial catarrh. There now remains no doubt that it comes under the list of infectious diseases. The essayist here recalled the decision of Linne that the cause of whooping cough was the inhalation of a contagium animatum, and related the latest revelations of the laryngoscope in the hands of Herff, of Darmstadt, and likened it to the ideas of Beau, Rehn, Meyer, Hüni, and Rossbach. The first found the whole throat hyperæmic, the others found only the posterior walls to be constantly diseased. The essayist proceeded in relation to the pathological anatomy, saying that in pneumonia following measles and whooping cough great numbers of microbes were seen by Thaon in the pus and lung cells of the expectorate, and indeed in whooping-cough pneumonia he had found diplococci and bacilli in greater numbers than in diphtheritic pneumonia. Marshall describes two cases where whooping cough was complicated with aphasia, stupor, convulsions, and hemiplegia. C. Wagner reports a case of sub-cutaneous hemorrhage in a five year old boy with whooping cough. In some instances it is a cause of deafness. In the case of a nursing child it is a dangerous and pernicious disease to contemplate; in older children the course of whooping cough is favorable throughout. In an epidemic in Würzburg, 52 children under one year were taken ill, and 13, or 25 per cent., died; 248 were attacked between one and five, and 12, or 4.8 per cent., died; between six and fifteen years 87, of whom 1, or 1.1 per cent., succumbed. Prof. Vogel lamented that the mortality tables followed the age so closely, notwithstanding the therapeutics. The remedies recommended for whooping cough are of two great classes—antispasmodics and disinfectants. In treating the spasmodic cough by narcotics one resigns every chance of shortening the process. Opium and all its preparations should not be given continuously for any length of time; although a small dose of opium or morphia is a great relief to children who have passed sleepless nights. A combination of cannabis indica and belladona is especially recommended by Vettersen, of Hamar. Of 116 children 83 showed a favorable result, of these 30 were completely cured in from 8 to 14 days. Prior and R. Polt recommended the painting of the oral cavity with a solution of cocaine from 10 to 20 per cent.; the application of cocaine is not entirely without danger, however. The antiseptic treatment strives to shorten the attack by destroying the germs of the disease. A residence in gas factories where the products of the distillation of coal act favorably on the mucous membrane of the respiratory apparatus is first to be recommended. This mode of treatment is sometimes inconvenient, some gases can be generated in the sick-room by the use of benzine and carbolic acid. After frequent experience the author did not depend much on this treatment. The inhalations recommended by Fick, of Coblentz, in which 15 to 30 drops of pure carbolic acid are placed in a cotton ball and inhaled, will be endured but a short time by any child. For general disinfection of the sleeping-room of the patient, Sohn burns about 300 grains of ordinary sulphur to each cubic yard of space. Further investigation in this line is to be recommended. Michael, of Hamburg, blows into the nasal cavities through a glass tube 20 centimeters long some powdered resin of benzoin, and besides this uses sulphate of quinine or nitrate of silver in a 10 per cent. mixture with lard. The reports from this treatment in the hands of other physicians are favorable. Concerning psychical treatment nothing new has appeared in recent literature. No followers have been found for the opinion that whooping cough can only be cured by the rod, fortunately for the poor little patients.

Professor Hagenbach gave a large number of statistics on this subject. 240,000 children have the whooping-cough every year in Germany. In Basle, 1,000 per year, with 12 deaths; in Geneva 11 deaths; in London 80; the rest of England, 22. The mortality is on the average four or five per cent. Noblitz reports the mortality from this disease among the children of his policlinic in Breslau, in the years 1875 to 1885, as seven, or nine per cent. In Basle, during the last eleven years the mortality among children under one year has been 26.6 per cent.; from one to two years, 13.8 per cent.; two to five years, 3 per cent.; five to ten years, 1.8 per cent.; ten to fifteen years, 1.6 per cent. These figures show that whooping-cough is a serious disease in the tender years of childhood. With the greatest mortality we have the most complications.

But what, he asked, is whooping cough? Recent investigations indicate that it is an infectious disease. It comes epidemically; seldom sporadically. In large cities it is endemic and contagious. In whooping cough we have a catarrh of a certain part of the mucous membrane of the respiratory tract, which is connected with the immigration of fungi. At those places, through irritation of filaments of the superior laryngeal nerve, the attacks of coughing are brought on by reflex action.

In discussing the question whether or not we have to deal with a local or blood infection, Professor Hagenbach related the different positions held by Letzreich, Colston, Guerneau, De Mussy, Herff, Rossbach, Heyer, Hüni, Lori of Pesth, Rehn, and Baginsky.

The following may be said with positiveness concerning the nature of the contagion, and the liability of the human race to this special poison in general. The disease is most frequent in the first year of life, and is found with rarity in the first months. The susceptibility is great up to the tenth year; after this age it becomes less. It is contagious in the first and second stages. So long as mucus is produced, the disease may be carried. Outside of the human body the contagium seems to be unable to exist for any length of time. The reader then discussed the prophylaxis. Schools for small children should be carefully watched, and children with suspicious coughs kept away as long as they cough in paroxysms. The expectorated material must be carefully removed. If the disease spreads, the school should be closed. The changing of air and place for children affected with whooping cough is often the cause of an epidemic in places free from the disease. Prof. Hagenbach then proceeded to treat of the therapeutics, much of which he found defective.

Dr. Michael, of Hamburg, discussed the subject, and recommended a method used by him, in which he blew powder into the child's throat; and gave statistics of his success. In more than 100 cases so treated he had more or less improved 75; in 25 cases no success at all. In fresh cases his method proved satisfactory, and also in those which had lasted six weeks. The speaker laid more stress upon the qualitative improvement of the cases than the duration of the disease, and circulated through the congress charts giving the course of the disease under the use of different remedies.

Prof. Heubner, of Leipsic, considered the character of the disease to be that of a virulent catarrh, and not a blood infection. He also exhibited charts showing the number of attacks of coughing per day. Like the former speaker, he thought it possible to render these attacks fewer and lighter, and eventually to cause the shortening of the disease and its cure.

Dr. Schliep, of Baden-Baden, recommended the treatment by the pneumatic cabinet, which he had used. The increased pressure of air in this cabinet acted mechanically as a sedative on the mucous membrane, and increased the inhalations of carbonic acid gas. He found 12 to 20 sittings sufficient to cure a child suffering from whooping cough. As a further remedy, he recommended an emulsion of four grammes of turpentine. He also had good success from fumigating the room well with sulphur.

Dr. Sonnenberger, of Worms, advised the use of antipyrin. He had used it in an epidemic in Worms and vicinity with success; it immediately rendered the attacks milder and shortened their duration.

Dr. Cohen, sanitary officer for Hanover, spoke of the favorable results from inhalations of bromide of potassium, also of the musk preparations.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Prostate Muscle.

Mr. Reginald Harrison, of Liverpool, has an idea of the prostate which certainly is not in accord with the usually accepted one. By the term "prostate muscle," he means the prostate itself, and apparently considers its glandular function as secondary to its work as a sphincter. He believes that, during life, the prostate never presents its post-mortem appearance of a hard body, of about the shape and size of a chestnut, excepting for a few moments when the bladder is completely empty. At other times, he holds that it is spread out like a funnel, supporting the bladder; the degree of expansion of the prostate varying, of course, with the distention of the bladder. Mr. Harrison goes on to say: "Hence the action of the prostate may be said to be just as continuous as that of the heart." Mr. Harrison invokes, in support of his views, the results of rectal examination when the bladder contains a certain amount of urine. If the shape of the prostate were what it is commonly supposed to be, one would find the greatest hardness and prominence in the median line; but Mr. Harrison points out that the centre of the prostatic area is softer and more yielding to the touch than the sides, where there is a marked ridge presenting more or less tonicity.

Sandalwood Oil in Renal Colic.

Dr. Philbert, himself a sufferer from renal colic at frequent intervals, gives in the *Journal de Médecine de Paris* an account of the effects of sandalwood oil in the last two paroxysms with which he suffered. Having read an article by Dr. Gipoulou, in the same journal, recommending the drug in such cases, as soon as he felt the approach of an attack he took four capsules of 5 minims each. He then went into a hot bath. The attacks had hitherto lasted several hours, but in this instance it was over in less than an hour, and the suffering was not nearly so great as usual. An interval of six months elapsed ere he was again reminded of his trouble by the well-known prodromata. A repetition of the former medication resulted in the complete abortion of the paroxysm, a transient pain in the ureter comprising the entire attack.

Common Salt in Migraine.

Dr. Rabow, of Berlin, finds that half a teaspoonful or more of common salt, taken as soon as the premonitory symptoms of an attack of migraine begin to show themselves, will frequently cut it short in about half an hour; similar treatment has also proved of service in epilepsy, as was remarked some years ago by Nothnagel; the explanation being probably in both cases that a violent reflex action is set up.

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—In the *Canada Med. and Surg. Journal* of May, 1887, Prof. Osler reports a medical student as answering the question, "How to treat hæmoptysis?" by the reply: "Plug the cavity with cotton saturated with solution of Monsell's Solutions, dry!"

THE

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N. A. RANDOLPH, M. D., }
CHARLES W. DULLES, M. D., } EDITORS.

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LAPAROTOMY FOR EXTRA-UTERINE PREGNANCY.

The operation of removing the product of an extra-uterine fœtation by an incision through the abdominal wall was first performed in 1594, and since that time, now nearly three hundred years, it has been employed a large number of times for the purpose, practically, of removing an intra-abdominal tumor. This operation is now known as a "secondary operation" when it is undertaken solely to remove the product of conception, after the fœtus is dead. What is known as the "primary operation" is the attempt to remove an extra-uterine or ectopic fœtus while it is living and viable, and during the life of the mother.

Dr. Harris, of Philadelphia, who is an indefatigable investigator in regard to such matters, in a paper in the *Medical News*, May 21, 1887, states that the true primary operation of laparotomy for extra-uterine fœtation has been performed only twenty-five times in seventy-four years, the first operation having been done in 1813, in Berlin.

Thus far the mortality by the primary operation has been at least ninety-two per cent., and it will probably prove higher than this when the operations performed in 1883, 1884, and 1885, are all reported.

These results are in marked contrast to those of the secondary operation, which, when performed not earlier than three months after death of the fœtus, has recently been one of comparative safety. The difference between the mortality of primary and secondary laparotomy for extra-uterine pregnancy is almost entirely due to the difference in the risk of hemorrhage, combined with that of septic infection, which is very great in the former and comparatively slight in the latter. The location of the placenta has much to do in determining the final result. This accounts for the fact that sometimes patients recover who have been operated on only a month after the death of the fœtus, while others have died of hemorrhage when the operation has been postponed four months. The immunity under the secondary operation is also partly due to the changes which take place in the placental circulation after its functional activity ceases.

One of the most interesting features of Dr. Harris's paper is his account of the locations of the placenta in extra-uterine pregnancy. In about one case out of six or seven, he says, the placenta will be found implanted upon the abdominal wall. It may be found in Douglas's cul-de-sac, as was the case in two operations performed by Hildebrandt. It may cap over the superior strait of the pelvis, as in the case of a patient who recovered after an operation by Mr. Jessop, of Leeds. It may be located over the iliac fossa; be attached to the uterus and its appendages; be implanted over the lumbar vertebræ, or kidneys; be attached to the small intestine, stomach, or liver; and it has even been found within the uterine cavity. In all of these locations except the last, there can be no contraction of the seat of attachment of the placenta after the fœtus has been removed, and the process of exfoliation must produce more or less hemorrhage. To remove a placenta from its attachment to the viscera during the operation must be necessarily fatal, and it has not been attempted in this class of cases, so far as Dr. Harris knows, for forty years.

Dr. Harris concludes his paper by suggesting that, if the risks of primary laparotomy for extra-uterine pregnancy are to be lessened, it will be by adopting the method employed by Dr. August Martin, of Berlin, in 1881, who ligated the vessels of the placenta and removed it with the cyst; and by antiseptic treatment of the placenta, to prevent its decomposition and separation. If the placenta is implanted over the iliac fossa the cord may be tied and cut off close to the placenta, the cyst cavity washed out with corrosive sublimate water, the cyst opening inverted so as to bring the serous surfaces in contact, and the latter united with sutures, and the abdominal wound closed without drainage.

HYSTERICS AND SAINTS.

Charcot has recently been taking instantaneous photographs of some of his hysterical and cataleptic patients during their attacks, and has observed a resemblance between the attitudes they assumed and the expressions of face they exhibited, and those seen in the pictures of the saints, which are so common in the churches and galleries of Europe. The announcement of this discovery has caused some alarm to certain pious Frenchmen, who have denounced it as dangerous to morality. On the other hand, certain critics, who have no great concern for the reputation of the saints, have welcomed Charcot's discovery as though it put an end to the claims of the saints to sanctity, and showed that the saints were as great humbugs as are the subjects of Charcot's experiments.

In this we believe that the pious friends and the unsympathetic critics of the saints and martyrs are getting the relation of things a little confused. There can be no reasonable doubt that Charcot's experiments on hysteria have produced a type of hysterical manifestations in Paris, which occurs there with very great frequency, and occurs elsewhere very rarely—perhaps never. This type has certain varieties, one of which has been well distinguished as that of religious frenzy. The attitudes assumed by patients in such attacks are most palpable imitations of what they have seen, or imagined, in the Roman Catholic churches of France. For this reason it is by no means strange that hysterical patients should present the attitudes of saints or martyrs in the paintings of the old masters. These paintings, or copies of them, bear a most important part in the unconscious education of the French, and especially of the French women, who furnish by far the greater number of Charcot's patients. And it is much more reasonable to assume that Charcot's subjects are wilful or involuntary imitators of the representations of saints and martyrs than to assume that the saints and martyrs were hysterics. No one need take trouble to defend St. Thomas or St. Stephen, or any other saint, from the charge of having an attack of hysterics when "inspired or possessed." For no painter ever saw a saint in this condition, and it would be no reflection upon the saint if it could be proved that the painter's model, posing as a saint or martyr, had worked himself or herself into the very condition which Charcot's subjects get into when they pose before the apostle of hysterics.

We have therefore no sympathy with the fears of those pious souls who have denounced Charcot's experiments as tending to establish heresy in religion, nor with the gratification of those critics who would be glad if they had this tendency. The similarities Charcot has pointed out have no bearing upon religion whatever, although they have a real bearing upon certain scientific questions of great interest and importance; and their bearing upon scientific matters will be better understood and better appreciated if it is not confused by being mixed up with a matter with which they have nothing at all to do.

THE ACTION OF IODOFORM ON THE BACILLUS OF TUBERCULOSIS AND OF ANTHRAX.

In the Sixteenth Congress of German Surgeons, Prof. Bruns discusses the above question, and gives the results of his treatment by iodoform injections (10 % mixture of glycerin and alcohol) of 54 cases of tubercular abscess. Previous to the injection, the pus was extracted by aspiration. Two or three injections were usually required, though often a single one sufficed. Forty out of fifty-four cases were cured, though many of the cavities were large enough to contain over a pint. In view of the extreme difficulty of healing these abscesses, the results were considered highly satisfactory. The beneficial effect was ascribed to the fact of the intimate contact of the iodoform with the tubercular tissue, destroying it, and producing normal granulation. To prove this action of iodoform on the tubercle-bacillus, several abscesses of demonstrated tubercular origin were opened after injection, and preparations of the walls made for histological study: the results showed a progressive disappearance of the bacilli in the walls, an increase of granulation, a change of granulation into connective tissue, the absorption and disappearance of exudation. The anti-tubercular action of iodoform was thought to be established.

Prof. Sänger followed Prof. Bruns, and described the results of his experiments with iodoform upon the bacilli of anthrax. Their growth was found to be checked by iodoform, and their reproductive power lessened. There seemed to be an anatomical change of the bacillus, of the nature of a protoplasmic degeneration. The inoculation of mice with iodoform anthrax cultures of one to three days' duration resulted in death in one day. With older cultures death was delayed, until, if cultures older than six days were used, the animals escaped altogether. The power of iodoform to affect the bacillus locally was proved by planting the bacillus in a "pocket" both before and after the same had been filled for sometime with iodoform. The result was in harmony with the experiments above mentioned.

THE PROPER FIELD FOR ATHLETICS.

In the June number of *Lippincott's Magazine* there is a very able and interesting paper by Prof. J. William White, M. D., upon the subject of Exercise and Athletics. In this paper Dr. White does not defend the excesses to which college athletic sports sometimes lead, or approve of indiscriminate attempts to secure big muscles. But he does show, by citing examples from ancient as well as from modern times, that the judicious cultivation of a fine physical development may be expected to produce improvement in the type of the individual, and of the race.

We welcome this contribution to the literature of the subject as being timely and pertinent. The day is gone by when dyspepsia should be considered a necessary accompaniment of a high mental development. The coming man should not have a strong mind struggling against the restriction of a puny body; but the true *mens sana in corpore sano;* the health to enjoy life and light and air, and the strength to share in every work or sport proper to his time of life. To this desirable end nothing can contribute more than a rational understanding of the way to make athletic exercise—especially in youth—contribute to the symmetrical development and maintenance of the body.

The paper referred to is a valuable contribution, and we hope shortly to present our readers with an abstract of its contents.

A NEW APPLICATION OF THE THERMO-CAUTERY.

Prof. Genzmer of Halle (before the XVI. Congress of German Surgeons) advocated the use of the cautery in tuberculous lymphatic glands and tumors which are not amenable to treatment by the knife. Under treatment by the cautery they disappeared. In the case of small lymphatic glands it was only necessary to insert the point of a needle-like cautery into the gland, whilst in larger ones a knife-like instrument was passed through the tumor in all directions. He repeatedly found that the glands or tumors became smaller in a few weeks or disappeared entirely. Since making this happy discovery he has treated many of these tumors in this manner, and is entirely satisfied with the results.

He has also treated in the same manner five cases of tuberculosis of the testicle. The patients would not submit to castration. Of the five, two were entirely relieved by complete disappearance of the swelling, and in the three remaining cases the swelling was reduced. Two cases of goitre were likewise treated by this method. The patient was threatened with asphyxia, so that an operation was indicated. The operation with the cautery was performed three times, and consisted in an incision with the cautery knife three centimetres deep, leaving the blade several seconds in the wound. The result was satisfactory.

FLORIDA MEDICAL AND SURGICAL JOURNAL.

The good will of the *Florida Medical and Surgical Journal* has been transferred to the *New Orleans Medical and Surgical Journal*, Dr. T. O. Summers, of Jacksonville, Florida, becoming an active collaborator of the latter periodical. This combination is a move in the right direction. One of the greatest difficulties in the way of successful medical journalism nowadays depends upon the fact that new journals are often started when there is neither need nor proper support for them. It would be much better if the vigor which is often wasted in a vain attempt to start a new medical periodical were used so as to contribute to the success of those which have already won the confidence and support of the profession.

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—Dr. Rush S. Huidekoper, head of the veterinary department of the University of Pennsylvania, has recently performed the operation of enucleation of an injured eye upon a dog, and successfully adapted an artificial eye to the socket.

Notes and Comments.

Home Treatment of Mental Disease.

In the course of an interesting paper in the St. Louis *Courier of Medicine* for May, 1887, Dr. Edward C. Mann says:

In puerperal insanity I have seen good results in home treatment, commencing with a full purgative dose of hyd. chlor. mit., followed by salines and then gin, ether and opium, as I have mentioned, at night to produce sleep. In delicate neurasthenic women with uterine complications, a good nurse, perfect rest, one drachm of Warburg's tincture daily before breakfast, the fluid ext. of coca when indicated; quiet nervousness by either the compound bromide mixture, the formula for which is given below, or by the following:

℞.	Zinc. valerianat.,	ʒj.
	Ext. belladonnæ,	gr. jss.
M.	Div. in pill No. 30.	

Sig.—One pill every two hours.

This simple treatment, with massage, milk diet and electricity, will save many cases of neurasthenia and hysteria from an insane asylum. I treat many such every year, admitting them as patients into my own family, and witness rapid cures. There is another form of mental excitement which occurs in women at the climacteric period, and which often runs into insanity that consigns them to asylums for years. I have checked this peculiar form of mania, which is characterized by suspicion, sleeplessness and refusal of food, with hot vaginal douches, given by a trained nurse daily, and the following pill, given every hour, or two hours, as the necessities of the case demand:

℞.	Pulv. camph.,	grs. vj.
	Ext. hyoscyam.,	grs. xiv.
	Pulv. digitalis,	grs. iv.
	Mucil. acaciæ,	q. s.
M.	Ft. pill No. 6.	

This pill can be followed by the compound bromide mixture, the formula for which is here given, until the patient is well:

℞.	Sodii bromidi,		
	Ammonii bromidi,	āā	℥ss.
	Pot. bromidi,		℥j.
	Syr. hypophosphitis comp.,		f.℥iij.
	Syr. tolut.,		f.℥j.
	Aquæ menth. pip.,		f.℥jss.
	Liq. pot. arsenit.,		f.℥j.
M.	Dose, two teaspoonfuls thrice daily in water.		

Port wine at dinner, plenty of malt and hypophosphites, together with that admirable nerve tonic, Warburg's tincture, in one-drachm doses before breakfast. Advancing age brings with it, perhaps, depressing cares and irritating environments, or the brain has been overworked and overwearied, so that very few women reach the menopause with a vigorous and well-poised nervous system. One great reason for this, I think, is that very few women will give the necessary time for the recuperative rest to mind and body. Many women who are inheritors of neuropathic tendencies are attacked by mental disease before the menopause is reached, and are cases of psycho-sensory insanity. They are affected in the moral or emotional part of the mind, while the intellect remains apparently unaffected. It is an insanity of feeling. These women show their mental alienation by a change from affectionate wives, good mothers, and careful housekeepers, to a condition in which they lose all interest in husband, children, and house. Their affections are perverted: they are dissatisfied with everything, and will evince hatred of husband and children, and of those nearest and dearest. Yet the very same woman will join in conversation with strangers with the full command of the intellect, so that a casual or even a careful observer would not imagine that such a case was one of true psycho-sensory insanity. There is a morbid perversion of the affective life and a change in character. The conduct is as bad as possible at home, and fairly good, perhaps, when among strangers. These women are prompt and subtle in finding excuses, and so plausible as to deceive the public respecting their unsoundness of mind. I have seen many such cases during the past fifteen years, and the symptoms I have detailed are perfectly characteristic.

Are the Dangers of High Temperature in Acute Diseases Overestimated?

This was the subject for general discussion at the late meeting of the North Carolina Medical Society. Dr. W. P. Beall believes that if we lose sight of the fact that in typhoid fever the high temperature may be due to the excitement of the system caused by disease-germs, and pour into the patient large doses of quinine, we run the risk of paralyzing the heart. He thinks we are tending too far towards the extreme in the use of antipyretics.

Dr. O'Hagan favors antipyretics when the temperature ranges above 103°. Below that point he gives them sparingly, believing that there is little danger from a temperature under this point. He has even seen a case of typhoid recover after the temperature had remained at 108° for several days.

Dr. J. S. D. Cullen believes if the temperature can be kept down, if only for twenty-four hours, that this respite will result in ultimate good to the patient. He prefers sponging to the cold bath.

Prof. W. C. Dabney states that when the calibre of the blood-vessels in the skin is lessened, more blood is thrown on the internal organs, thereby augmenting the danger of hemorrhage from the bowels, and this he regards as an argument against the external use of cold water. He does not use antipyrin till the temperature reaches 103°, and then his maximum dose does not exceed 15 or 20 grains.

A Step in the Reform of English Spelling.

Professor Skeat, in a recent number of *Notes and Queries*, says:

"Those who know the whole history of our spelling from the eighth century to the present time best understand the harm done by the pernicious system of trying to transplant Latin and Greek symbols into the English language. The symbols *æ* and *œ* are not English, and are best avoided. Indeed, this is done in practice when once a word becomes common. *Æther and ætherial* have been sensibly replaced by *ether* and *etherial.* No one writes *æternal. Solœcism* is now *solecism*, and I trust *primeval* and *medieval* will soon prevail over *primæval* and *mediæval.* Pedantic spellings are most objectionable, because they are useless and unphonetic."

We heartily agree with Professor Skeat, and trust that *diarrhœa, leucorrhœa, dysmenorrhœa*, etc., will soon give place to *diarrhea, leucorrhea, dysmenorrhea*, etc.

—The above is from the *British Medical Journal.* To be consistent, however, the *Journal* must also use *edema, fetus, Cesarean*, etc. The characters *æ* and *œ* are not English, and should not be tolerated in anglicized words.—*Columbus Medical Journal.*

Collodion Coating for Pills.

Instead of keratin, as a covering for pills, pharmacist Bernbeck (in the *Vereinsbl. d. pfälz. Aerzte*) recommends a coating of elastic collodion on account of less difficulty to the druggist in its use. Particularly for naphthaline pills the following formula was shown to be very serviceable:

R.	Naphthalini resublimat.,	ʒ iss.
	Rad. althææ pulv.,	gr. lxxv.
	Mucil. gummi arab.,	q. s.
	Ft. pilul., 100.	

Dry for some days without heat, and coat with elastic collodion.

Sig.—2–3 pills to be taken three times daily.

These pills were proved by physicians to be most excellent for chronic gastric, and intestinal catarrhs, whose existence is shown both by diarrhœa and constipation. The best proof of the serviceableness and proper manufacture of these pills is the fact that they are not rejected by the stomach with eructations of naphthaline gas—a very unpleasant symptom for the patient. The coating of collodion is only dissolved in the lower bowel, the same as with the keratin covering. In order to render the collodion coating permanent, the pill must be absolutely dry, and this condition is shown by the fact that under pressure of the fingers they retain their shape, and crumble rather than flatten. If they contain in their interior the least moisture, the subsequent unavoidable drying and consequent decrease of size will render the adhesion of the collodion only temporary.—*Deutsche Medizinal-Zeitung, May* 2, 1887.

Antipyretic Medication.

F. B. Stevenson, M. D., U. S. N., writes as follows to the *New York Medical Journal* of May 14, 1887:

Sir: The very interesting "Notes on the Use of Opium in Fevers," by Medical Director F. M. Gunnell, U. S. Navy ("Report of the Surgeon-General of the Navy," for 1886, page 85), remind me that I have had strikingly good results from the administration of pilocarpine by the mouth in a case of congestive chills with threatened apoplexy. The chills were checked after a second dose of an eighth of a grain, and a return to health followed. Months afterward the patient died of heart disease. Similar effects could doubtless be obtained by the use of other preparations of jaborandi—for example, the fluid extract. Dr. Gunnell states that "too much quinine is used in the treatment of malarial cases." May it not be that fashion, *sans raison*, is answerable for very much in the administration of this so-called specific? There are yet physicians—thoroughly enlightened and active ones, too—who fail to see the rationale of antifebrile dosing with quinine; their faith lies rather in hygiene and natural forces.

Permanent Sublimate Solutions.

Dr. A. C. Bernays presents the following points of practical value in *The Weekly Medical Review:* It has been noticed by many physicians that solutions of bichloride of mercury very often show a deposit at the bottom of the vessel in which they are contained. Chemical examination of these fluid-shows that so far as antiseptic qualities are concerned they are relatively or entirely inert.

When solutions of this kind are used, either by surgeons in the treatment of wounds, or by gynecologists and obstetricians for uterine or vaginal injections, or by the physician in the treatment of diphtheria, etc., the expected antiseptic results are not obtained. The pharmaceutical chemist, Dr. Stütz, of the University of Jena, has, by a series of most careful experiments, given a method of making solutions of bichloride of mercury, which can be kept an indefinite length of time, and are free from the two obections given above. He found that by adding 7½ grains of citric acid to each quart of water used in making solution of bichloride of mercury, there is no reduction of the $HgCl_2$, and also no precipitate when albuminoid solutions are admixed.

It may be added that solutions made with alcohol or glycerine show the precipitate when diluted with ordinary water, which is not the case if citric acid be added in the proportion mentioned above.

Pain as an Antidote to Opium.

The officers of the Inquisition, years ago, discovered that the most exquisite torture that could be inflicted was by the thumbscrew, or pressure upon the terminal branches of the nerves. Acting upon this hint, the *Medical World* suggests that the physician, on ascertaining that he has a case of opium poisoning, should promptly apply a remorseless pressure to every finger on both hands. This can be done without subsequent injury by winding twine around the last phalanx several times and tightly tying. This will give a pain not unlike a felon on each finger. Rouse the patient occasionally to take some water if posssible. Keep the strings on until the patient complains of pain in one of the fingers—find out which one, remove that string, and so on until the last one is off, and yyu have saved a human life. Very few persons need to die from even a very large dose of opium, if seen in time to apply the requisite pain to counteract it.

Therapeutic Equivalents of Salts of Quinine.

According to Boymond, in *Archives de Pharmacie,* the equivalents for 1 part anhydrous quinine are: of the hydrate, 1.16 part; acetate, 1.18 part; basic muriate, 1.22 part; lactate, 1.27 part; basic hydrobromate, 1.30 part; valerianate, 1.31 part; basic sulphate, 1.34 part; neutral sulphovinate, 1.39 part; arseniate, 1.44 part; basic salicylate, 1.45 part; citrate, 1.49; neutral hydrobromate, 1.64 part; neutral sulphate (bisulphate), 1.69 part; hydroferrocyanate, 1.77 part; acid hydriodide, 1.78 part; tannate, 4.42 part; citrate of iron and quinine, variable; brown quinine, variable.

Chlorodyne.

After reviewing the fifteen different published formulæ for this favorite nostrum, the *Western Druggist* commends the formula of Maltbie, given below, as the best substitute for the British preparation:

Morphine hydrochlor. (mur)	32 grs.
Alcohol	3 fl. ozs.
Tinct. cannabis ind.	1 " "
Tinct. capsicum	30 minims
Oil peppermint	12 "
Chloroform	1 fl. oz.
Acid hydrocyanic dil.	2 fl. drs.
Glycerin sufficient to make	8 fl. ozs.

Dissolve the morphine in the alcohol, add the tinctures and the other ingredients in the order named.

Peptone Suppositories.

Sauter prepares these suppositories with cacao butter, each containing twenty-five grains of peptone; they are mixed and kept cold to prevent the fat from becoming rancid. In cases where patients cannot be nourished in the normal manner they serve an excellent purpose, fifteen grains of dried peptone equaling two and a half drachms of meat in nutritive value. Children may be given one suppository four times daily; grown persons, two three times daily. The suppository should be lubricated with olive oil, and the rectum be previously cleansed by an enema.

To Paint a "Black Eye."

A writer in the *St. Louis Medical and Surgical Journal* says: for "black eye" there is nothing to compare with the tincture or strong infusion of capsicum annuum, mixed with an equal bulk of mucilage of gum arabic, with the addition of a few drops of glycerine. The mixture should be painted over the bruised surface, a second and third coating being applied as soon as the first dries. If applied immediately after the injury is inflicted, it will almost invariably prevent discoloration of the tissue. The remedy is also of value in rheumatic, sore, or stiff neck.

Microbe of Yellow Fever.

Freire, Gibier, and Rebourgeon describe the microscopic appearances and behavior of this bacillus as follows: The microbe is very mobile; it grows rapidly in bouillon when taken from the blood and urine; a dark substance, like black vomit, and having its odor, forms at the bottom of the tubes of culture. Inoculation with the blood of those dying with yellow fever produces an identical disease. Culture liquids undergo spontaneous attenuation in a few days. Inoculations with attenuated cultures have been very successful in the hands of the writers.

A General. Tonic.

The following is recommended by Fothergill:

℞.	Quininæ sulph.,	gr. xvj.
	Strychninæ sulph.,	gr. ss.
	Potassii citratis,	ʒ iss.
	Tr. ferri. chloridi,	f. ʒ v.
	Syrup,	f. ℥ j.
	Aquæ.	q. s. ad f. ʒ iv.

M. Sig.—A teaspoonful three or four times a day.

Cod-liver Oil Lozenges.

Mayet (*Le Progrès Médical*, April 2, 1887,) communicates to the Société de Thérapeutique his formula for preparing cod-liver oil pastiles without sugar for the use of diabetic patients:

℞.	Cod-liver oil,	f ʒ ss.
	Bicarb. of soda,	ʒ ivss.
	Phosph. of lime (bibasic),	ʒ viij.
	Essence of anise,	gtt. v.
	Gum tragac., q. s. ad 100 pastiles.	

—*The World's Medical Record*, May, 1887.

To Relieve Pain of Cancer of Stomach.

Germain Sée's formula for the relief of pain after taking food in cancer of the stomach:

℞.	Tr. conii,		
	Tr. hyoscyami,		
	Ol. anisi,	āā	f. ʒ ij.
	Tr. gentianæ,		f. ʒ j.

M. Sig.—Ten to thirty drops after each meal.

A Sedative Hypodermic Injection.

The following formula is given by Cochrane, who states that its use is without the disadvantages of morphia alone:

℞.	Caffein.,	gr. $\frac{1}{6}$.
	Morph. sulphat.,	gr. $\frac{1}{6}$.
	Atropiæ sulphat.,	gr. $\frac{1}{120}$.
	Aquæ camphorat.,	♏ 20.

Formula for Oil of Male Fern.

℞.	Ol. filicis mar.,		
	Tinct. vanillæ.	āā	♏ xlv.
	Syrup. terebinth.,		f. ʒ vj, ♏ xv.
	Gummi arab. pulver.,		gr. xxx.
	Aquæ destillat.,		f. ʒ vi, ♏ xv. M.

This should be taken at one dose, with an equal amount of milk. Castor oil should be given several hours afterward.—*Journal de Médicine*, April 17, 1887.

A Vermifuge Powder.

℞.	Calomel,	2¼ gr.
	Santonine,	1¼ gr.
	Sugar of milk,	15 gr. M.

This powder should be given in a little honey in the morning, when the stomach is empty. The dose is for a child four years old.

Unusual Constipation.

Two cases were recently reported at the Louisville Clinical Society—one a young lady, who from girlhood had had a stool but once a month; and a second lady who had an action from the bowels only when she menstruated.

NEWS AND MISCELLANY.

American Climatological Association.

The fourth annual meeting of the American Climatological Association will be held in Baltimore, Tuesday and Wednesday, May 31st and June 1st, 1887, in the hall of the New Physical Laboratory of Johns Hopkins University, Monument St., near Eutaw. The programme is as follows:

TUESDAY, 2 P. M.

Address by the President, Dr. F. Donaldson, Sr., Baltimore.

Subject—Prophylactic Treatment of those who inherit a Predisposition to Phthisis.

The Philosophy of Climatic Treatment of Diseases of the Chest, Dr. James R Leaming, New York.

An Analysis of 60 Cases of Asthma, with the Result of Treatment, Dr. F. H. Bosworth, New York.

The Influence of Sea Air on Syphilitic Phthisis, Dr. R. G. Curtin, Philadelphia.

Diseased Conditions for which Sea Air is of Doubtful Benefit, Dr. Boardman Reed, Atlantic City.

An Invalids' Day in Colorado Springs, Dr. S. E. Solly, Colorado Springs.

Reception by the President, Dr. Donaldson, from 5 to 8 p. m.

Evening Session, 8 p. m.

The Causes of Cardiac Failure at High Altitudes: from Biological Laboratory of John Hopkins University, Dr. Frank Donaldson, Jr., Baltimore.

Some Hospital Cases of Phthisis: Marked Improvement under General Treatment, with special reference to Alimentation, Dr. Fred. C. Shattuck, Boston.

Discussion of Dr. Shattuck's paper; introducing the subject of *Gaseous Injections* in connection with Diet, Dr. E. T. Bruen, Philadelphia.

The Local Treatment of Diseases of the Respiratory Organs, Dr. B. F. Westbrook, Brooklyn.

The Treatment of the Final Stage of Phthisis, Dr. John H. Musser, Philadelphia.

WEDNESDAY, MORNING SESSION, 10 A. M.

Observations upon the Sanitary Advantages of Tide-Water, Va.; including Virginia Beach as a Winter Health Resort, Dr. A. Y. P. Garnett, Washington.

Evergreen Forests as a Therapeutic Agent in Pulmonary Phthisis, Dr. A. L. Loomis, New York.

Environment in its Relation to the Progress of Bacterial Invasion of Tuberculosis, Dr. E. L. Trudeau, Saranac Lake.

The Climate of the Sub-Peninsula Pinellas, Florida, Dr. W. C. Van Bibber, Baltimore.

The Climate of St. Moritz, Upper Engadine, Switzerland, Dr. Walter Platt, Baltimore.

The Climate of Southern California, Dr. H. S. Orme, Los Angeles.

Reception by Dr. W. C. Van Bibber, 1 to 3 p. m.

Afternoon Session.

Business meeting, 3 p. m.

Public session, 3:30

Report of Committee on Mineral Springs, Dr. Clarence C. Rice, Chairman, New York.

Classification of American Mineral Waters, Dr. A. C. Peale, U. S. Geological Survey, Washington.

St. Augustine as a Winter Health Resort, Dr. F. F. Smith, St. Augustine.

Pass Christian, Mississippi, as a Health Resort, Dr. Charles Le Roux, Pass Christian.

Visit to the Johns Hopkins Hospital.

J. B. WALKER, M. D., Philadelphia.
Seretary and Treasurer.

A Tailed Family.

Seven years ago Virchow, in answer to an inquiry by a correspondent as to a specimen sent, prophesied that among certain little-studied races, Africans, Tartars, etc., tails would be much more frequently found than among the so-called Caucasian (Aryan and Shemitic) races. His prophecy has recently been fulfilled, since a Russian anthropologist has discovered a tailed family, in which the peculiarity has been constantly transmitted to the females for generations. The tail was bony and covered with hair, and on an average three inches in length. Virchow has found, in such tails as he has been able to examine, no true vertebral elements—merely a central cord representing the chorda dorsalis. Embryologists have found nothing but the chorda and atrophied medullary tube in the caudal appendage found in all human embryos at a certain period of uterine life. In the case of a child born at Oldenburg, the tail was mobile and coiled up like a pig's tail. These Russian cases seem to show that there are marked racial differences in the retention of this caudal appendage. The average tail found in the newly-born human being is but a persistence of an embryonic feature, like bronchial slits, hare-lip, etc. There is a prevalent popular belief in the existence of tailed races. Lord Monboddo, a predecessor of Darwin, believed the midwives surreptitiously pinched off the tails of the new-born, and on one occasion he was found secreted in a lying-in-room to watch the midwife. The higher apes, the gorilla, gibbon, chimpanzee and orang are as tailless as man, and the tailed man is either a reversion to a lower type or a mere monstrosity. —*Chicago Medical Standard, May*, 1887.

Faith Cure.

In Chicago there are said to be twenty-seven distinct schools or factions of "mental healers;" but they, together with all other irregulars, will have to pass a satisfactory examination, if a bill now before the Illinois legislature becomes a law. It provides: "Any person shall be regarded as practicing medicine, within the meaning of this act, who shall treat, operate on or prescribe for the sick or afflicted. It is furthermore provided that a fee of $25 shall be paid for the examination of non-graduates, and that itinerant vendors of anything intended for the treatment of disease, or who in any way profess to heal disease by any drug, nostrum, manipulation or other expedient, shall pay a license of $100 a month to the Board."

The Medical and Chirurgical Faculty of Maryland.

At the recent annual meeting, Dr. I. E. Atkinson was elected President; Dr. C. H. Jones and Dr. J. C. Thomas, Vice-Presidents; Dr. G. L. Taneyhill, Recording Secretary; Dr. R. T. Wilson, Assistant Secretary; Dr. J. T. Smith, Corresponding Secretary; Dr. E. E. Mackenzie, Reporting Secretary; Dr. W. F. A. Kemp, Treasurer; and Dr. G. W. Miltenberger, Dr. J. E. Michael, Dr. P. C. Williams, Dr. J. S. Lynch, and Dr. Randolph Winslow, Members of the Executive Committee.

An Ovation to Professor Gray.

Prof. Asa Gray, who is here on a visit, is being made much of by his fellow scientists. On dropping into the University to attend a lecture, the other evening, he was introduced to the students in terms which must have been most trying to his modesty. The students received him with a chorus of "*Prosits!*" which were renewed when he left the lecture hall.—*Vienna Correspondent N. Y. Herald.*

The Maryland Academy of Sciences.

Among the officers recently elected were Dr. Christopher Johnston, President; Dr. Powhatan Clarke, Vice-President; Dr. John Morris and Dr. R. T. Wilson, Members of the Executive Committee; and Dr. R. T. Wilson, Chairman of the Section in Archæology.

The Medical Society of New Jersey.

The one hundred and twenty-first annual meeting of the Medical Society of New Jersey will be held in the Baldwin House, Beach Haven, N. J., on June 14 and 15, 1887, commencing at 4 o'clock p. m. on Tuesday.

Items.

—Prof. Billroth, of Vienna, is seriously ill.

—Dr. William Goodell will remove on June 1st to No. 1418 Spruce street, Philadelphia.

—The sixth annual International Hygienic and Demographic Congress, under the patronage of the Crown Prince Rudolph, will be held in Vienna from September 26th to October 20th. A hygienic exhibition will also be held in connection with the Congress.

—"What about the Monroe doctrine?" was asked of a village candidate. "Oh, well, now," said he: "when it comes to that, thar's jest as good doctors now as thar ever was. All this talk about Bright's disease and Monroe's doctorin' is nonsense. Dr. Buck, standin' thar, is a good a doctor as any uv them."

—The sixtieth annual Congress of German naturalists and physicians will meet at Wiesbaden during the week from September 17th to 24th next. In connection with it there will be an exhibition of the latest improvements in medical, surgical and scientific instruments, apparatus and technical preparations, free of rent or tax of any kind to the exhibitors.

—The Legislature of Pennsylvania has voted appropriations to the Orthopædic Hospital, the Veterinary Department of the University of Pennsylvania, and the Pennsylvania Museum and School of Industrial Art. These appropriations will furnish aid to the important institutions named, which will increase their usefulness and improve their value to the public.

—A complete account of the Pennsylvania Hospital from its foundation in 1751 to the present time is being prepared for publication, and Mr. Benjamin Hoopes, the steward, solicits contributions to the publication fund and information about any documents that may be of use in preparing the history. It is believed that there are many letters, documents, and objects of interest bearing upon the early history of the hospital which may be brought to light if attention is directed to the subject, and the hospital is so closely identified with the community that all who are able to do so will be glad to contribute to the accuracy and value of the record which it is now proposed to prepare and publish.

—"Technics," in speaking of the substitution of electro-plating for cremation, says: The expense is light, and in operations on a large scale could be much further reduced. This would, of course, depend largely upon the metal used. A millionaire could afford to leave himself in golden statu quo for the admiration of his quarreling family. Silver would doubtless come within the reach of plumbers and real-estate men; brass would be quite the thing for politicians, insurance men and such, while tin would be good enough for editors and other poor but honest folk. It goes without saying in what metal a doctor would be encased.

—The following formula has been recommended for sticking labels to glass: Select three or four pieces of gum tragacanth, about the size of a coffee berry, and place in a two-ounce wide-mouthed bottle; then pour over it acetic acid so as to barely cover the gum, and place the bottle aside until the next day, by which time the gum will have absorbed the fluid and become very much swollen. Now add water, stir well, and in a day or two a semi-transparent jelly will be the result. A drop or two of 95-per cent. solution of the best carbolic acid should then be added, and it will keep indefinitely.

—A common trouble with us all is that we fail in our business because we think little of it. No man truly succeeds in any calling who has a poor opinion of it. No man has a good opinion of his business who uses it only to make money out of it. No man can have the best conception of his business who does not esteem it for its usefulness. And the higher we go—if "higher" and "lower" are proper terms to use in considering the different honorable and useful walks of life—the more clearly will it appear that he who esteems his business only for the living or money that is in it, must, if judged by any high standard, be a failure.—*Dr. Hapgood.*

OBITUARY NOTICE.

Dr. Vulpian.

Dr. Edme Felix Alfred Vulpian, Dean of the Faculty and member of the Academy of Medicine of Paris, died in that city on May 18. He was born on January 5, 1826. He received his doctor's degree in medicine in 1854. He became attached to the Museum of Natural History at Paris, and there continued the researches on the nervous system begun by the celebrated physiologist Flourens. In 1867 he was called to the Faculty of Medicine, as Professor of Pathological Anatomy. At this time the charge of materialism had been brought against him, and the Academy Council, before which Vulpian had been denounced as an atheist, elected him to the professorship by only one majority. In 1868, his teachings were brought before the Senate, and his views in regard to religion were again bitterly attacked. In 1872, he was transferred to the chair of Comparative and Experimental Pathology, and he became the the Dean of the Faculty of Medicine in 1875. He was elected a member of the Academy of Medicine in 1869, and in 1876 became the successor of M. Andral in the Academy of Sciences, one of the branches of the French Institute. He was the author of a number of medical works, his studies being chiefly in regard to the nervous system. His most recent appearance in public was in connection with Pasteur's so-called method for the cure of hydrophobia, of which he was a warm supporter. It was Vulpian who encouraged Pasteur to make the first experiments upon a human being in July, 1885.

Dr. James A. Donelan.

Suddenly, on the 14th instant, Dr. James A. Donelan, Sr. Dr. Donelan had resided in Mills county, Iowa, for thirty-three years, and held an exceptionally warm place in the esteem of the public. He was born in St. Lawrence county, N. Y., in 1828.

Official List of Changes

OF STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY.

From May 15, 1887, to May 21, 1887.

Major Morse K. Taylor, surgeon, retired from active service, May 14, 1887. S. O. 111, A. G. O., May 14, 1887.

R. H. White, promoted to be surgeon with the rank of major, to take effect from May 14, 1887.

Capt. Jno. D. Hall, assistant surgeon, granted leave of absence for one month, with permission to apply for one month's extension. S. O. 74, Dept. Col., May 11, 1887.

William N. Suter, appointed assistant surgeon U. S. Army, with the rank of 1st lieutenant, to rank as such from May 16, 1887.

In the Medical Corps of the Navy, for the week ending May 21, 1887:

Passed assistant surgeon L. W. Curtis, ordered to the Quinnebaug.

Passed assistant surgeon J. W. Baker, ordered to the Hospital, Chelsea, Mass.

Surgeon A. F. Price, ordered to board duty, Annapolis, Md.

Surgeon C. U. Gravatt, detachment from Michigan revoked.

Passed assistant surgeon G. P. Lumsden, orders to the Michigan revoked.

Surgeon C. A. Siegfried, ordered to the Quinnebaug.

Surgeon R. C. Persons, detached from the Saratoga.

Surgeon W. G. Farwell, ordered to the Saratoga.

Surgeon W. S. Dixon, ordered to special duty, Baltimore, Md.

Surgeon B. F. Rogers, ordered to the Marine Rendezvous, N. Y.

Passed assistant surgeon Howard Wells, ordered to the Jamestown.

Surgeon J. C. Wise, detached from the Jamestown.

Surgeon H. H. Harvey, ordered to the Iroquois.

Surgeon J. R. Waggener, detached from the Iroquois.

Dr. S. Stuart White, of Frederick, Md., commissioned assistant surgeon in the navy, May 19th.

Press of Inquirer Printing Company, Lancaster, Pa.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE CARELESS SELECTION OF CONCAVE GLASSES.

BY S. D. RISLEY, M. D.,

Assistant Ophthalmic Surgeon, Hospital University of Pennsylvania.

The history of the following case is briefly related as a protest against the unscientific selection by young persons, with the aid of badly informed tradesmen, of concave glasses for the correction of a real or supposed myopia.

A. B., a bright intelligent lad, æt. 14, was brought to me because of his failing vision and constant headache. The conjunctivæ were injected, the carunculæ swollen, and the tarsal borders scaly and thickened. He could use his eyes only a few moments before profuse lachrymation began, with increased headache. The pain was felt most severely in the brow and temples, but shoots of pain radiated to the vertex and occiput. He was wearing, both for reading and distant vision,—2.50 D over each eye, which he had received at the hands of a jeweler, who also sold spectacles. With these $V = \frac{20}{lxxx}$ and without them $\frac{2}{cc}$. Jr. No. 2 could be read with difficulty at 8″ from the eyes, but blurred if brought nearer or taken further from the face. He was taken to the jewelers by his parents because of trouble with his eyes at school, which they thought might be relieved by glasses. The ophthalmoscope revealed the following conditions: The entire eye-ground was of an intense flannel red, presenting a woolly appearance, the normal stippling being quite lost. The nerves were dark-red from the marked congestion of their surface circulation, and the retinæ were hazy. In the lower part of the eye-ground, and in a crescentic area embracing the outer half of the nerve in both eyes, there was commencing pigment absorption. The details of the eye-ground could be readily studied with —1. D.

He was directed a solution of sulphate of hyoscyamine gr. ij.–f.ʒij., one drop to be used in each eye three times daily. In twenty-four hours $V = \frac{20}{xxx}$ without glasses. On the fourth day the condition of the eyes had greatly improved, and he received the following formula for *convex* glasses: O. D. + .50s ⌒ + .50 cy. ax. hor: O. S. + 1. cy. ax. 90°. With these $V = \frac{20}{xx}$ readily with each eye. His headache disappeared with the first instillation of the hyoscyamine solution, and did not return. Before the influence of the mydriatic had abated, the conjunctival and other symptoms had also disappeared.

The history of this recent case is given thus in detail, not because of any peculiarity in it justifying its publication, but as representative of cases which now and again occur in the practice of all ophthalmic surgeons. Its publication is therefore warranted only in the light of a protest against the careless and unscientific method of allowing any young person to select almost at random a concave glass, simply because he supposes himself to be near-sighted, or because he seems to see better through a concave glass. Many persons, really needing convex glasses to relieve the eye-strain consequent upon low grades of hypermetropia with astigmatism, will, if left to their own judgment, select near-sighted glasses, and thus multiply their eye-strain by the value of the glass selected. The more skillful opticians in our larger cities are to be commended for the increasing caution they have learned to exercise in this regard; but there are still many venders of spectacles who seem to be utterly ignorant of the danger and injury which they entail upon their patrons.

So much has been said and written of late years on the nature of myopia, that it would seem even the laity should understand that a near-sighted eye is almost synonymous with a diseased eye. This is certainly true in all cases in which the degree of the myopia is progressive. In view of this universally recognized truth, it is obvious that the advice of a physician, and not the help of an optician, should first be sought. Where the aid of convex glasses is needed, but little if any harm is liable to follow their use, even though they may not correct accurately the existing defect which makes them a necessity; but in near-sighted eyes with their progressing pathological conditions and the gradual distension of the eye-ball itself, the case is far different, and the optician is no more justified in furnishing glasses to such cases than is the druggist in prescribing for the physical ailments of his customers.

1722 *Walnut street.*

HOSPITAL NOTES.

EPISCOPAL HOSPITAL OF PHILADELPHIA.

Results of Treatment of Phthisis by Gaseous Enemata.

F. P. Henry, M. D., physician to the Episcopal Hospital, presents the following interesting and valuable report in the *Polyclinic* of May, 1887:

The treatment of pulmonary phthisis by gaseous enemata was introduced into the Episcopal Hospital by Dr. Henry M. Fisher, of the medical staff. When I took charge of the male medical ward, on April 18th, I found a number of cases in various stages, to whom the gas was administered twice daily. I questioned them closely, and, with the exception of one, who when admitted was almost moribund, they assured me that they had derived benefit from this novel therapeutic method and were decidedly opposed to its being discontinued. An attempt to insinuate, by a modified Socratic method, that possibly they might be mistaken, was not attended with success. So much for the subjective symptoms. Objectively, there has been a gain in weight in all the cases—eight in number—now under treatment, and in one (Case 1) this has been remarkable. No drugs of any kind have been administered to these patients. The men are weighed in their night-shirts on leaving their beds in the morning. The following notes have been kindly prepared by one of the resident physicians, Dr. H. C. Deaver:

Number of patients now on gaseous enemata in male medical ward—8.

Number of deaths of those who have been on the treatment—2.

Case 1. Male, age 33, German, seaman; height, 5 ft. 10½ in. Was admitted September 11th, 1886. Began gaseous enemata March 25th, 1887. Weight at this time was 145 pounds.

Dr. Fisher had previously given this man four intrapulmonary injections at intervals of four or five days.

March 25th, 1887, weighed 145 pounds.
" 26th, " " 146 "
" 27th, " " 146½ "
" 29th, " " 147 "
" 31st, " " 151 "
April 2d, " " 151½ "
" 4th, " " 152 "
" 24th, " " 155 "
May 7th, " " 155 "

Case 2. Male, age 49, shoemaker; height, 5 ft. 9½ in. Was admitted March 28th, 1887. Began gaseous enemata March 29th, 1887. Weight at this time was 113 pounds.

April 6th, 1887, weighed 111 pounds.
" 7th, " " 113 "
" 9th, " " 113 "
" 12th, " " 113½ "
" 14th, " " 112 "
" 15th, " " 114 "
" 17th, " " 113 "
May 7th, " " 114½ "

Case 3. Male, age 23; weaver; height 5 feet 6 inches. Was admitted April 14th, 1887. Weight at this time was 109 pounds. Did not show any signs of improvement until April 25th, 1887.

April 14th, 1887, weighed 109 pounds.
" 25th, " " 109 "
" 27th, " " 110 "
" 29th, " " 110 "
May 1st, " " 111 "
" 7th, " " 113 "

Never has weighed this much before, and says he feels perfectly well. Discharged to-day.

Case 4. Male, age 29; laborer; height 5 feet 10 inches. Was admitted April 17th,

1887. Began gaseous enemata April 18th, 1887. Weight at this time was 127 pounds.

April	15th,	1887,	weighed	127	pounds.
"	17th,	"	"	127	"
"	20th,	"	"	128	"
"	25th,	"	"	130	"
May	1st,	"	"	133	"
"	6th,	"	"	145½	"

Discharged May 6th, very much improved.

Case 5. Male, age 28; painter; height 5 feet 10 inches. Was admitted April 19th, 1887. Began gaseous enemata April 20th, 1887. Weight at this time was 115 pounds.

April	20th,	1887,	weighed	115	pounds.
"	26th,	"	"	117	"
"	28th,	"	"	118	"
May	6th,	"	"	120	"

Case 6. Male, age 32; shoemaker; height 5 ft. 7½ in. Was admitted April 20th, 1887. Began gaseous enemata April 21st, 1887. Weight at this time was 99 pounds.

April	20th,	1887,	weighed	99	pounds.
"	22d,	"	"	102	"
"	23d,	"	"	104	"
"	24th,	"	"	106	"
May	7th,	"	"	108½	"

Case 7. Male, age 42; shoemaker; height 5 ft. 5½ in. Was admitted April 25th, 1887. Began gaseous enemata April 26th, 1887. Weight at this time was 112½ pounds.

April	26th,	1887,	weighed	112½	pounds.
"	28th,	"	"	110	"
"	30th,	"	"	111	"
May	3d,	"	"	112	"
"	7th,	"	"	113	"

Case 8. Male, aged 25; bookbinder; height 6 ft. 2 in. Was admitted April 27th, 1887. Began gaseous enemata April 28th, 1887. Weight at this time was 108½ pounds.

April	28th,	1887,	weighed	108½	pounds.
"	30th,	"	"	108½	"
May	2d,	"	"	109	"
"	7th,	"	"	110	"

In addition, there are three or four cases in the female ward, of which I took charge on May 1st. My opinion with reference to this method of treatment must be reserved until these cases have been longer under observation; but the gain in weight, one of the best criterions of improvement, is certainly favorable.

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—Professor Hyrtl, the eminent anatomist, who formerly occupied a chair in the Vienna University, has just been successfully operated on for cataract by Professor Fuchs.

MEDICAL DISPENSARY OF THE UNIVERSITY OF PENNSYLVANIA.

Reported by HOWARD FUSSELL, M. D.

Tubercular Meningitis.

Harry F., æt. 8. Father dead of phthisis; brother dead of tubercular meningitis. At the first visit to the dispensary, November 8, 1886, mother stated she brought the boy, not because he seemed so very sick, but because he acted so much like his brother, who died of typhoid fever. (On inquiry, this brother was found to have died of tubercular meningitis.)

History.—Four or five weeks previously had become averse to playing, had a slight diarrhœa, and was chilly; appetite good; no pain of any kind; slept well. Present condition: Temperature 101.5°, pulse 100, abdomen soft, no tenderness, no typhoid spots, no headache, two or three loose stools a day, tongue *clean*, slight dry cough, no enlargement of spleen, no physical signs in chest. He was seen daily; his temperature ranged between 99° and 103.5°. No other symptoms. The child did not seem sick, and wanted to play, though he was kept quiet from the first.

On November 16, 1886, he vomited for the first time.

November 18. Vomited twice, passages loose, two or three in 24 hours. No spots, belly prominent, slight tenderness in right iliac fossa, tongue clean, pulse 100, temperature 102.4°

November 19. Vomited, headache for first time, bowels loose. No physical signs in chest. Abdomen somewhat retracted; an enlarged mesenteric gland felt to right of spine.

November 20. Much vomiting, headache, noises in head, no pupillary signs.

November 21. Pulse irregular; no pupillary signs.

November 23. Strabismus; irregular pupils; double vision; *tache cérébrale.*

November 26. Convulsive movement of jaw; comatose; purulent conjunctivitis.

November 27. Respirations irregular.

November 29. Wasted away until skin seems tightly drawn over face; belly much retracted; several enlarged mesenteric glands felt; comatose.

November 30. Death.

From the time of the first visit until November 21 this case might, with much reason, have been regarded as one of typhoid fever. The continued fever with diarrhœa, and no signs pointing to any other affection, would have justified the diagnosis. Fortunately the mother was told in the beginning that it might be meningitis, and not typhoid. This conclusion was reached solely on the history of a death from phthisis and one from tubercular meningitis in the family, and not because the symptoms pointed specially to meningitis. After November 23, of course there was no mistaking the nature of the disease.

Treatment.—From the beginning the patient received 5 gr. of potass. iod. t. d., with such other treatment as the symptoms demanded. Though it was necessarily futile, the boy had the advantage of the treatment which Dr. Louis Smith considers curative in a certain number of cases.

MEDICAL SOCIETIES.

ILLINOIS STATE MEDICAL SOCIETY.

SECOND DAY—MORNING SESSION.

The following voluntary papers were read: "Ocular Disturbances from Nasal Disease," Dr. H. Gradle, of Chicago; "The Use of Acetate of Lead in Certain Conditions of the Eye," Dr. F. C. Holtz, of Chicago; "One Factor in the Etiology and One Means of Cure in Puerperal Fever," Dr. C. W. Earle, Chicago; "Jequirity," Dr. E. L. Holmes, of Chicago.

Dr. O. B. Will, chairman of the committee of the section of gynecology, read a report of the progress made in this branch during the past year. It was largely in the way of reconstruction and revision. He alluded to the diverse views respecting the use of certain instruments. One of the few subjects which have attracted attention is pelvic inflammation. Generally speaking, by pelvic inflammation is meant pelvic peritonitis and cellulitis; at least, that accords with the current literature on the subject. The etiology of the affection is not settled. Aspiration is now generally a useful aid in diagnosis. Laparotomy has been recommended as about the only cure for pelvic abscess. Dr. W. H. Byford says it should be done only when the abscess is supra-pubic or intra-parietal. Dr. Fenger says: "When a communication exists between the abscess and the intestinal tract, evacuation of the pus into the bowel is sometimes followed by spontaneous recovery." The speaker in one case made an opening 2½ inches above the anus, through which a catheter was introduced and drainage effected. After dilatation of the sphincter ani no special difficulty was experienced. Injections of carbolic acid were used daily. The patient recovered. To cure pelvic abscess, drainage is not always necessary; aspiration will suffice in some cases. When drainage of the abscess is aimed at, the peritoneal cavity should not be opened. In suitable cases, open up the inguinal canal, insert a glass or rubber drainage-tube, and the cavity may be drained without fear of peritonitis.

Attention was directed to tamponing, as recommended by Engelmann, of St. Louis, and Etheridge, of Chicago.

Dr. Catharine Miller, of Lincoln, read a paper on

Cases of Posterior Displacement of the Uterus in Virgins.

Most of these displacements are caused by accidents of childhood, producing discomfort of the uterus at puberty. Children in whom such accidents are observed are, almost without exception, given to jumping rope. Mothers whose children jump rope freely report complaints of pelvic pain from their little girls. The reporter cited three cases which came under her observation during the past winter.

DISCUSSION.

Dr. J. G. Kiernan, of Chicago, in opening the discussion, said: Much might be said about the effects of certain habits, such as climbing stairs and rope-jumping, upon the uterus. Besides this, however, a woman coming from a defective family is very likely to have uterine displacements. There has recently been considerable reaction against the excessive use of local vaginal applications in the treatment of conditions like dysmenorrhœa, which are undoubtedly the result partly of constitutional disorders. That dysmenorrhœa is a neurotic disorder, there can be no reasonable doubt. In the hospitals for the insane one finds many female patients suffering from local affections, which are the result of constitutional conditions, and proper treatment of the constitutional condition relieves the pelvic disorder.

Dr. G. W. Jones, of Danville: Regarding the points raised by Dr. Will, as to the danger of pelvic abscess opening into the rectum, I wish to record the fact of three such cases in my practice which entirely recovered. With reference to tampons, I prefer dry wool. I have found it the most efficient means for support of the pelvic organs, especially in cases in which there is relaxation of the soft parts. With regard to retroversion in virgins, my experience has led me to believe that there are many virgins who have been born with retroverted wombs, and that these give them no annoyance. I know of a family, a mother and five daughters, who all have retroversion; in other respects they are perfectly healthy.

Dr. G. W. Nesbitt, of Sycamore: I would like to say, in regard to the use of the tampon, that it is the custom to use absorbent cotton in making it. Absorbent cotton is very objectionable, because when wet it becomes hard and as solid as clay.

Dr. L. G. Thompson, of Lacon: I have been very much interested in the papers presented, and more especially in the practical character of the second one. Regarding Dr. Will's paper, I would say, country doctors do not come across cases of cellulitis and pelvic abscess very frequently. I wish to emphasize one thought in the second paper concerning the importance of considering the liability to uterine trouble in virgins. Many physicians think virgins are not liable to that form of derangement; but my observation has led me to believe that it is much more common than many are disposed to think. Every now and then I find a case of uterine displacement, accompanied by chronic inflammation, in a virgin. In regard to using absorbent cotton I would say that, when it is removed the next day after its introduction, it is as good as anything else; but if I were going to leave it longer than that I should want something different—in other words, a tampon should not be left in longer than 24 hours. I have been in the habit of employing some form of pessary where the uterus must have continued support. Many physicians are opposed to pessaries, but my experience has taught me otherwise.

Dr. J. S. Whitmire, of Metamora: Retroversion of the uterus in virgins is something new to me. It is true nature has some wonderful freaks, and there can be no doubt that certain kinds of exercise in young girls produce displacements and inflammations of the utuers. The profession is disposed to attribute all ills in females to some uterine derangement.

Dr. D. T. Nelson, of Chicago: If the doctor investigates the history of these cases of supposed congenital malposition of the uterus, he will find that something in the dress of both mother and children has caused the malposition. Tight clothes hinder the development of the organ in both mother and children. If this could be rectified there would be an opportunity for improvement.

Dr. Miller heartily agreed with the ideas brought forward by the different speakers, and said tight clothing was an active element in producing displacements of the womb.

Dr. Will: The remark of Dr. Thompson that country practitioners do not often meet cases of pelvic inflammation is a little out of place; for every general practitioner sees more or less of these cases. Many cases of pelvic inflammation, diseases of the ovaries and tubes, originate through carelessness on the part of the physician. Only a few days ago I found, in a consultation room, a sound and speculum lying on a window sill and covered with the dried secretions of the last patient.

Dr. Thompson: I referred to the country physician, not to the practitioner in densely populated centers. I do not think the country doctor frequently meets with cases of cellulitis or abscess of the pelvic organs; at least, it has not been my experience.

On motion the Society adjourned till 2 p. m.

AFTERNOON SESSION.

Dr. D. A. K. Steele gave an epitome of his paper read the day previous, and exhibited some patients on whom he had operated. One was a case of amputation of the shoulder, in which all the joint tissue had been removed.

Dr. P. H. Oyler, of Mt. Pulaski: I have had quite a number of compound, and of compound comminuted fractures. In one case a man was run over by a pulverizer, and two and a half inches of the upper half of the tibia was removed, and the entire integument was cut through, leaving only a portion of the gastrocnemius and the anterior blood vessels. Two physicians had been called, and had decided upon amputation. In the meantime I was sent for, and finding there were enough blood vessels intact, I concluded the limb could be saved by putting it in a thick dressing. The patient recovered. I would like to know why a compound fracture, or a compound comminuted fracture, cannot be hermetically sealed.

Dr. Charles T. Parkes, of Chicago: I have been much interested in the papers presented by Drs. Steele and Crummer. With reference to cocaine, I have used it in some cases with very happy results. Its usefulness is not fully appreciated by the profession, nor is it as often used as it might be. I used it in one case of ununited fracture, where I cut down upon the bone, and no pain was felt by the patient, except when the bone was being divided by the saw. I do not use the wire in ununited fractures. I have cut down upon one or two cases in which wiring had been practiced, and a fistulous opening had remained—the cause of the opening seeming to be the wire. I have no doubt but that there are times when this method, as well as the bone-pegs, may be used, but a great many cases of compound comminuted fracture recover without any such treatment. I am unable to understand why Dr. Steele uses iodoform to cover the wound surface. It has been shown recently that any form of microbe can be propagated in iodoform. I agree with portions of the paper concerning examinations of the kidney, and also with regard to the necessity of making a median incision for exploration of the bladder.

Dr. Ingals remarked that the suggestion of Dr. Steele relative to the stretching and falling kidney recalled the case of a young married lady who had never been pregnant, and who consulted him for falling kidney. It came well down into the abdomen; it could be returned to its place, but not successfully fixed. The lady became pregnant in the course of time, and gave birth to a live child at full term. She has had several children since. The kidney became firmly fixed during the first pregnancy, and has remained so ever since.

Dr. B. F. Crummer, of Warren, said the point relative to the open treatment of wounds had not been touched upon. Is it not true that in some cases the open treatment is the best, as in crushing injuries of the fingers? Undoubtedly better results can be obtained from such treatment than by closing the wound. He thought the rule should be strenuously adopted to make the incision directly at a right angle to the long diameter of the limb—a point upon which Dr. Steele did not sufficiently dwell.

Dr. Steele closed the discussion, and said: I agree with Dr. Parkes, that wiring and pegging of the bone is unnecessary in many cases. I am in the habit of sprinkling a light film of iodoform over the wound surface in amputations; it is an excellent hæmostatic, especially when dissolved in ether.

The report was referred to the Committee on Publication.

The report of the treasurer showed at the beginning of the present session $1,322.77 in the treasury after the satisfactory adjustment of all claims against the Society.

Dr. Walter Hay, of Chicago, moved that the Illinois State Medical Society subscribe $500 towards paying the expenses of the International Medical Congress.

The motion was seconded by Dr. J. L. Gray, after which Dr. N. S. Davis explained the purposes for which this money was needed.

Dr. Moses Gunn offered an amendment that $750 be subscribed, which was unanimously adopted.

The report of the Committee on Drugs and Medicine was read by Dr. Maria J. Mergler, for Dr. J. G. Tapper. The report dealt with the prevailing evils existing between physician and druggist. It condemned the practice of re-filling physicians' prescriptions, and the practice of pharmacists in selling compounds in the shape of renovators, blood purifiers, etc., and denied that the prescriptions of a physician are in any way the property of the druggist.

Dr. Mergler then read a paper on

The Progress of Therapeutics in Gynecology,

directing attention to cocaine in the treatment of gynecological cases, recommending hydrastis canadensis for cases in which ergot is usually administered; also iodoform and iodoform gauze dressings and antiseptic douching of the uterus and vagina in operations.

Dr. J. H. Hollister, of Chicago, said: The suggestions in the first paper are of the utmost importance, requiring careful consideration in order to decide what our duties are. We stand in a relation to the pharmaceutical profession which ought not to be in anywise antagonistic. There should be some code of ethics to govern the relations between physicians and druggists. A paper should be prepared setting forth the relations of the medical profession to manufacturing druggists and dispensing chemists so fairly as to be received by both as a just exposition of the relations existing between them and us. The abuses are not overstated in the paper.

Dr. Barnes, of Bloomington: This has become a very serious question with me. As far as manufacturing chemists are concerned, I keep a waste-basket in my office to which most of the samples are consigned. It has become the practice in my town for druggists to duplicate a prescription once or even a hundred times. They have a book for the special purpose of recording prescriptions. They not only re-fill for the patient, but for his family or friends.

Dr. N. S. Davis: A physician should never prescribe any manufacturers' medicines, or any compounds put up by anybody else. Every physician should prescribe, if he does not use more than one drug, and he should clearly state the strength of the materials used, designating the Pharmacopœia of the United States. The dispensing of medicines should be entirely separated from anything else which goes to make up a drug store. In Europe the dispensers of medicines are usually found in small rooms, at a rent of probably $5 per month. In this country, if a person's sickness does not last longer than three days, his drug bill will exceed the charge made by the doctor. The system is entirely false; there is no reason whatever why the sick should pay for marble floors, highly decorated rooms, and all the clap-trap that goes to make up the ordinary drug store. The druggist is all right, but his system is false from beginning to end.

Dr. Samuel Jones, of Chicago, read a paper on

Improvement in the Management of Diseases of the Eye.

In the operation for soft cataract the needle operation is still the one usually practiced. After partial disintegration and softening of the lens, suction is sometimes practiced, to hasten removal of the lens substance. In hard cataract, extraction of the lens is usually effected by Von Graefe's modified linear extraction, as suggested by him, or as modified by others. Manipulation, to hasten the ripening of the cataract in order to admit of earlier extraction, has not thus far been attended by encouraging results, and its practice is not free from danger. Incision of the periphery of the capsule of the lens, as suggested for the escape of the lens, and to prevent continuance of the nutrition of the capsule, thus to avoid the occurrence of secondary cataract, has not met with general favor. Evisceration of the globe is a recent substitute for enucleation of the eye-ball, in cases in which it is desired to avoid danger of sympathetic disturbance of the unaffected eye, and yet to retain enough of the sclerotic coat of the eye, with its muscular attachments, to afford a movable support for an artificial eye. It seems to possess merit enough to warrant a longer trial.

Dr. A. E. Prince, of Jacksonville, in his Report on Otology, called attention to an instrument for regulating the pressure used in inflation of the middle ear. He said, it is impossible to arrive at an estimate of the damage done by the unregulated force employed in the indiscriminate use of the Politzer bag in the treatment of middle ear diseases. To facilitate the method of inflation and diminish its dangers, attention was called to a graduated mercurial column upon which the patient is required to blow. The instrument is essentially a re-curved tube filled with mercury and supplied with a rubber tube, against which the patient is required to blow while the ears are inflated. While the mercury is displaced the air is driven by the bag through the nostril in the usual way, and a force indicated by the pressure of the mercury, plus the momentum of the blast, is expended in inflating the middle ears, and any surplus force, in place of working an over-distension of the drums, simply overcomes the upward pressure of the palate, and escapes into the pharynx. The instrument is called a Politzometer.

The report on necrology included the names of the late President, Dr. W. T. Kirk, of Atlanta; Dr. James S. Jewell, of Chicago; Dr. C. R. Hamill, of Chicago, and Dr. R. D. McArthur.

The Society adjourned until 9 a. m., Thursday.

THIRD DAY—MORNING SESSION.

The Society was called to order at 9:45 a. m., Dr. W. O. Ensign in the chair.

The president's address was referred to Committee on Publication without its presentation, on account of his illness and absence.

The report of the Committee on Publication was read by Dr. D. W. Graham. Three hundred and fifty copies of the transactions for 1886 were published at a cost of $348.96. Report was accepted.

Dr. J. W. Jones, of Danville, chairman of the special committee on "Diseases of Children," presented his report. He commenced by saying that he had sent out a circular-letter to a large number of physicians throughout the State of Illinois, in which he propounded the following questions:

1. Has there been much sickness amongst the children in your county or district during the past year? 2. What have been the prevailing diseases, and what has been the general type of such affections? 3. Have you had in your district any outbreaks of any of the contagious or infectious diseases of children? 4. Have you used in the treatment of children's disorders any new line of management seeming to give more favorable results than other plans previously adopted? 5. Do you believe the State Legislature ought to appropriate annually a sum of money sufficient to defray the expenses connected with investigations covering subjects embraced in infant mortality, its causes and reduction, and the contagious febrile diseases, their prevention and cure?

The numerous replies received showed an increase of sickness amongst children of about 25 per cent. Excepting the contagious and infectious diseases, the general line of disease comprised bowel complaints during the summer, and respiratory affections during the winter, all influenced more or less by malarial toxæmia. With but one or two exceptions the contagious or infectious diseases prevailed somewhat extensively. Scarlet fever, German measles, diphtheria, and pertussis have been very prevalent. Most cases of German measles have lacked the alleged pathognomonic symptom, viz: the post-auricular glandular enlargement. Rheumatism has been very prevalent in both young and old. Dr. Jones expressed confidence in the phospho-iron preparations, and salicin, in the treatment of such affections. The last query was answered by nearly all in the affirmative.

Dr. F. J. Shipp, of Petersburg, read a short paper on

The Care of Children,

calling particular attention to cleanliness. No water-bath should be resorted to during the first twenty-four hours of extra-uterine life. The child, however, should be given an oil-bath, lightly covered with an article of apparel of some kind, and at the end of twenty-four hours a warm bath of short duration should be given in a warm room.

DISCUSSION.

Dr. E. Ingals: There is one point relative to the treatment of pertussis to which no reference has been made, and that is the use of chloral and morphia. The treatment is very simple. I confine myself almost strictly to it, and it is very effective in the later stages of the disease. I use one-thirty-second of a grain of morphia and one grain of chloral, and repeat, if necessary, in a child of three years old. In the diarrhœas of children I endorse the antiseptic treatment.

Dr. Robert Tilly, of Chicago: "There was one point in Dr. Jones' paper that I would like to see ventilated a little, and that is the matter dignified by the name of Skeer's symptom. I know but little about the sign, but have made repeated efforts to get as much information on the subject as possible. When the report was brought up before the Pathological Society of Chicago, a committee was appointed to investigate this particular sign, and, as I understand, at that time one case was referred to as being typical at St. Luke's Hospital. I made the best possible effort to see the case, but learned that the child had considerably improved and had left the hospital. This, I believe, was the only case that the committee had an opportunity of investigating. I refer to it, because I think too great importance has already been attached to Skeer's symptom. We have Argyll Robertson's symptom, which is well established, and it would be unwise for us to foist this supposed peculiarity upon the medical profession without a good deal more evidence than we have at present.

Dr. H. M. Moyer, of Chicago, remarked that he was responsible for the term "Skeer's symptom." At the time when the allusion was made, the committee did not have any cases of tubercular meningitis under their care, but they availed themselves of every opportunity and means to secure a case or two. There were, however, cases of doubtful tubercular meningitis, and in these cases the sign was absent. The case seen by Dr. Skeer at St. Luke's Hospital was pronounced a typical one by him.

Dr. C. W. Earle: There has been a great number of cases of measles, and an epidemic of German measles, also a few cases of varicella of a severity which he had never before witnessed. In a large number of the cases of German measles the post-auricular glandular enlargement was absent.

Dr. A. H. Foster, of Chicago: My experience has been that we have had a rather typical epidemic of measles; and following the cases of measles in three to six weeks there were many cases of German measles without the pathognomonic symptom alluded to. In several of these cases a longer stage of convalescence was present. I attribute this more to debility arising from the first attack than anything else.

Dr. G. W. Nesbitt; I have seen many cases of German measles; sometimes one or two members in a family had the post-auricular glandular enlargement, while in others of the same family it was absent; therefore, I think German measles may occur without the enlargement referred to by Dr. Earle.

Dr. John H. Hollister said that physicians of Chicago had seen more cases of measles than ever before during the history of the city.

Dr. E. L. Herriott, of Jacksonville: German measles in our town last year were light, but this year they have been severe and the epidemic pronounced.

Dr. A. E. Goodwin, of Rockford: I have seen many cases of German measles during the year, and very little treatment was necessary. I would like to know if there is a law requiring children to have a physician's certificate before returning to school after an attack of measles.

Dr. G. W. Jones, of Danville, agreed with

Dr. Shipp concerning the treatment of the new born, especially the oil bath. He had used the chloral and morphia treatment, but owing to its depressing effects, he abandoned it. He had observed cases of German measles without the post-auricular glandular enlargement.

Papers referred to committee on publication.

THIRD DAY—AFTERNOON SESSION.

The Society re-assembled at 2 p. m.

Report on Dermatology.

Dr. Henry J. Reynolds, of Chicago, presented his annual report in this department, dealing first with the

Treatment of Lupus Vulgaris by Electrolysis.

He said: This method of treating lupus vulgaris was suggested by Gärtner and Lustgarten in the *Wiener med. Wochenschrift*, Nos. 27 and 28, 1886. They used a flat metallic pad large enough to cover the lupus nodule, the healthy skin being protected by a rubber ring around the pad. This pad was connected with the negative pole of a galvanic battery, with a current of sufficient strength to produce an escharotic effect, which is said not to produce much pain. The nodule becomes immediately swollen, with a discharging surface. In a few hours it becomes depressed and covered with a brown scab. This is now to be dressed as an ordinary sore, with ointments, etc. In from eight to fourteen days the scab falls, and a smooth flexible scar is left.

In regard to this treatment, while it is without doubt a very good way of accomplishing the same result that is now produced by other means, it nevertheless must necessarily be just as far from a sure cure for the disease as the other methods—caustics, scarification, scraping, etc., from the fact that lupus vulgaris is a disease which almost always crops out sooner or later in places remote from the original nodules. I have under treatment at the present time a case which responds very readily to local applications to the nodules, which are more or less numerous; but when apparently cured, in due time fresh nodules crop out in other localities. In another case recently under my care, the disease, often resisting all local applications, responded promptly when a sulphate of magnesia laxative was given internally in conjunction with the local applications, a fact which only illustrates an old principle, viz, that fluxions, local congestions, etc, may nearly always be reduced by depletion through the alimentary canal, as in the case of acne, roseola, erythematous eczema, and other local congestions.

Urticaria and Pruritus.

In an article in the *Buffalo Medical and Surgical Journal* it is claimed that there is nothing equal to a two to ten grain solution of menthol for relieving the itching of these very annoying and stubborn affections; that it not only promptly relieves the itching, but seems to have a curative effect. While my own experience with the remedy is not sufficient to warrant a positive statement regarding its value, I am led to believe it to be one of the best, especially in pruritus ani, where camphor solutions and other stronger remedies are not always well tolerated. Where there is a tendency to eczema, however, as a complication, or a result of scratching in pruritus, I have never found anything better than camphor solutions, which I generally use in the form of the ordinary soap-liniment, as it not only relieves the pruritus, but has an excellent effect on the eczematous condition.

Lanoline.

This drug, though not a new one, has come into general use only during the last year, being first brought to the notice of the profession by German writers. It is a fatty substance obtained principally from the wool of the sheep. Medicinally inert in itself, it is used as a basis for ointments. For this purpose it has advantages and disadvantages as compared with other substances used for making ointments, such as lard, vaseline, etc. The advantage claimed for it is that it is more readily absorbed than most other ointment bases. It has the disadvantage, however, of having an offensive odor and being more expensive;* while in many cases vaseline, and substances not so readily absorbed, are preferable, inasmuch as when protection and soothing effect are desired the remedy least easily absorbed is more desirable. In the *Journal of Cutaneous and Venereal Diseases*, June, 1886, Dr. Geo. Henry Fox sums up his conclusions as follows: 1. Lanoline is more readily absorbed by the skin than any other fatty substance; 2. as a basis for ointments, it is useful when an effect upon the deeper skin or upon the whole system is desired; 3. on account of its firm consistency it is advisable to mix with it a certain amount of lard, especially in cold weather; 4. when applied to a highly inflamed skin, it may not prove as bland as fresh lard or pure vaseline; 5. considering its recent introduction, its questionable superiority, and its present cost, it cannot be recommended as yet as the best basis for all ointments.

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* Lanoline, as now prepared, is almost odorless and may be obtained at a very reasonable price.—Editors Medical and Surgical Reporter.

Hot Vaginal Douche in Acne of the Female.

Dr. M. Hutchinson (*Medical Record*, May 28, 1886), acting on the suggestions originally made by Sherwell, of Brooklyn, of passing the sound in the male urethra, to which reference was made in my report on dermatology a year ago, proposes, for an analogous effect, the use of the hot vaginal douche in the female. He reports several cases which he claims were cured by this method.

Molluscum Fibrosum.

Dr. R. W. Taylor contributed two very exhaustive articles bearing upon the etiology, pathology, mode of evolution and retrogression of this disease, and regards the so-called dermatolysis as pathologically the same as molluscum fibrosum, and believes with Simon and Behrend that the latter and the so-called strawberry marks, pigmented nævi, warts, etc., are closely allied.

A New and Useful Instrument.

Dr. E. L. Keyes has described an instrument which he invented and which he calls the cutaneous punch. It is about three or four inches long, with a hole in the end similar to that in an ordinary punch, and with a sharp cutting edge defining the hole. He uses it to remove the stained specks of skin in the face due to gun-powder; also for corns and other small growths. To remove the gun-powder specks, he presses the punch with a rotary motion through the entire thickness of the derma and removes each piece. His results were satisfactory. In a case of corns he presses the punch down through the center of the growth, cutting out all the sensitive part of each corn. His results were good. A number of sizes, from $\frac{1}{16}$ inch up, are required.

Cocaine as a Local Anæsthetic.

Knowing that cocaine is not well absorbed by the skin, and therefore does not produce much of an anæsthetic effect, Dr. Wagner, of Vienna, was led to make experiments for the purpose of ascertaining a method by which a better absorption and anæsthesia might be produced. Basing his theory upon the established principle that fluids move from the positive to the negative pole in a galvanic current, he saturated the positive electrode with a cocaine solution, applied it to the skin, and applied the negative pole a short distance from the positive. As the result seemed satisfactory, he made a number of similar experiments in the clinic of Billroth to determine the value of the method in surgical practice. He found that by keeping the positive electrode saturated with a sufficiently strong solution, and allowing the current to pass in the manner described for a short time, incisions could be made in the skin without producing any pain. His results and the description of the method were presented to the Society of Physicians of Vienna at their meeting February 5, 1886.

In regard to this method, I may say that I have personally made a number of experiments with a view of ascertaining its merits, which I intend to publish soon in the form of a paper, but which would occupy too much time were I to report them here. I will merely say that in my hands the matter is a success, and in my opinion one of the most useful discoveries in dermatology which have been made during the year 1886. In my experience, in the operation for the removal of superfluous hairs by electrolysis, and in other minor operations on the skin, the patient need experience absolutely no pain whatever.

Dr. Seth S. Bishop, of Chicago, read a paper on

Operations for Mastoid Disease.

Surgeons agree that in all cases of confined accumulations of pus in the mastoid region free incisions should be made, the cavity drained and made aseptic. The incision should be made clean to the bone, from one-half to one inch in length, right over the mastoid tissue. The arguments in favor of the mastoid operation are, that in nearly every case good results have been obtained, while in no case have patients been made any worse.

Dr. F. Fletcher Ingals, of Chicago, read a paper on

Epistaxis,

prefacing his remarks by citing a few cases which came under his observation. Epistaxis may be simply the result of a local plethora. In old people the most frequent causes are degenerative changes in the blood-vessels. The treatment consists in arresting hæmorrhage, and preventing its recurrence. To arrest the bleeding, firm compression of the nostrils for ten or fifteen minutes should be resorted to. The application of cold is equally good. In more aggravated cases syringing out the nose with cold water and the subsequent insufflation of a powder containing four per cent. of cocaine, and a suitable preparation of iodoform, are highly recommended. In alluding to plugging of the nares, Dr. Ingals said: "A piece of surgeon's gauze an inch in width, and four feet in length is thoroughly saturated in a solution of tannin prepared by rubbing sufficient in water to make a thin syrupy mixture. Opening the nostril with a speculum, one end of the slip is folded on itself and over the end of the probe by which it is carried quickly to the posterior part of the nasal cavity, and then fold after fold is passed slowly in until the cavity is completely filled. This plan has been successful in extreme cases of epistaxis."

Dr. Tilley was inclined to doubt that hæmorrhage occurring from the nose is usually an effort of nature to relieve plethora. He thinks it is rather an evidence of a weak point in the nose, and the physician should try to discover that point and apply a suitable remedy, if possible. Polypi are not infrequent in the young, as well as in adults, and as soon as noticed should be removed.

Dr. Liston H. Montgomery said a solution of dialyzed iron on absorbent cotton had been very effective in his hands.

Dr. H. A. Johnson, of Chicago, thinks the Paquelin cautery is very effective in the treatment of such cases. He does not place much confidence in the nitrate of silver.

Dr. Walter Hay reported on

Legislation for the Insane.

The subject was discussed at length by Drs. Kiernan, Cook, Hollister, Bridge and Davis.

Dr. Bridge moved the following, which was adopted:

"*Resolved*, That this Society heartily indorses the provision of the bill now before our legislature providing for the commitment of the insane in certain cases without trial by jury, and asks the legislature to enact these provisions at least."

Dr. Gray offered the following, which was adopted:

"*Resolved*, That the Illinois State Medical Society use all its efforts to secure legislation requiring the filling of all public offices having medical functions with medical men."

OFFICERS FOR 1888.

President—W. O. Ensign, of Rutland.

First Vice-President—Charles Warrington Earle, of Chicago.

Second Vice-President—P. H. Oyler, of Mt. Pulaski.

Permanent Secretary—David W. Graham, of Chicago.

Assistant Secretary—G. L. Eyster, of Rock Island.

Treasurer—Walter Hay, of Chicago.

Judicial Committee—A. Wetmore, of Waterloo; S. C. Plummer, and P. F. Crummer.

On motion the Society adjourned. Next place of meeting: Rock Island, third Tuesday in May, 1888.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

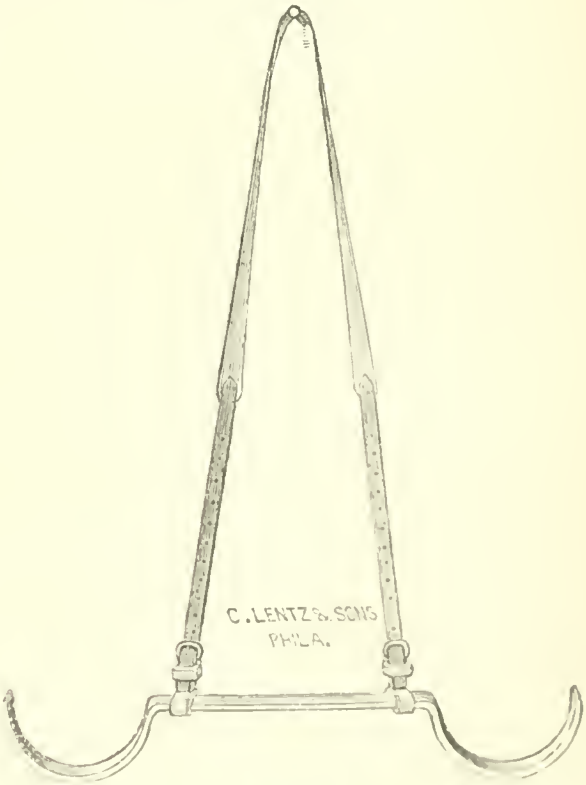
Stated meeting, May 11, 1887.

The Vice-President, E. T. Bruen, M. D., in the chair.

Dr. Thomas B. McBride described and exhibited

A New Apparatus for Maintaining the Lithotomy Position.

I desire to present to the Society this evening an apparatus I have designed for the purpose of supporting the limbs and maintaining the lithotomy position.



It consists of a piece of hard, elastic wood, preferably ash or hickory, ¾ of an inch thick, 1 inch wide, 36 inches long, bent at each end in a semicircle of 6 inches diameter, or a semicircumference of 10½ inches, thus leaving a shaft of 15 inches between the semicircles, and making the length of the finished instrument 27 inches (6 + 15 + 6).

To the shaft, 2 inches from each end, a buckle is immovably fastened by means of leather.

A band of webbing, finished at each extremity with a leather strap, the whole 50 inches long, completes the device.

In using the apparatus, the thighs are flexed on the abdomen and put in the semicircles, the band is placed around the neck and fastened to the buckles.

The advantages are apparent. Its cheapness places it within the reach of every one. The thoroughness with which it does its work, keeping the patient immovably in the lithotomy position, and maintaining the same relative position of the parts; the fact that it does not interfere with the circulation; the strength, lightness, and remarkable simplicity, will, I think, render it a valuable acquisition to the surgeon and gynecologist.

Dr. Edward Jackson read a paper on

Determination of the Size of the Pupil.

The extent of the nervous connections which determine the contraction or dilatation of the pupil, and the variety of its reactive and correlated movements, make it an important index of many conditions of the local or general nervous system. But in all the accumulating volumes of loose medical literature, no symptom has been more loosely treated. Off-hand decisions of this matter, such as are commonly made, and their usual records "pupils dilated," or "pupils contracted," are at best worthless, and often misleading. They are made by reference to a mental standard or conception of what the average size of the pupil should be; which as a conception or understanding may be good enough, but which as a standard to test the case in hand is simply useless and deceptive.

The normal size of the pupil varies completely with the individual. In some normal eyes direct sunlight will not contract the pupil below five mm. in diameter; while in others darkness or even the strongest mydriatic will not dilate them to that extent. In one extreme case, Mrs. M., aged forty, who applied to the Polyclinic for relief from eye-strain due to hyperopia, and whose ocular and general health seemed in all respects good, the widest dilatation we could obtain with atropia or duboisia left the pupils less than two mm. in diameter.

Again, the size of the pupil varies with age—larger in the young, smaller in the old; causing in the latter really pathological dilatation to be overlooked, while the normal pupil of childhood is set down as "dilated." Then the knowledge that the pupil varies with exposure to light or with accommodation and convergence, though familiar to all of us, is too rarely applied in this connection.

With our present knowledge of the size of the pupil, and the conditions which influence it in health and disease, no examination can be regarded as fairly thorough and satisfactory which does not note—

1st. Its exact size when the gaze is fixed on a distant object, both in a bright light and in the weakest light in which it can be accurately measured.

2d. Its size when the eyes are fixed on some near object, as the finger held six inches in front of them. This should be measured by a weak light, unless the pupil is unusually dilated.

3d. Its behavior on covering the other eye with something which thoroughly excludes the light.

In an examination for ophthalmic purposes, of course, other matters are to be considered also. Each eye should be examined separately, and any inequality between the pupils especially noted. The report of such an examination should give exact dimensions, or at least the exact diameter of the pupil in a strong light, and other dimensions in their proportions to this, and not be couched in general phrases, which are, for the reasons above alluded to, well nigh meaningless. The bright light, referred to, is secured when the eyes are directed toward the the open sky in the middle of the day, or toward the flame of a student's lamp or common gas burner not more than ten or twelve inches distant. For the tests of weak illumination the source of light should be removed to one side of the eye, so that the rays may fall obliquely on the pupil. In this way fewer will enter it, and those which do, will fall upon a less sensitive part of the retina. Delay in the reaction to light, or its entire absence, are conveniently tested by observing the pupil through the ophthalmoscope at a distance of eight or ten inches, and (by turning the mirror) alternately leaving the eye in comparative darkness or flooding it with the concentrated light.

For accurately measuring the diameter of the pupil many little pieces of apparatus have been devised, the more important of which I have collected to show you this evening. One of the simplest devices, and a very serviceable one, is the scale of black circles or "pupils," proposed first, I think, by Follin, but more conveniently arranged by our fellow member, Dr. B. A. Randall. This scale is held close to the patient's eye, and the circle selected which most nearly matches the pupil in size, the diameter of this circle being given opposite it on the scale.

Fick proposed to measure the pupil subjectively by means of two apertures in a black diaphragm which should be placed before the eye, one aperture being fixed, the other movable. Each aperture admits light to a certain circular area of the retina, the size of this area being determined by that of the pupil. Thus the appearance of two feebly illuminated circles is produced, and the distance between the apertures being varied until these circles become just tangent, that distance gives, with an easily obtained correction, the diameter of the pupil.

On this plan, Cretes* constructed his pupilometer, in which the distance between the apertures was made to vary by revolving a disk with a spiral linear aperture which intersected a fixed straight linear aperture; and Robert Houdin devised the other instrument here shown. This subjective method is superior to others in certain experimental investigations, but is of no importance in practice.

The pupil can be measured approximately by simply holding a finely graduated rule in front of it, and noting the number of spaces occupied; and various instruments have been devised to do this with precision. All of them, however, except that recommended below, are liable to the objection that the distance subtended on the rule is less than the diameter of the pupil in proportion as the distance from the observer's eye is less to the rule than to the pupil. This is shown in Fig. 1 by the dotted lines, the scale being represented by B B, and the pupil by C C; D D, although really shorter than the diameter of the pupil, seems to cover it.

A sort of "cross" between this method and the series of black circles is the scale of Mr. Jessop. You see it is a strip of metal, along the edges of which are cut out a series of semicircles of different diameters.

But for measuring the pupil, in the observation of cases, I think the best instrument is the so-called keratometer, devised by Priestley Smith, of Birmingham, England.† This consists of a scale placed between two plano-convex lenses. The observer's eye is placed about the principal focus of the combined lenses (ten inches from them), and holding the scale before the observed eye the cornea or pupil subtends on the scale exactly its proper length, whatever its distance from the scale, because rays converging to the principal focus of a lens system must have entered that system parallel. This is illustrated by the solid lines of figure 1, A, where the observer's eye is placed being a principal focus of the lens B C, and B C must be parallel; hence B B exactly equals C C no matter how far they are apart.

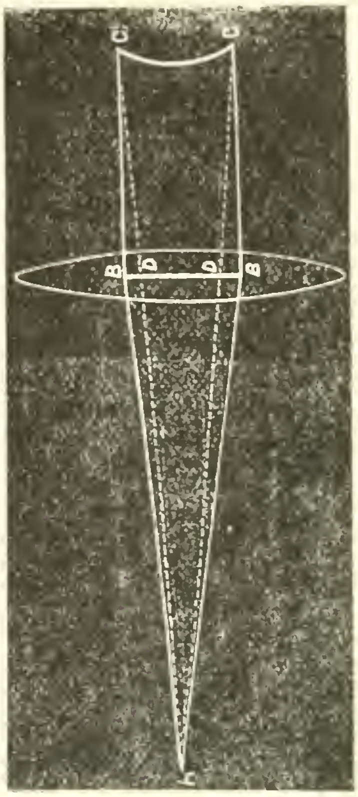


Fig. 1.

The equality or inequality in the size of the two pupils and abnormalities of shape can be observed without special apparatus, though such apparatus has been devised. But it must be remembered that both inequality of the pupils and irregularity of shape are common anomalies of development.

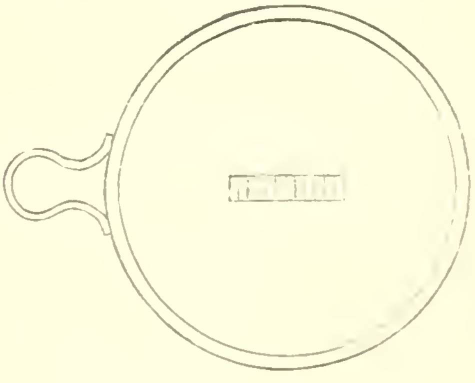


Fig. 2.

Since the difficulty of determining the presence or extent of pathological alterations of the pupil rests on the lack of general conformity to any standard of size or reactions, any comparative observations on the pupils of the patient in health are of especial value.

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* For full descriptions of these and other forms of apparatus, see Traité Complet d'Ophthalmologie, of De Wecker and Landolt, t. premier, pp. 942-953.

† See Ophthalmic Review, November, 1886.

The significance of the different conditions of the pupil, which may be observed, is outside the scope of my paper. Probably the best consideration of it is to be found in the chapter on that subject in Swanzy's text-book on *Diseases of the Eye.*

DISCUSSION.

Dr. George de Schweinitz said: I can endorse Dr. Jackson's criticism of the ordinary reports of the conditions of the pupil. It would be equally valuable in a case of cardiac disease to say simply that there was a murmur, as to describe the pupil in the vague terms usually adopted. I have had no experience with the instrument designed by Priestley Smith. Dr. Randall's instrument has given me complete satisfaction.

Dr. S. Solis-Cohen reported a case of

Asthma Treated by Bergeon's Method.

"By request of the Chairman of the Directors, I will briefly report a case of asthma in which immediate relief followed the injection into the intestine of the mixture of carbon dioxide and hydrogen sulphide, as recommended by Bergeon. Having noticed in Morel's paper reports of two cases in which success attended the experiment in one of the Parisian hospitals, and a case presenting itself which offered a fair test, I determined to make the trial.

"The patient is a stout married woman, about fifty years of age, of somewhat neurotic temperament, who has been subject for some years to attacks of spasmodic asthma, ordinarily manifesting recurrent paroxysms, lasting ten or twelve days. In the intervals there is neither bronchitis nor dyspnœa. There is no heart lesion. I have seen her in previous attacks, which have been relieved by methods with which we are all familiar. In one particularly obstinate seizure, by advice of Dr. J. Solis-Cohen, the patient was sent to the gas works, and was benefited by inhaling the carburetted vapors there produced. I saw her on the second or third day of the attack, and proposed the injections, but could not obtain her consent. Not wishing to complicate the therapeutics too much, in case she should later accede to the proposal, I simply prescribed, as a palliative for the dyspnœa under which she labored between the paroxysms, quebracho, in twenty drop doses of the fluid extract, repeated hourly or half hourly, according to indications. This, of course, gave great relief, but a paroxysm recurring in the evening, the patient consented to try the injection. Almost immediate relief was experiened. Some dyspnœa persisted, but there was no further paroxsm, and the dyspnœa gradually lessened, finally disappearing within thirty-six hours. After six injections, the later ones being prophylactic rather than therapeutic, the patient professed to feel better than for years, and auscultation revealed only normal breath sounds.

"This is, of course, but a single case; yet having a standard of comparison in previous attacks in the same individual, I can, so far as one case is worth anything, confirm Morel's claim that the rectal injection of carbon dioxide and hydrogen sulphide is beneficial in asthma. Which of the two gases is the active agent, and whether, or not, it would be equally efficacious by inhalation, are questions which I do not now desire to discuss."

THE NEW YORK NEUROLOGICAL SOCIETY.

Stated meeting, May 3, 1887.

Charles L. Dana, M. D., President, in the chair.

The election of officers for the ensuing year resulted as follows: For President, C. L. Dana, M. D.; for First Vice-President, W. R. Birdsall, M. D.; for Second Vice-President, M. A. Starr, M. D.; for Recording Secretary, G. W. Jacoby, M. D.; for Corresponding Secretary, W. M. Leszynsky, M. D.; for Treasurer, E. C. Harwood, M. D.; for Councillors, E. D. Fisher, M. D., B. Sachs, M. D., L. Weber, M. D., E. C. Seguin, M. D., and G. M. Hammond, M. D.

THE DISCUSSION.

Dr. R. L. Parsons' paper on

Nomenclature of Psychiatry,

read at the last meeting of the Society, was taken up (see the REPORTER, April 30, 1887).

Dr. Kellogg said he was not well informed of the contents of Dr. Parsons' paper, but he would say that it seemed to him the term monomania had come into so general use in literature, both medical and medico-legal, that it would be very difficult to get rid of it. It was very easy to use new terms, and perhaps etymologically they might be more appropriate than the old, but there was a practical use of the word monomania, and it was very difficult to find another which would fill its place. Monomania had been employed to indicate many different conditions of mental disease. If we could limit the clinical group of mental symptoms we might then suggest more exact terms. There was a group of clinical symptoms associated with certain neuroses, such as epilepsy and chorea, also sometimes associated with toxic states, as in alcoholismus, or with diathetic states, as syphilis or tuberculosis, which took the form of a fixed delusion. By some authors, such symptoms had been classed under the term monomania. Other authors had applied this term to conditions of perverted emotions. What one term would better indicate all these conditions than the word monomania? He thought none. All that he could do would be to single out the several clinical groups of symptoms included under the term monomania, and apply to each group a distinct term. He thought, however, the generic term monomania would remain. At any rate, he could see no advantage in seeking for a new term which would replace it. If Dr. Parsons wished to designate one distinct group of symptoms from among several which were not included in the term monomania by the use of the term oligomania, he might agree with him, but he did not think any advantage would be derived from substituting the latter term for the former.

Dr. W. R. Birdsall had listened with interest to Dr. Parsons' paper on nomenclature in psychiatry because of the importance and difficulty of the subject, but the impression left upon his mind was that we were not much better off with the terms coined in recent times. He must certainly agree with the author regarding the indefiniteness with which the term monomania had been employed, but he agreed with Dr. Kellogg that in its generic sense it was pretty well understood. There was, however, a popular misconception regarding its meaning which he thought constituted a strong objection to its use. Dr. Birdsall had come to use the term paranoia as a substitute for that of monomania with satisfaction to his own mind. The objection to it mentioned by Dr. Parsons, that it did not mean much if anything, in Dr. Birdsall's opinion constituted one of its merits. Monomania was so definite as to be liable to misconstruction. In reconstructing nomenclature he sometimes thought that it was a misfortune that we could not fall back on Choctaw instead of being compelled to resort to Greek or Latin. There was a certain disadvantage in having to resort to a compound word to express a group of symptoms or type of disease; it often failed to describe anything clearly. He believed with Dr. Kellogg that unless the symptoms included in the general term monomania were subdivided into groups, and an appropriate term for each group was found, little advantage would be derived by substituting a single new term.

Dr. B. Sachs objected to the term monomania for two reasons; First, Its etymological meaning was different from its accepted meaning in the nomenclature of psychiatry; Second, In accepting its use, we implied our approval of the old division into monomanias, and thus lost sight of the true character of serious mental troubles. He thought the term oligomania was less objectionable than that of monomania, but he did not believe there was any absolute need of either term at the present time. He had not been compelled to make a diagnosis of monomania for several years. In general he agreed with Dr. Birdsall's remarks on paranoia, but he thought the term primary insanity would be little liable to misconstruction, and might on some grounds be preferred either to paranoia or monomania. He would be in favor of using the term paranoia or primary insanity with such qualifying phrase as to character of delusions, etc., as might be necessary in different cases.

The President thought Dr. Parsons deserved credit for his paper, as there was certainly need of improvement in our nomenclature. If the paper had been read five years ago the term oligomania would probably have stood a better chance for adoption. But it had now become fashionable to use the word paranoia, and he, like Dr. Birdsall, felt a certain amount of mental satisfaction in its use. He had some time since come to the conclusion that any attempt to reform nomenclature, if by a single individual, would be utterly useless. Such questions must be referred to conventions. One man could do nothing unless he discovered some fundamental principle on which to base a nomenclature which would prove superior to that now in use.

Dr. Parsons thanked the members for the adverse, as well as the favorable criticisms of his paper, and in reply repeated certain statements made in his paper. He did not believe that any convention of men could alter a nomenclature. Whether or not a given term would be adopted, depended much upon accidental circumstances. He looked for advances in nomenclature rather from individual effort. He had not found it necessary to use the term monomania; the term partial insanity was far more applicable in many cases.

Cerebral Tumor—Partial Removal.

Dr. S. N. Leo read the history of a case of cerebral tumor occurring in a heavy German woman who had, before its appearance, sustained an injury of the skull where the tumor afterward developed. During the growth of the tumor the patient had consulted several well-known physicians, all of whom were of the opinion that an operation should be performed. Some thought it was a wen of the scalp. The symptoms becoming more serious, she finally asked Dr. Leo to perform the operation. He was assisted by Dr. Harwood and Dr. Guleke. Strict antisepsis was observed. As the operation proceeded it was found that the tumor extended within the cranium, involving the dura mater at the longitudinal sinus, and apparently dipping deeply into the brain substance. These facts in addition to the patient's bad condition from loss of blood led him to desist from further procedure after cutting off that portion of the tumor external to the cranial vault. He thought the patient would not have lived so long—over a month—had not the operation been performed. Unfortunately an autopsy was not allowed. The tumor was a sarcoma. He added that the patient's condition had been rendered more serious by cardiac disease.

Dr. L. Weber regretted that the title of the paper on the cards of announcement had been "Report of a Case of Cerebral Tumor—successfully removed." He also regretted that there had not been a post-mortem examination.

Dr. B. Sachs then read a paper entitled

Notes on the Cause and Treatment of Functional Insomnia.

Under this term he included cases of insomnia, pure and simple, occurring in persons of the neuræsthenic habit. He preferred to say neuræsthenic rather than hysterical, for in his experience actual insomnia is less frequent in truly hysterical patients than in those suffering from cerebral or spinal neuræsthenia. A number of typical cases were given. In attempting to explain these cases, and referring to work done by physiologists on this head, the reader concluded that in the majority of cases there was good evidence of disturbances in the cerebral circulation. And, as Morro had found in animals that increased activity of cerebral circulation was accompanied by deficient circulation in the peripheral organs, so in many cases of chronic insomnia, cold extremities, pallor of the skin, scanty uterine flow pointed to deficient peripheral circulation, and in many of these cases there were weak heart and weak pulse. Special attention was called to the simultaneous occurrence of insomnia and headache, and to the fact that in these cases the headache was, as a rule, of the paralytic migraine type. Cases were quoted in evidence.

The treatment in cases of migraine and insomnia was similar in many respects, and proved effectual in both conditions.

Dr. Fisher thought a very common cause of insomnia was anæmia, and he had seen considerable success in its treatment by cod-liver oil, cream, and articles intended to improve nutrition; in some of the cases ordinary hypnotics had been administered without any avail. The patients might have the appearance of being well nourished while they were really anæmic. The mineral tonics were as a rule indicated.

Dr. George W. Jacoby thought the paper was an exceedingly important one, especially in that it called attention to the fact that many cases of insomnia could be cured by rational measures alone, without the use of any medicines whatever. He agreed with the author that the cases must be individualized, and thus the cause of the wakefulness might be discovered. He thought that in the majority of cases the cause would be found to lie in the circulation—not always in anæmia, but frequently in hyperæmia. Cure the cause and we would cure the sleeplessness; but that which would cure anæmia in one case would not cure it in another. Active and passive exercise, particularly active exercise, were of benefit. For patients who could not go out, the muscle-beater was very useful. While he had not much faith in static electricity in the treatment of insomnia, he cited one case in particular in which the physician who applied it for another purpose to one of his patients, himself became sleepy under its influence. Perhaps the production of ozone by the instrument was the cause of this sleepiness, for it was well known that when we went into an atmosphere of ozone we were likely to become sleepy.

Dr. V. P. Gibney had noticed that static electricity had tended to produce the sleepy state. It was one of the few things they had found static electricity good for at the hospital with which he was formerly connected.

Dr. W. R. Birdsall thought, as did Dr. Sachs, that we must adopt hygienic rather than purely medicinal measures for the cure of insomnia, but we were occasionally forced, as the author had said, to resort to some drug for temporary relief. For this purpose he had obtained benefit without injurious effects, such as sometimes came from bromine, hydrate of chloral, etc., from a drug first recommended to him by Dr. Seguin, namely conium. This given in large doses, fifteen or twenty drops or more, of the fluid extract, had in his hands been beneficial. He had continued its use two or three months without deleterious results.

Dr. G. M. Hammond thought fully eighty per cent. of all his patients were similar to those described in the paper by Dr. Sachs —persons suffering from insomnia, mental anxiety, etc. In the large majority of the cases he thought it was due to hyperæmia of more or less limited areas of the brain. When the patients did sleep they had unpleasant dreams. They were also frequently sufferers from dyspepsia, constipation, spots before the eyes, noises in the ears, sometimes hallucinations connected with various senses, and coldness of the extremities. It was rare for such patients to go away without being cured, but if they subjected themselves to the same causes the condition returned. He used bromides and stuck to them right through the disease. He gave only ten or fifteen grains three times a day, and also gave fluid extract of ergot. He applied static electricity and dry cups to the back of the neck, and regulated the sleeping hours.

Dr. Leszinsky was rather surprised, in view of a recent discussion before the society, to hear Dr. Sachs speak of the use of hyoscyamine as hypnotic. It was a mistake to rely upon large doses of bromides given at night. There was an objection to their use by ladies because of the bad odor which they gave the breath. He had not been able to discover any peculiarity in the circulation of the retina in these cases.

Dr. L. Weber said that since he had adopted the treatment recommended by Dr. W. A. Hammond, and just described by Dr. G. N. Hammond, he had obtained the best results in cases suitable for this mode of treatment, but in other cases the bromides might cause excitement instead of aiding sleep. When there was gastro-intestinal disorder, he added calomel to the treatment with benefit.

Dr. Leszynsky referred to a remark by Dr. Birdsall concerning the use of a mustard sinapisms, or other cutaneous irritants, and said that Dr. N. H. Thomson had called attention to the beneficial effects of cayenne pepper, etc., to the surface of the body some years ago.

The President had found the warm bath a very valuable measure in many cases; in mild cases of insomnia the could douche down the back, and massage, had proven useful. Bence had discovered that ozone had a hypnotic influence. Lupulin had been of benefit in the insomnia of old people; and lavender in some cases in which the stimulus of alcohol or warm food had failed.

Dr. Sachs objected to the use of the bromides, particularly in small doses, more than to anything else in the treatment of the class of cases under discussion, namely, those of insomnia in neurasthenic subjects. It was likely to do more harm than good. The testimony, in the discussion referred to by Dr. Leszynsky, was not against amorphous hyoscyamine, but against the crystalline form.

The President exhibited

An Apparatus for the Relief of Writer's Cramp,

called the "kaligraph" by its inventor, the late Mr. Charles Thurber. It consisted of an iron frame-work, to which was attached a series of levers so arranged that by making large characters at one angle the characters were reproduced in ordinary size at the opposite angle. It was, in fact, a kind of reversed pantagraph. Dr. Dana said that all writer's-cramp instruments were based on the principle of resting the groups of muscles most used, and throwing the work upon other groups. The kaligraph fulfilled these indications better than any other instrument with which he was familiar. The objections to it were that it was cumbersome and expensive. The speaker showed cuts of all the various forms of instruments for writer's cramp (ten in all) which he had been able to collect. The kaligraph had been in practical use for thirty years, but it was very little known. It had enabled its inventor, who had suffered extremely from the cramp, to write with comfort. He was informed that Mr. Charles Dickens had possessed and used one.

Dr. G. S. Jacoby thought this instrument was only palliative, while Nussbaum's was also curative, and could be carried with one. It compelled the writer to use the abductors.

The President replied that an instrument calling into play another group of muscles of the hand would cause those to be affected after a time.

Dr. Birdsall thought writer's cramp was due to cerebral fatigue rather than to muscular fatigue, and that instruments for overcoming it could be of only limited benefit.

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—Another occupation is to be improved for men. Bellevue Hospital, New York, is promised a training school for male nurses—a rich Californian having given $80,000 towards putting it on a solid footing.

EDITORIAL DEPARTMENT.

PERISCOPE.

On the Administration of Carbonate of Lime as a Means of Arresting the Growth of Cancerous Tumors.

Nearly twenty years ago Dr. Peter Hood published in the *Lancet* a communication on the value of carbonate of lime, in the form of calcined oyster-shells, as a means of arresting the growth of cancerous tumors, and in that journal for May 7, 1887, he says: "I am anxious once more to call attention to the subject, and to urge upon those who possess the necessary facilities that a more extended trial should be given to this agent than it appears yet to have received. My own opportunities of employing it in suitable cases have not been large, but the results which I have witnessed have been sufficiently remarkable to justify me in seeking for them a more extended publicity.

"In the paper referred to, I related in detail the case of a lady nearly eighty years of age, who was the subject of scirrhus of the breast, and in whom the growth sloughed away and left a healthy surface after a course of carbonate of lime, administered in accordance with a recipe which was current in her family. She manufactured her carbonate of lime by baking oyster-shells in an oven and then scraping off the calcined white lining of the concave shell. The substance thus obtained was reduced to powder, and as much as would lie on a shilling was taken once or twice a day in a little warm water or tea. It was said that perseverance for at least three months was necessary before any good result was to be expected.

"The immediate cause of the publication of my paper was a conversation with Mr. (now Sir) Spencer Wells, to whom I related the particulars of the case above mentioned, and of one or two others which had fallen under my notice, and who suggested that the beneficial action of the powder might be due to the lime which it contained. He told me that he had used lime largely in the treatment of uterine fibroids and other tumors, and that he was convinced that processes of atrophy and calcification, resembling the spontaneous change or degeneration sometimes observed in them, were often produced or promoted by its action. He added that he believed the change commenced in the coats of the arteries by which the tumors were supplied with blood, and that these coats underwent first an atheromatous and subsequently a calcareous degeneration, in either case with a diminution of the calibre of the vessel and a lessened capacity for the conveyance of blood.

"After the appearance of my paper I was applied to by several persons with an inquiry as to whether their cases were suitable for the employment of the remedy; but in most of these instances I subsequently found that it had been taken for only a few weeks and then abandoned because no result was apparent. I should not hope for manifest benefit in any instance under three months of persistent treatment. A notable exception to the ordinary want of perseverance was furnished by the wife of a physician practicing at Reading. This lady was the subject of a well-marked scirrhus of the breast, which I had myself an opportunity of examining. After a fair and persistent trial of the calcined shell powder for three months, her husband reported to me that 'the tumor had ceased growing, and that she suffered no pain.' She continued to take the powder for several months longer, and for several years her husband paid me an annual visit, always giving the same account, 'that his wife never suffered any inconvenience or pain from her disease, the progress of which had been stopped.'

"The ordinary history of true cancer is such a dismal record of failure, that I think even a few instances in which benefit has been derived from a harmless remedy should encourage the profession to make a trial of it in all suitable cases. It would probably be inexpedient, generally speaking, to disclose the nature of the medicine, and the public mind is by degrees becoming permeated by the knowledge that many important medical actions can only be gradually produced. We have no difficulty in inducing patients to submit to prolonged courses of mercury in the treatment of syphilis, and there is no reason why they should not do the same in a malady which, if possible, is even more formidable. Up to the present time the narratives of cures of cancer have been chiefly suggestive of errors of diagnosis, and no assurance of the value of any proposed remedy can be obtained until it has been used in a sufficient number of instances to exclude the possibility of such errors having been committed in the majority of them. Although the experience of Sir Spencer Wells with fibroids points to the probability of a beneficial action upon soft and vascular growths, those which I should myself select for the purpose of further investigation would be typical examples of breast scirrhus, adherent tumors of stony hardness, attended by retraction of the nipple and lancinating pain. About the nature of such, it would seldom be possible to entertain a doubt.

"It is therefore not in cases which admit of any reasonable doubt of their nature that I would desire to urge a trial of the lime powder upon the profession. There are hundreds of instances of unmistakable cancer in which an operation, if performed, may perhaps for a time diminish suffering or may prolong life, but in which it cannot afford any well-grounded hope of restoration to health. For all such I would say that the lime ought to be persistently and fairly tried. It can do no possible harm, it need not interfere with any remedies for the present relief of pain, its action can be referred to a perfectly intelligible and probable hypothesis, and it has been of unquestionable utility in a sufficient number of cases to warrant us in reposing some confidence in its use. We have a great hospital devoted to cancer, and cancer wards in others also; and I think the time has come when this simple means should be fairly tested by the profession. It is not long since we witnessed an extraordinary eagerness to try the Chian turpentine, which was so much extolled by Dr. Clay, and in support of which the *prima facie* case was nothing like so strong as that in favor of the remedy to which I desire once more to call attention."

The Casualties Chargeable to the Employment of Antiseptics in Surgery.

The above is the title of a thesis for Fellowship by Dr. F. Brun, from a summary of which by A. Chevallereau in *La France Medicale*, No. 143, the following abstract is taken: The antiseptics which M. Brun has more particularly studied are phenol, iodoform, and corrosive sublimate. The casualties chargeable to phenol he divides into local and general; amongst the former is erythema, with or without pyrexia, and not unfrequently with vesicles, occasionally followed by eczema. The general casualties are phenol intoxication, characterized by dark urine, violent cephalagia, nausea, followed by vomiting; in severe cases the cerebral symptoms predominate, collapse, coma, convulsions, extreme pallor of the skin, sweating, coldness of the extremities, and a lowering of the body heat generally; paralysis of the bladder is not unfrequently present. In sulphate of soda the author thinks we have the most useful antidote for phenol, especially if given when the symptoms first present themselves. Iodoform also produces local and constitutional troubles; amongst the local annoyances are erythema, eczema, and erysipelas; amongst the constitutional troubles are gastric pains, anorexia, and a curious trouble, first noticed by Poncet (of Lyons), that the use of a silver fork or spoon by a patient using iodoform causes an iodoform and silver compound to be formed, which has a particularly fœtid smell, which can be made evident by rubbing the silver. To the gastric troubles are superadded nervous ones, insomnia, and nocturnal delirium. During the day the delirium may disappear and the patient became apathetic, and finally suffer from melancholia. Occasionally an eruption resembling scarlatina rash results. The temperature generally remains normal; the pulse, however, becomes diminished in force and increased in frequency. In the most severe cases, after nights of maniacal excitement, it is unusual for the patient to return to his usual quiet state the following day; but the headache continues, the intelligence is obscured, memory fails, and the embarrassment in speaking almost amounts to aphasia. Kœnig has noticed in severe cases of iodoform poisoning a comatose condition and also meningitis. In a recent number of the *Medical Press* a case of intestinal irritation, accompanied by severe purging caused by iodoform dressing is recorded. To combat the effects of the poison, Behring recommends a watery solution of 5 to 10 per cent. of bicarbonate of potassium. Casualities from the use of corrosive sublimate are of two kinds, that resulting from its external use and that as an internal medicament. The edges of the wound not unfrequently become inflamed, as do mucous membranes that are long in contact with corrosive solutions. Vesication of the skin sometimes occurs, and occasionally a rash of a bright red color. From its absorption stomatitis, sometimes very severe, albuminuria, hæmaturia, nephritic pains, cephalalgia, intellectual sluggishness, and bleedings from nose or mouth. In succeeding chapters of the monograph casualties resulting from the use of biniodide of mercury, subnitrate of bismuth, boracic acid, salicylic acid, alcohol, chloral, and the iodide and chloride of zinc are detailed.—*Medical Press and Circular, May* 4, 1887.

On the Value of the Hemorrhage in the Treatment of Wounds.

Professor Turazza, in the *Gazetta degli Ospitali* of April 13, publishes a note showing that hemorrhage from wounds, when not due to the lesion of large vessels or carried to excess, is of small importance, and does not interfere with primary union. He believes that the rule generally laid down regarding the first dressing of a wound—viz., to secure complete arrest of hemorrhage and to apply firm compression—though excellent, is not important. Professor Turazza relies on perfect disinfection of the bleeding surface, as far as within reach, by means of weak solutions of phenic acid, or corrosive sublimate. He then leaves the cavity of the wound full of blood, without any doubt as to primary union, the edges of the wound being very accurately sutured. As the result of his experience he formulates a new rule in surgery—"that in wounds perfectly disinfected and free from foreign substances, the effusion of blood is not a source of danger, but the reverse; for the extravasated blood fills up the cavity of the wound perfectly, preventing the formation of empty spaces, and rendering both compression and drainage superfluous, and, further, the organization of the clot favors healing." Professor Turazza also expresses himself as decidedly averse to the use of the drainage-tube, because it increases septic risks, and may remove from the cavity into which it is inserted fluids which in an aseptic condition may be useful by reabsorption. He advises the restriction of the use of the drainage-tube within the narrowest limits, and would deprecate its use even in ovariotomy, hysterectomy, and amputation of the breast, thinking it more dangerous than useful.

This is practically the method advocated by Schede, of Hamburg.

Creasote for Phthisis.

Fraentzel, of Berlin, has been using creasote in the treatment of phthisis since 1877, and has obtained excellent results where the treatment was begun early in the history of the disease. Patients far advanced in phthisis do not get much benefit from it. When it is beneficial the appetite and weight increase, and the expectoration diminishes. The formula used by Fraentzel is as follows:

℞. Creasoti,	gr. xxvij.
Tr. gentian,	f. ℥j.
Alcohol,	f. ℥j.
Vin. xeric, q. s. ad.,	f. ℥iv.

M. Sig.—A dessertspoonful twice or thrice daily in a glass of water.

In our last issue we called attention to the use of creasote in phthisis, and to the plan of Sommerbrodt, who gives it in capsules. This plan we believe better than that of Fraentzel, who gives the creasote in solution, and rather too large a dose of it. We can speak from experience of the benefits which may be derived from the use of a pill, or "cachet," containing one grain of creasote and three or four grains of aromatic powder. This may be expected to be well borne by the stomach, and to benefit a patient not too far gone in phthisis.

A Terrible Lesson.

The *Journal d Hygiène* contains an account of the effects upon several children of Paris from eating some of the bitumen used to repair the streets. A child named F——, 13 years of age, had picked up a bit of the semi-liquid bitumen, and having made it into pills, he swallowed one, and tried to get other children to do the same, saying that it was good for the health, and "better for a cold than the best lozenges." His comrades followed his example; some sucked the bitumen, others ate a certain amount. The unfortunate F—— was the first victim. He went home with frightful pain in the stomach, and headache, and died in two days, without confessing to his parents the cause of his illness. His physician had diagnosed the case as one of meningitis. Another child had a severe illness as a consequence of his imprudence, from which, at date of writing, he seemed destined to recover. Others still, having told their teacher of their escapade, recovered from a temporary sickness after energetic emetics had been given them.

Nomenclature of Skin-Diseases; with Especial Reference to Hybrid. Syphilitic, and Medicinal Eruptions.

In an address thus entitled, Dr. Robert Liveing presents the following conclusions:

1. When two skin-diseases coëxist, they are generally quite distinct, and should be called by their well-recognized names.

2. That diseases are not natural, and do not follow the laws of natural development.

3. That it is very doubtful whether hybrid or crossed diseases exist at all, and that certainly there is no sufficient justification for a hybrid nomenclature.

4. That syphilitic skin-diseases differ from ordinary skin-diseases in their etiology, pathology, and treatment; and that this difference should be fully recognized in our nomenclature.

5. That medicinal rashes are not diseases of the skin, but simply eruptions, and should be so named.

Worms in Hens' Eggs.

In the *Monatschrift zum Schutze der Vogelwelt*, Professor Liebe adduces reliable data in answer to the question whether living worms are to be found in hens' eggs. A short time previously his sister had found a round thread-like worm, the length of a little finger, in the white of an egg. It moved itself in a very lively manner. She at once took the white of the egg to a druggist, who put the worm in alcohol. Professor Möbius, of Kiel, decided that the specimen was an example of the thread-worm of fowls—*Heteratis inflexa*—often found in the small intestine of the domestic hen. Only a few instances of the existence of the same in the white of the egg have been recorded.—*Allgemeine Medicinishe Central-Zeitung, April* 7, 1887.

Curability of Tubercular Meningitis.

In the *Revue Internationale des Sciences Médicales*, Dr. E. Martel has gathered notes of eight cases of tubercular meningitis cured by the inunction of iodoform. Five of the cases are recorded by Dr. Worfvinge (Stockholm), who speaks very hopefully of this treatment. All his cases evidently were meningeal, but it is not equally clear that all were tubercular. Besides adopting the usual internal remedies, he orders the head to be shaved, and inunction of 1 gramme of iodoform in 5 grammes of vaseline, to be made night and morning; 2 grammes of iodoform are thus rubbed in daily, and considerable irritation of the scalp frequently follows. After inunction, the head is covered with a light waterproof cap. In five cases, inunction was carried on for 17, 19, 30, 32, and and 9 days respectively.

Treatment of Neuralgia by Chloride of Methyl.

At the Societé Medicale des Hopitaux, M. Debore said that since 1884 his treatment of neuralgia by the chloride of methyl method embraced numerous cases. Over 150 persons suffering from sciatica were almost all cured instantaneously. He did not succeed so well in lumbago. Great prudence should be observed when the patients were diabetic, albuminuric, or very fat, and where there was œdema it should not be tried. After the application of the chloride of methyl, the skin remains permanently pigmented, so that where the face is concerned, the operation should be very quickly done and repeated.

The Work of Continental Hospitals.

The following statistics are taken from the article on the subject by Dr. E. Raseri in the *Revista della Beneficenza Publica* :

States.	Number of Hospitals...	Patients Cured......	Deaths......	Proportion of sick to 1000 inhabitants.	Deaths in 1000 treated....
Italy.........	1192	307,085	38,431	12	111
France	1198	359,810	41,041	11	102
Germany	2109	506,045	42,579	12	79
Austria	549	227,315	28,704	12	112
Sweden	112	35,568	2,600	8	68

Cities.	Patients treated.	Proportion per 1000 inhab.
Rome............	26,847	84
Paris	110,345	50
Berlin.....	43,551	36
Vienna..........	51,537	73

Ice in Post-partum Hemorrhage.

Several cases in which post-partum hemorrhage was successfully stopped by the introduction of pieces of ice into the uterus have been followed by symptoms of septicæmia. This fact, taken in conjunction with the recent researches of Prudden as to the presence of living bacteria in ice, may perhaps point to direct septic infection from the use of ice. Under any circumstances, hot water is probable preferable as a hemostatic agent, and the possibility of conveying septic germs in ice thus brought forward is another and still stronger argument against the employment of the latter.

Death Following Internal Urethrotomy.

Internal urethrotomy is so seldom followed by untoward results that the case reported by M. Jobard to the Surgical Society of Paris at their meeting on the 23d of February, 1887, is of much interest. M. Jobard performed internal urethrotomy for a traumatic stricture, and the case presented no unusual incident, except a rather free bleeding. The evening of the same day he was recalled to see his patient, who was dying, death resulting that night.

Remarkable Deformity of the Clitoris.

In the meeting of the Vienna College of Physicians, April 1, Friedinger described a case of extreme abnormality of the clitoris. The patient was a nurse in the Foundling Hospital; the clitoris was as long as one's thumb, had a prepuce, and at the extremity, where the glans penis is normally located, there was an opening through which the urine was voided. Beside this, and a little behind, was the urethra in its normal position. The long clitoris had the appearance of a virile organ hanging over the ostium vaginæ.—*Allgemeine Medicinische Central-Zeitung, April* 13, 1887.

Fistula, Urethro-vesical Vaginal.

M. Pozzi, in the Surgical Society of Paris, narrated a case of successful operation for urethral vesical vaginal fistula in a patient who had been unsuccessfully operated on eleven times in the preceding eleven years. He ascribes his success to the use of the American Urethral forcing method.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Healthy Homes and Food for the Working-Classes. American Public Health Association. Lomb Prize Essay. By Victor C. Vaughan, M. D., Ph. D., Professor in University of Michigan.

Manual of Practical Pharmaceutical Assaying, including Details of the Simplest and Best Methods of Determining the Strength of Crude Drugs and of Galenical Preparations. Designed especially for the use of the student and of the practical pharmacist. By A. B. Lyons, A. M., M. D. Detroit: D. O. Haynes & Company, publishers, 1886.

An admirably compact and practical treatise.

Does the Present State of Knowledge Justify a Clinical and Pathological Correlation of Rheumatism, Gout, Diabetes, and Chronic Bright's Disease? By James Tyson, M. D.

Nasal Reflexes as a Cause of Diseases of the Eye. By W. Cheatham, M. D.

Uterine Fibro-Myoma Complicating Delivery. Tumor Enucleated; Child Living; Mother recovered. Service of E. J. Beall, M. D., Fort Worth, Texas.

Miscellaneous Papers Relating to Anthropology. From the Smithsonian Report for 1885.

The Vest-Pocket Anatomist (founded upon Gray). By C. Henri Leonard, A. M., M. D., Professor of the Medical and Surgical Diseases of Women in the Detroit College of Medicine. 13th Revised Edition, enlarged by Sections on Anatomical Triangles and Spaces, Herniæ, Gynæcological Anatomy and Dissection Hints. Detroit: The Illustrated Medical Journal Co., 1887, cloth, 86 illustrations, 154 pages, post-paid, 75 cents.

The Physician's Dose and Symptom Book. By Joseph H. Wythe, M. D. Seventeenth Edition. Philadelphia: P. Blakiston, Son & Co., 1887.

Transactions of the Association of American Physicians, First Session, Washington, D. C., June 17th and 18th, 1886. Francis Delafield, M. D., President; James Tyson, M. D., Secretary; James P. Whittaker, M. D., Recorder. Philadelphia: Dornan, Printer, 1886.

Elementary Microscopical Technology. Part I. The Technical History of a Slide. By Frank G. James, Ph. D., M. D. St. Louis Medical & Surgical Journal Co., 1887.

The Lomb Prize Essays are published by the American Public Health Association, and may be obtained at cost price, separately or in a bound volume, by addressing the Secretary of the Association, Dr. Irving A. Watson, M. D., Concord, N. H. The titles of the essays are as follows:

I. "Healthy Homes and Food for the Working Classes." By Victor C. Vaughan, M. D., Ph. D., Professor in University of Michigan.

II. "The Sanitary Conditions and Necessities of School-houses and School-life." By D. F. Lincoln, M. D., Boston, Mass.

III. "Disinfection and Individual Prophylaxis against Infectious Diseases." By George M. Sternberg, M. D., Major and Surgeon U. S. Army.

IV. "Preventable Causes of Disease, Injury, and Death in American Manufactories and Workshops, and the Best Means and Appliances for Preventing and Avoiding Them." By George H. Ireland, Springfield, Mass.

The Claim of Moral Insanity in Its Medico-Legal Aspects. By James Hendrie Lloyd, M. D.

Does Pulmonary Consumption tend to Exterminate the American Indian? By Thomas J. Mays, M. D.

An Experimental Inquiry into the Chest Movements of the Indian Female. By Thos. J. Mays, M. D., Philadelphia, Pa. Read before the College of Physicians (Phila.), April 6, 1887.

THE
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N. A. RANDOLPH, M. D., } EDITORS.
CHARLES W. DULLES, M. D., }

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A correct statement of the circulation of THE MEDICAL AND SURGICAL REPORTER will be published in each number. The regular edition for this week is 5,500 copies.

The editions of the REPORTER for May 7th and May 14th are exhausted, and orders are on hand for over one hundred copies of each. We will pay ten cents for each of these numbers, or, if any subscriber does not file his REPORTERS, he will place us under obligation by sending these numbers, and we, in return, will increase the duration of his present subscription two weeks. The address printed on the wrapper of the REPORTER gives the date to which each subscription is paid up, and the change in this date will indicate receipt of REPORTERS by us.

THE INTERNATIONAL MEDICAL CONGRESS.

We notice that the editor of the *Berliner klinische Wochenschrift* advises its readers to decide upon going to the next Medical Congress or not, according to their own wishes or their regard for the opinion of friends—presumably in America.

This advice throws a responsibility upon the medical men of this country which some of them may find it somewhat embarrassing to meet. Their attitude towards the Congress in the past has been one of active or passive opposition, and, although they might desire the success of the Congress, as a Congress, their abiding convictions, or their ideas of consistency, may prompt them to maintain towards this Congress the attitude which they have assumed. This is a state of affairs which we heartily regret, and we wish to do anything we can to better it.

Our view of the matter is this: Whatever differences of opinion there may have been in the past, whatever feeling of private wrong or of public error may still exist, patriotism and good sense demand that we should all strive to make the Congress a success. To oppose it now can only serve one end—to demonstrate that one-half of our country cannot do without the other. But who could desire to push this to a demonstration? We trust that, while the world lasts, no part of this country shall ever be able to be without any other, in politics, in science, in industries; that East and West, North and South, shall be inseparable in all good things. At present there is only too much evidence of the injury to all which is brought about by dissension. The credit of the country has been injured by the discord which has existed in regard to the Congress, and if those who thought it was wrong to array one section of the country against the other, and those who thought there was just ground for offence and retaliation, are not much wiser to-day than they were two years ago, then experience has failed to do its usual work. Both sides in this unfortunate controversy must now see how hasty action makes a difference worse, and that only calm forbearance and mutual concession can mend it. At the present moment he who feels most in the right can afford to show himself most conciliating, and we believe that all who have the future welfare of the country and the true glory of the profession at heart may and should dismiss the past and unite with those from whom they have been for a while separated, in laboring for the advancement of the next International Medical Congress. The present editors of the MEDICAL AND SURGICAL

REPORTER have shared the sentiments of the majority of the profession in Philadelphia in the past history of this question, and they trust that they are now only voicing the sentiments of this same majority when they give the coming Congress their best wishes, and promise to do all they can to make it a success and a credit to the country.

COCAINE IN WHOOPING COUGH.

In a recent paper in the *Allgemeine Medicinishe Central Zeitung*, Dr. Weissenberg, of Colberg, calls attention to the benefit he has seen to follow the use of cocaine in several different diseases. The first of these is whooping cough. In using the cocaine, he began by attempting to paint the fauces of the children with a 5 or 10 per cent. solution. But, as might have been anticipated, he soon had to abandon this plan; for the mechanical irritation of the throat, and the excitement which the process set up, rendered the method rather harmful than beneficial. He then tried the internal administration of from 10 to 20 drops of a one per cent solution of cocaine in bitter almond water. The dose was given three or four times a day, upon a lump of sugar, as Weissenberg hoped in this way to keep the medicament longer in contact with the fauces. In three or four days he found marked improvement in his little patients; and, while he does not overlook the benefit they may have obtained from attention to hygienic measures, he is disposed to attribute the fact that he has never before had such good results in the treatment of whooping cough to the use of the cocaine.

It will not escape our readers that the endeavor to cure whooping cough by merely anodyne applications to the throat, and applications which must be so unequally distributed as a few drops of a one per cent. solution mixed with a lump of sugar, lacks something in the way of scientific accuracy. Nor will the fact be overlooked that the attempt to cure this disorder with anodyne applications to the fauces alone cannot be justified from the standpoint of the believer in the germ-theory of this disease. These facts suggest interesting lines of study for the theorist. But more important to the practitioner is the fact that a careful observer has found that applications, to the throat, of an anodyne, such as cocaine, in even so imperfect a way, does good to the patients. This fact justifies the further use of this method, although it has by no means always been so successful as it has been in the hands of Weissenberg. Like other methods for the treatment of whooping cough, it has disappointed some who have tried it. Still, since there is no method of which this is not true, and since cocaine administered as Weissenberg administered it is not hard to take, and as there can be no doubt that much of the severity of whooping-cough attacks is dependent upon the hyperæsthesia of the fauces which they themselves cause, this easy method seems also to be a rational one. Let our readers try it, and give their fellow readers the benefit of their experience.

A YEAR BEHIND TIME.

Our excellent contemporary, the *New York Medical Journal*, announced on May 28, that the Pennsylvania State Medical Society would meet at Williamsport, on June 1. This is a mistake, as the meeting at Williamsport was held just a year ago. The next meeting of the Medical Society of the State of Pennsylvania will be held at Bedford, on June 29. Communications in regard to papers should be sent to Dr. S. H. Gump, at that place.

NOTES AND COMMENTS.

Treatment of Functional Insomnia.

We extract the following practical points from an article by Dr. Sachs, of New York, published in the *Medical News* of May 28, 1887:

Summarizing the experience I have had in the above cases of functional insomnia seen during the last year or more, I find that I have used for treatment chloral and bromide, the bromides separately, the amorphous hyoscyamine, paraldehyde, urethan, and, in a single instance, hypnone. Morphine I have never used in these cases, as I object to it in all cases in which there is not severe pain, and certainly object to it in cases such as these, when the patient would be quite prepared to contract the habit. The bromides alone have been of occasional service to me, if given in one-half to one drachm doses, in cases of extreme restlessness; but even in these I have learned to substitute amorphous hyoscyamine in doses of about one-twentieth of a grain, repeated every three hours.

I object most strenuously to the plan advocated by Dr. W. A. Hammond and others, of keeping these patients for a long time under the influence of the bromides. These neurasthenic patients require all the will power they can possibly command, and are in much greater need of tonics than of bromides. It is easy enough to bring about a condition of semi-stupor in such patients; but that is not equivalent to bringing about healthful sleep.

Paraldehyde I used freely about nine months ago, and for several months later. I gave it in doses of one to one and a half drachms, in claret. This dose was always sufficient to bring about sleep the first few nights, but if required beyond this time, the drug proved unsatisfactory, as the hypnotic dose had to be increased; and, while I noticed no deleterious action upon the heart or other organs, the odor it imparted to the breath was excessively disagreeable. One female patient, whom I had not had occasion to see for some months, sent for me one morning after she had had a sleepless night. She had been using paraldehyde steadily in spite of my remonstrances, and I found, on entering, that the room was actually filled with the exhalation of paraldehyde.

Urethan has been satisfactory in a number of cases. It has no disagreeable after-effects, and does not irritate either stomach or bowels. It has been my experience that the dose should be between thirty and forty grains, and that greater quantities of Merck's preparation induce wakefulness rather than sleep.

The mixture of fifteen grains of bromide and twenty grains of chloral has often come to the rescue when every other hypnotic refused to act. I have seen no ill-effects follow the exhibition of this mixture, even in cases of weak heart.

A word as regards electrical treatment. In several cases in which no other remedy could secure relief, I have been able to induce sleep by galvanism applied to the head after the patient had retired for the night. I have given galvanism in the form of subaural applications—supposed sympathetic galvanization—and by passing currents directly through the head, with one pole on the nape of the neck, and the other on the forehead; changing the poles cautiously, and allowing the current to flow in an opposite direction, and never using a current of more than two milliampères. Occasionally I placed one pole over each temple. I have not been successful in the endeavor to bring on sleep by general faradization. I would not apply faradisation to the head under any circumstances. Moreover, so far as our present knowledge goes, galvanism is more effective than faradisation in bringing about vasomotor changes.

If I have accomplished nothing else, I trust I have convinced some of you that in the treatment of these cases of neurasthenic insomnia, we are in need not so much of additional hypnotics, as of more effective means of regulating and influencing cerebral circulation.

Uses of Menthol.

Menthol is most commonly used in the form of pencils; its solutions or ointments, although possibly not so convenient, are probably more lasting in their effects.

Macdonald used a ten per cent. alcoholic solution. Steward used a solution in bromethyl. The following is a formula for a useful ointment:

℞.	Mentholi,	1 part.	
	Ol. olivari,	½ part.	
	Lanolini.	8½ parts.	M.
	F. unguentum.		

Sig.—Lanolin migraine ointment.

For many uses, as applications to the mucous membranes, the following formula, which gives a semi-fluid product, is useful; the substance resulting may be conveniently applied by a camel's hair pencil:

℞.	Mentholi,	1 part.	
	Dissolve in ol. olivari,	3 parts.	
	And add lanolini,	6 parts.	M.
	F. unguentum.		

In the treatment of burns the following lotion may be used in place of ointments:

℞.	Mentholi,	1 part.	
	Dissolve in ol. olivari,	9 parts.	
	And add aq. calcis,	10 parts.	M.
	F. linimentum.		

Menthol may also be used in combination in plasters, and has in this form manifold applications.

For toothache from caries a small crystal of menthol may be placed in the hollow tooth, or a mixture of equal parts menthol and chloral hydrate. As is the case when camphor and chloral are mixed, a fluid results. A pledget of cotton may be saturated with menthol chloral and placed in the hollow of the tooth.

Rabon recommends menthol as snuff in the treatment of coryza. The effect of menthol as a local anæsthetic is much weaker than its analgesic effect. The proposal of Rosenberg to combine menthol with cocaine for the production of local anæsthesia in the nose and pharynx cannot be considered of great value. In the treatment of reflex neuroses, whose origin was the nasal cavity, Rosenberg obtained excellent results with small bougies of glycerin and gelatin which contained one-sixth grain of menthol; these were inserted into the site of the lesion.—*Therapeutic Gazette, May* 15, 1887.

On Linear Scars in the Skin.

Dr. Jonathan Hutchinson, in the *British Medical Journal* of May 7, 1887, says:

I doubt not that many observers have remarked that it is often difficult to find an explanatlon of lineal scars in the skin, I mean those which resemble the scars of pregnancy. It is well known that they are produced by anything which has caused distension and stretching, and that they are often seen after pregnancy, dropsy, obesity, synovial effusion, etc. Sometimes stretching without distension causes them. I once saw them in a very marked form on the knees and ankles of a girl who suffered from cystitis, but who had never been fat nor had any swelling of joints. The explanation was that she had been accustomed to sit for hours together in a squatting attitude on the chamber-utensil, straining to pass water. To repeat, however, my first assertion, I have often seen them when there was no explanation whatever to be obtained. A gentleman, aged 30, came to me for a chancre, and, in exposing his abdomen, I noticed that, crossing his abdomen on each side obliquely downward, were a series of cicatricial streaks exactly like those of pregnancy. They were very conspicuous. He said that he had had them all his life, and that he used to be teased about them at school. He said, also, that a twin brother had them in exactly the same condition. This gentleman was stout, and it is possible that in infancy he was very fat, but unless this suggestion may be allowed to explain them, there was really nothing to be found. He had never had dropsy, nor any kind of abdominal distension. In these unexplained cases, it is worth keeping in mind that conditions of great local development of fat may have occurred in early childhood. I do not know how early in life these linear scars have been observed.

Abortion Following the Use of Potassium Permanganate.

J. J. Mann, M. D., of Nashville, N. C., writes as follows to the *Therapeutic Gazette* of May:

Gentlemen: I saw in your last issue an article entitled "Abortion following the Use of Permanganate of Potassium." I have a similar case I wish you would publish in the next issue. Last July a colored woman applied to me for treatment, and stated that her menstrual periods had never been regular before marriage, and during the three years she had been married she had gone three months at a time without menstruating. At the time she applied to me it had been one year since she menstruated the last time, but during that time her general health had been very much depreciated. I at first gave her tonics, thinking, perhaps, by building up her general health it would set things aright. After keeping her on the tonics for some time, I found she derived no benefit from the treatment as regards the menstrual periods, although her general health was greatly improved. I then put her on permanganate or potassium, 2 grains three times a day (having no idea that she was pregnant). After she had been taking it a few days I was summoned to see her, and upon my arrival I found that she had aborted, and the fœtus looked to be about two months old.

Notwithstanding some good authorities say that the permanganate does not have any influence upon the gravid uterus, yet I believe it caused abortion in this case.

The Crown Prince's Throat.

The illness and death of General Grant called the attention of many persons in this country to the subject of morbid growths in the throat. And now we fear that a similar misfortune is likely to fix the minds of many in Europe upon this painful subject. Recent despatches from Berlin indicate that there is reason to fear that Crown Prince Frederick William of Germany has a malignant growth in the fauces or larynx.

It is stated that in January last the Prince was seized with an inflammation of the throat, accompanied by a slight cough and intense hoarseness. The symptoms did not yield to remedies which had before proved successful.

Dr. Mackenzie, of London, was called in consultation, and found the prince's condition not so serious as to exclude a hope that the trouble might be removed with proper treatment in the course of time. This statement was less assuring than had been expected, and has cast a gloom over official circles. Dr. Mackenzie operated with laryngeal forceps and successfully removed a foreign growth from the prince's throat, but the prince remains liable to a relapse from a return of the tumor. Virchow is said to have examined the portion of tumor removed, and to have declared that it was not malignant.

A Heroic Method of Producing Emesis.

We have received from a Boston correspondent (says the *Therapeutic Gazette*) a letter from which the following extract is taken:

"I have never yet seen in any work on materia medica, therapeutics, or toxicology, the following method of emptying the stomach in cases of opium-poisoning. I have found it rapid and effective in two cases. It is entirely mechanical, but acts in a very short time: Four to six ounces of sodii bicarb. stirred well into a goblet of water and swallowed. In a few moments follow it by a goblet of good vinegar. The result is that a perfect fountain of the mixture, with the contents of the stomach also, flies out of the mouth into the basin. I first heard of it from Dr. Henry G. Clark, of this city."

To this the editors of the *Gazette* reply: "We think that this method of causing emesis has not been widely practiced in the profession. It is certainly very heroic, and to one who has never seen the play of this human geyser, somewhat appalling. Probably in a strong, vigorous patient, the plan would not be able either to produce fatal strangulation or rupture of the stomach."

Novel Surgical Operation.

A patient from the interior of the State was operated upon recently at the Jefferson College Hospital, in this city, by Dr. J. M. Barton, one of the surgeons of the hospital, for chronic obstruction of the bowels, which had existed for about one year. The operation was one which, it is stated, had never before been performed here, although similar ones had been performed by Professor Loretta, of Bologna. The patient having been placed under the influence of an anæsthetic, Dr. Barton opened the abdomen, and found that the calibre of the large and small intestine, at their junction, had become contracted to the size of a quill. The intestine was opened beyond the obstruction, and, by means of instruments and the finger, the contracted portion was dilated to its natural size The wounds were then closed and dressed, and the patient is now in a convalescent condition and practically out of danger. In the cases reported by Professor Loretta, the dilatation was effected at the pyloric orifice of the stomach and was done for cancerous growths.

A Clean Double-Barrelled Catheter.

Dr. H. N. Allen, of Seoul, Corea, writes as follows in an exchange: "Such an instrument may be readily improvised for washing out the bladder (especially of a female), by making an eyelet on the opposite side of a No. 12 rubber catheter, and passing into the No. 12 one of say No. 4 size. The fluid can then be injected through the No. 4, coming out through the regular eyelet of No. 12, and returning through the newly-made eyelet. As this idea occurred originally to me, I presume it has already occurred to many other practitioners. But as it may not have suggested itself to every one to whom it may be useful, I mention it for what it is worth. It allows the employment of a new, clean instrument for every case, as well as supplies the demand when the regularly-made article is not at hand."

The Pulse in Morphinomania.

At a recent meeting of the Académie des Sciences, MM. B. Ball and O. Jennings described certain characteristics of the pulse in morphinomaniacs. The pulse is normal during the period of satisfaction, while the patient is still under the influence of a recent puncture. When he begins to feel renewed craving, the pulse presents a flat elevated surface; this indicates the diminution of cardiac impulse, and explains the sensation of weakness experienced by the patient. The presence of this flat surface is useful in the diagnosis of morphinomania. Treatment should be directed to the stimulation of the heart.

Incubation and Transmission of Epidemic Parotitis.

Three cases are reported by Dr. Roth, which aid in establishing the time of incubation and the manner of transmission of mumps: The period of incubation in all three cases was eighteen days. The first case was caused by actual contact; in the second, the infectious material was apparently brought by the physician himself from a patient in the hospital to another patient in his home; in the third case, the patient used the same bedding which had previously been used by a patient with parotitis.—*Boston Medical and Surgical Journal, May* 19, 1887.

Wound of the Heart.

A man named Mulcahy was shot recently in Cork, and died nine hours after removal to the Infirmary. It appears that the bullet passed through the pericardium, the right ventricle of the heart, the left auricle, and again through the pericardium to the front of the spinal column. The interesting point of the case is that the man lived for nine hours after the infliction of such a wound.

CORRESPONDENCE.

Fractures of Long Bones in Infants.

EDS. MED. AND SURG. REPORTER:

SIRS: The following is a description of a simple device which I have used with the most gratifying results in the treatment of fractures of long bones in infants.

Take a piece of common rubber adhesive plaster of the length of the limb, and wide enough to almost, but not quite, encircle it. Upon the back of this glue lengthwise strips of cigar box or other thin wood. Let the strips be ¼ in. wide, and let them be glued from $\frac{1}{12}$ to ⅛ in. apart. This makes an easily applied and self-retaining apparatus. All that is necessary is to bring the fractured ends of the bone in apposition, wrap the plaster carefully around the limb, and hold it there until firmly adherent. It may be left on until union takes place.

The advantages of such an appliance over plaster, and other dressings, in the treatment of this class of cases, are too apparent to need mentioning. I send you a description of it in the hope that it may be of service to some of your readers, to whom the idea may not have occurred.

EDWIN B. TEFT, M. D.

New Rochelle, N. Y., May 25, 1887.

On Paragraphing.

One of our most valued contributors writes from Indiana as follows:

EDS. MED. AND SURG. REPORTER:

SIRS: Yours of the 26th inst. received duly. I wish you all possible success, and have not the least doubt that you will succeed. I have been a subscriber for the REPORTER a number of years, and have contributed to its columns, as I have to various other journals throughout the country. There are a great many subjects in our science which are by no means exhausted, and which will yet bear many *brief* and *practical* remarks.

I am trying—as you have no doubt observed, to introduce the style of "paragraph contributions" among physicians, thus doing away with the old custom of occupying a dozen pages in saying what might be said in a dozen words. Of course there are certain subjects, articles, papers, and contributions, etc., which cannot very well be condensed and treat the matter written upon exhaustively. But in the great majority of instances, a mere paragraph or two is all that is necessary if properly occupied. I do not believe any article of a single paragraph is ever allowed to pass unread. * * * * * * I believe you are the *only* editors who *advertise* or *announce* that you will *pay* for original articles. I have received pay for contributions from editors, but they did not care to have it generally known that they ever compensated in *cash* those who wrote for them. Yours, etc., ⁂

May 31, 1887.

[We do not desire undue credit, and we are glad to state here that the *Medical News* of this city also offers remuneration to contributors to its original department. We earnestly endorse and commend to our contributors the remarks of this correspondent upon the advantages of condensation.—EDITORS OF THE REPORTER.]

Is Homœopathy Increasing?

St. Louis, Mo., May 21, 1887.

EDS. MED. AND SURG. REPORTER:

"Homœopathy has increased and is increasing in the United States."

Will you kindly answer the above to decide an argument?

Yours truly, A. T. GENAUS.

[We would be very glad to have our readers answer, each for his own locality:

1. Whether, or not, the number of persons practicing under the name of "homœopath" is increasing?

2. Whether, or not, the number of persons under the treatment of homœopathic practitioners is increasing?

3. How the state of affairs is to be explained?

We will follow with our own opinions on this subject.—EDITORS OF THE REPORTER.]

—A statue to Broca, the celebrated surgeon and physician, is to be erected in Paris some time during next August. The place chosen is on the Boulevard St. Germain, near the corner of the Rue de l'Ecole de Médecine. The statue is now exhibited at the Salon. It is the work of a deaf and dumb sculptor, M. Chopin.

News and Miscellany.

Druggists' Orders.

A Cambridgeport druggist has made a practice for some years of saving in a scrapbook some of the most peculiar orders which he receives. "We are asked for some rather strange things," he said to the writer, "but we can generally guess what is wanted. Many people expect a druggist to prescribe for their ailments, as it saves physicians' charges; and the diagnoses of complaints which come to us are often amusing. Look at these: 'Send me some of the essence you put people to sleep with when you cut their fingers off.' That evidently means ether. 'I want something to take tobacco out of my mouth.' Of course, the scent of tobacco was the thing objected to. 'Send me a baby's top to a nursing bottle,' means, without doubt, a nursing-bottle top. 'An ounce of the smelling stuff that goes through your brain.' describes very well the effect of inhaling ammonia. 'Something for a sore baby's eye,' is not easy to mistake, though stated rather oddly. Here is a startling order for 'enough epicac to throw up a girl 4 years old.' We cannot help sympathizing with this person, who asks for 'enough anise seed to take the twist out of a dose of senna.' Here is a graphic description of a certain ailment in a request for a 'plaster for a man kilt with stitches.' Perhaps the one who wrote this order for 'something for a caustic woman,' built better than he knew. Here is a request for 'something to knock a cold out of an old woman.' The next one seems to be in hard condition. She desires 'something for a woman with a bad cough and cannot cough.' No druggist would hesitate for a minute to fill this order: 'Something, I forget the name, but it is for a cure.' 'Our own preparation' will just fill the bill in such a case. But what would we send for 'a swelled woman's foot,' 'a man with a dry spit on him,' and 'a woman whose appetite is loose on her.'"

Child Crying in Utero.

Dr. R. G. Loverock sends the following interesting note to the editor of the *Medical Press and Circular*, which appears in that journal for May 11, 1887:

In a medico-legal view, I think the following case well worth reporting: On the 7th of January last, I was called upon to attend Mary R., aged 22 years, a traveling photographer's wife, in her first confinement. She was lodging in this village at the time. On my arrival, I was informed by the midwife that the show had come away, and that the woman had had labor pains for a few hours before. On examination, I found the os dilated to about the size of a shilling. I left instructions as to the case, and returned to see the woman at 11 p. m. The os was then well dilated, and the case looked as if it would end as a natural labor: but at six o'clock on the morning of the 8th I was sent for, and finding the head locked in the brim of the pelvis, not having made any advance since my last visit, I ruptured the membranes, gave a dose of ergot, and applied the long forceps with some difficulty. I then waited for the first pain, and made traction, when the child (still *in utero*) was heard to cry audibly, not only by myself but by the midwife and another woman who was in the room. At each pain, when traction was used, this occurred, until the head was outside the vulva. The child was alive and healthy when delivered, and is still alive.

Selection in Breeding.

We print the following clipping from the *American Agriculturist* for June, because it is almost as suggestive to the philosophic physician as to the stock-breeder. The coupling of two animals cannot, *of itself*, produce qualities to a degree greater than the sum of that to which they exist in the animals and their ancestors. The breeding of animals can create excellence only by addition and holding the same. In the true sense of the term, qualities in animals are *created* only by environment. For breeding to make any improvement, there must first be one superior animal, and its superiority can come only of more favorable conditions surrounding it. Hence improvement is made along two lines: By surrounding animals with favorable conditions, and by selection in breeding. The first produces in individuals greater merit than is possessed by those animals not so happily situated; the second combines and holds this merit. The animal of superior merit not only has more good points than the average animal, but it has fewer bad points; and when two superior animals are selected and bred, their merits are doubled and their defects are divided, as compared with the merits and faults of animals reproduced in their offspring. It is plain that selection in breeding can accomplish nothing, unless the animals are first surrounded by unusually favorable conditions. On the other hand, favorable environment is of little value without selection in breeding, for the good results produced by it may be lost with each animal. There will be no aggregation and retention of merit. Hence the two must go hand in hand.

Ten Students Make a Peculiar Experiment With Tapeworm Eggs.

Late reports from Geneva, Switzerland, state that some weeks ago the distinguished scientist, Dr. F. Zschokke, and ten of the students at the Zoölogical Laboratory, undertook a heroic experiment for the purpose of studying the development of tapeworms in the human system, to which end they swallowed some eggs of the repulsive parasite. From every part of Europe they received letters of approbation and encouragement. The eggs had been taken from a variety of fishes known or suspected to be transmitters of the tapeworm. For nearly two weeks everything went well, but in the course of the third week the presence of the unpleasant guests manifested itself plainly with most of the experimentalists. In every instance a complete removal of the parasite was effected, the specimens extracted varying in size, two or three reaching a length of six feet. Dr. Zschokke is about to publish the result of this experiment.

New York Medical Missionary Society.

During the past week the managers of the New York Medical Missionary Society conferred in regard to enlarging the scope of their organization, and decided to insert the word "International" in the place of "New York" in the name of the Society. The chief operations of the Society will be the training of men and women to go to foreign countries as medical missionaries, the establishing of medical missions in the cities of the Union and elsewhere. Nearly two thousand young men and women have offered themselves for missionary service during the last few months.

The managers realize the value of medical knowledge in the mission field as an agency to overcome prejudice, establish confidence, and thus obtain an entrance for Christianity. The Society is composed of members of the leading evangelical denominations, and the strictest economy is practised by its students and missionaries, the latter becoming as far as possible self-supporting.

Medical College of Ohio, Cincinnati.

Prof. W. W. Dawson, for many years Professor of Surgery, has discontinued didactic teaching, but will remain in the College Faculty as Professor of Clinical Surgery, delivering weekly clinical lectures at the Good Samaritan Hospital.

Prof. Thad. A. Reamy also retires from didactic teaching, having accepted the position of Professor of Clinical Gynæcology, and will continue to address his classes in the Cincinnati and Good Samaritan Hospitals.

Prof. P. S. Conner has been appointed to the position of Professor of Surgery and Clinical Surgery.

Prof. Jos. Ransohoff becomes Professor of Anatomy.

Dr. J. L. Crilley, for many years Demonstrator of Anatomy, has been appointed Adjunct Professor of Anatomy.

Dr. F. Kebler, who has heretofore been lecturer on Pathology, has been appointed Adjunct Professor of Practice and Lecturer on Hygiene.

American Medical Missions in Siam.

On May 5, Secretary of State Bayard received a despatch from the United States Minister at Bangkok, reporting that the Siamese King and Queen, who have lately returned from a visit to Petchabure, had expressed much gratification at the course pursued by the American missionaries there, and stating that their majesties had made large gifts of money to the hospital established by them, and to the missionary schools in charge of Misses Coit, Small, and Neilson, at that point. His majesty presented Rev. Mr. Dunlap with a handsome gold watch and chain, and Dr. Thompson, a graduate of the University of Pennsylvania in 1886, with a gold medal and pencil, for their meritorious conduct in assisting the sufferers of a gunboat which exploded her boilers near Petchabure. The king also manifested in other ways his high regard for the work which the American missionaries are doing in Siam.

Death of Professor Gosselin.

Athanase-Léon Gosselin was born in Paris in 1815. He graduated there as Doctor of Medicine in 1843, and filled several important posts, such as those of head or consulting surgeon of the Lourcine, Cochin, Beaujon, Pitié, and Charité hospitals. He was also much appreciated as a professor at the Faculty of Medicine. In 1860 he was elected to the Academy of Medicine, and in 1874 to the Academy of Sciences, in the place of Nélaton. As a token of mourning, the Monday meeting of the Acadamy of Sciences adjourned after an allocution by the Vice-President. On Tuesday similar action was taken by the Academy of Medicine, while the Faculty was closed on the occasion of the Professor's funeral.

Careless Microscopist.

Owing to the Teutonic taste for raw ham, every German town has an official microscopist whose duty it is to examine all the hams placed in the market. At Schebitz recently several persons died of trichinosis, and the court, having found a verdict against the microscopist for careless performance of his duty, condemned him to two years' imprisonment. So says an exchange. It was certainly carelessness, for no microscopist can fail to recognize *trichina spiralis* if he makes a thorough examination of the meat.—*Pacific Record of Medicine and Surgery, May* 15, 1887.

A Touching Incident.

The following account of the late Dr. Wilson Fox's last moments, when his friend, Dr. J. Russell Reynolds, was at his bedside, is given in the *Lancet's* obituary: "On the next morning, when obviously and consciously dying, and after his eyes had been fixed for a few minutes on the angle of the room, and as some gray streaks of dawn were entering it, he said suddenly: 'There is a great light, a great glare of light. . . . I feel so strange . . . a glare of light. What is it, Reynolds?' The reply was: 'It is the peace of God.' He grasped his friend's hand firmly, and said: 'God bless you.'"

American Medical Association.

PHILADELPHIA, May 31, 1887.

EDS. MED. AND SURG. REPORTER:

At this late hour I find the railroad will *not* issue certificates except through Dr. L. H. Montgomery, 189 Randolph street, Chicago, Ill. Please insert in REPORTER. It has given me much extra work to notify delegates to this effect.

Truly yours, WM. B. ATKINSON,
Permanent Secretary.
1400 *Pine street, Southwest cor. Broad.*

Sulphur.

Prof. Hugo-Schulz, of the University of Greifswald, in the *Deutsche medizinische Wochenschrift*, after many trials of sulphur in chlorosis, arrives at the following conclusions: In true chlorosis where iron is not producing the desired effect, sulphur may be given with advantage. After the employment of sulphur for some time, iron acts with greater effect. In cases of chlorosis complicated with catarrh of the stomach, sulphur is not well borne.

Items.

—Dr. Fehling has been named Professor of Obstetrics and Gynæcology at the Faculté de Médecine at Basle.

—Dr. F. P. Henry, of Philadelphia, has been elected a corresponding member of the Royal Academy of Medicine of Rome.

—"I see that bacteria have been discovered in Hudson River ice," observed Fangle. "Ah!" replied his wife; "that will be another excuse for raising the price. I suppose."

—Excessive rope-jumping has already begun to send the little ones prematurely to their graves. The death of a girl in Pittsburgh last week was ascribed to it, and so also is the precarious condition of another child in the same city.

—It is said that a Baltimore "doctor" prescribes a good many love powders to anxious patients, and a druggist of that city makes a good thing out of compounding the prescription, which is as follows: "Pura saccharа alba, hydrant aqua. Take as directed."

—The alteration of vulcanized rubber, according to Pharmacist-Major Balland, is owing to the formation of sulphuric acid, resulting from the slow oxidation of the sulphur employed for vulcanizing. To prevent the destructive change, he recommends a simple washing of the objects with plain water or water slightly alkaline, repeated every two or three months.

—This is the way the *Sacramento Bee* puts its sting into the doctors: "A Chinaman has been acquitted at Red Bluff on a charge of practising medicine without a license. There are oceans of Caucasian doctors in this State who ought to be hanged for practising with a license, and they are the very first to grumble when anybody despatches his victims to the coroner by any other route than the 'old school.'"

—Gov. Beaver has appointed Dr. Harry B. Brusstar, of Birdsboro, Berks county, Lazaretto Physician at the port of Philadelphia in place of Dr. Francis S. Wilson, who has resigned. Dr. Brusstar is 36 years of age, and graduated in 1873 from the Jefferson Medical College, and practiced medicine in Birdsboro ever since, with the exception of two years spent in Schuylkill county.

—"Stop smoking," said a doctor to an ailing patient the other day, "and it will lengthen your days." The patient stopped. The doctor's prediction was verified. The first day, the patient declares, was as long as his whole previous life; and he was inclined to favor the idea of "a short life and a merry one."

—In Akron, Ohio, an electrical M. D. is treating consumption, seeking out the tubercular deposit, and destroying the microbes in their lair by electrical currents. The super-sensitiveness of these points is such that a current which merely creates a slight tingling at any healthy point on the surface is quite painful when brought over a mass of tubercles, and, in the words of a correspondent, "is a stroke of lightning to the tubercular microbe." There are many firm believers in the efficacy of the Akron physician's treatment.—*Exchange.*

—The San Francisco *Examiner* calls upon all adult male citizens to boycott the plug hat and to indulge in the use of hair oil. "Much," it says, "as we sometimes laugh in our sleeves at the vanity of using hair oil, yet the experience of the African Nubians, who consume all the grease they can get on their woolly heads, would seem to favor the practice in preference to water, which most generally contains more or less matter that is injurious to the hair. There is no baldness among the Nubians, whose hair is greased stiff all the time, besides living in the scorching sun."

OBITUARY NOTICE.

Dr. Thomas F. Rochester.

Dr. Thomas F. Rochester, a leading physician of Buffalo, died of Bright's disease at his residence in that city on May 24.

Dr. Rochester was descended from colonial English settlers, and was born at Rochester, October 8, 1823. He graduated from the University of Pennsylvania in 1848, and was assistant physician at Bellevue Hospital, New York, for a time. He afterwards continued his studies in Europe. In 1853 he established himself in Buffalo, taking a chair in the University in that city. He was a prominent member of different medical societies, and well known as a professional author.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS.

U. S. Marine Hospital Service, for the week ended May 21, 1887:

Goldsborough, C. B., surgeon. Leave of absence extended to June 1st, on account of sickness, May 18, 1887.

Guitéras, John, passed assistant surgeon. Granted leave of absence for four days, May 21, 1887.

Armstrong, S. T., passed assistant surgeon. To remain in charge of service at Memphis, Tenn., until further orders, May 21, 1887.

Devan, S. C., passed assistant surgeon. Leave of absence extended thirty days, May 19, 1887.

Carrington, P. M., assistant surgeon. Ordered to U. S. Revenue Steamer "Rush," May 18, 1887.

Norman, Seaton, assistant surgeon. To proceed to Marine Hospital, Baltimore, Md., for temporary duty, May 20, 1887.

Heath, T. C., assistant surgeon. Granted leave of absence for thirty days, May 18, 1887.

Woodward, R. M., assistant surgeon. Appointed an assistant surgeon, May 20, 1887. Assigned to temporary duty at the Marine Hospital, Baltimore, Md., May 21, 1887.

From May 22, 1887, to May 28, 1887.

Major V. B. Hubbard, surgeon, granted leave of absence for one month, to take effect on or about June 1, 1887. S. O. 119, A. G. O., May 24, 1887.

Captain F. W. Elbrey, assistant surgeon, found incapacitated for active service by an Army Retiring Board, sick leave still further extended until further orders on account of disability. S. O. 116, A. G. O., May 20, 1887.

Captain H. G. Burton, assistant surgeon, granted two months leave of absence on surgeon's certificate of disability. S. O. 107, Div. Atlantic, May 25, 1887.

In the Medical Corps of the Navy, for the week ending May 28, 1887:

Passed assistant surgeon C. W. Deane, detached from Dale and to hospital, Mare Island.

Surgeon H. P. Harvey, orders to Iroquois revoked and wait orders.

Passed assistant surgeon S. H. Dickson, detached from navy yard, Washington, D. C., and to the Dale.

Surgeon J. R. Waggener, detached from the Iroquois and wait orders.

Assistant surgeon S. Stuart White, ordered to receiving ship St. Louis, navy yard, League Island.

Dr. James G. Field, of Gordonsville, Va., commissioned assistant surgeon in the navy, May 23, 1887.

Press of Inquirer Printing Company, Lancaster, Pa.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1580.] PHILADELPHIA, JUNE 11, 1887. [Vol. LVI.—No. 24.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE VALUE OF QUININE IN PNEUMONIA.

BY GEORGE TROUP MAXWELL, M. D.,

Of Ocala, Florida.

It will be observed that in the caption to this article I have changed that of Dr. Hiram Corson's, which appeared in this journal May 21, by omitting the words "as an antipyretic."

As a constant, careful reader of The Medical and Surgical Reporter for years, I have become acquainted to some extent with the writings of Dr. Corson. I recognize in him a man of mature years, of large experience, extensive learning, and, generally, of sound discretion; but one who has extreme views on some subjects, which he holds with death-like tenacity. I always read what he writes with interest, and ofttimes with profit; and in venturing to differ with him, I shall do so with great respect for him, and with some hesitation as to the correctness of my own views. I agree with Dr. Corson in his condemnation of quinine "*as an antipyretic* in pneumonia, and in other diseases." I have had long and much experience with it in many diseases, and have unlimited confidence in it in all fevers caused or complicated by the malarial poison, but if quinine has the effect of reducing the temperature to an appreciable degree, excepting in the stage of deliquescence, when in every type of malarial fever it arrests the fever perfectly and permanently, I have never discovered the fact. I say this with some degree of boldness, for during 39 years I have given quinine freely and fearlessly in every form of fever, essential and symptomatic.

About ten years ago I attended an old gentleman at Newcastle, Delaware, who is yet living and vigorous, though nearer 90 than 80 years of age, in a severe and protracted attack of pneumonia, the only case of pneumonia I can recall in the last 30 years, except those following measles, that did not yield to quinine within a week. After his recovery he said to me: "Dr. Maxwell, if I survive you I will plant a cinchona tree at the head of your grave as the most appropriate monument that can be erected to your memory." This to show my enthusiastic advocacy of quinine then and always.

But whilst joining Dr. Corson in condemning quinine *as an antipyretic*, I beg permission to enter my protest against, and to express my difference with him *toto cælo* in his views as to the valuelessness of quinine *in pneumonia*. I understand Dr. Corson only to deny to *quinine* antipyretic effects, and not to oppose the use of antipyretics, for he characterizes "the judicious and continued use of the cold pack," by Dr. Emmett Holt, as "a bit of common sense."

After traveling with Dr. Corson thus far, and agreeing with him fully in withholding from quinine the credit of having antipyretic effects, we must now separate unconditionally. When Dr. Corson endorses the conclusion that "the bad effects of it (quinine in pneumonia) more than counterbalanced the good effects," and when he characterizes "the practice" of giving it in large doses in pneumonia as "most fatal," he is simply mistaken, and I am bound to believe that his prejudice has kept him from "trying" it. Observation of hundreds of cases, during the last 30 years, in every climate, from Lake Erie to the southern limit of Florida, with a fatal result of less than 1 per cent. except in cases where disorganization of the lungs had progressed beyond reasonable hope of resolution, makes me *know* that Dr. Corson is mistaken, and that his condemnation of "the practice" is unjust.

I approach a case of pneumonia in the first stage—congestion—or the second—hepatization—with as much confidence of a favorable result, *within a week*, as I do one of malarial fever; for *the cause, in each disease, is the same, and the remedy is the same.* I do not mean, however, to be understood as asserting that there are not cases of pneumonia which are entirely disconnected from, and independent of, the malarial poison. That of the old gentleman at Newcastle, Delaware, before mentioned, was one; but such cases are exceptional and few.

Of course, in the view here presented of the relation of cause and effect between the malarial poison and pneumonia, I do not claim either originality or novelty. By reference to the great work of Prof. Joseph Jones, of New Orleans, "On Fevers," recently published—pages 322, *et seq.*—it will be seen that the idea has long been entertained and often expressed, and the practice of "treating it as a malignant remittent," by administering the preparations of cinchona, is followed. I do claim, however, that, if I have learned only one fact from over forty years' study and practice of medicine, it is that pneumonia, as it occurs in malarious districts, is in almost every instance as amenable to the action of quinine as are the several types of malarial fever; not, however, because of its supposed antipyretic effect; for, in the language of that "brave, learned woman," Dr. Mary Putnam-Jacobi, in admiration and respect for whose scientific attainments I will not yield to Dr. Corson, "it is an efficient remedy only so far as it affects the morbid process."

Why the malarial poison tends, in warm seasons and low latitudes, to produce congestion and inflammation of the spleen, liver, and other abdominal viscera, and in cold weather and high latitudes, to cause congestion and inflammation of the lungs and other thoracic viscera, I have not the time now to consider; but that such is the case my observation and experience have demonstrated. And the physician who, in either case, treats the organic lesions, which are secondary effects, instead of the blood-changes, which are the direct and primary effects of the malarial poison, makes a serious, I had almost said, *a grave* mistake.

I suspended work on this article for a day, that I might report the result of a case of pneumonia then under treatment.

Tuesday morning, May 24th, at 6 o'clock, I was called to see Joseph Potter, aged 20, but having the appearance of a poorly developed, delicate boy of 16, having been stunted by the malarial poison. I found him with high fever, difficult breathing, lancinating pain in left side, and cough with rust-colored expectoration. Auscultation disclosed inflammation of the lower lobe of the left lung, and its investing pleuræ. Here was a typical case of pleuro-pneumonia. I ordered:

℞. Quin. bisulph., grs. xxiv.
Morph. sulph., gr. ss.
Ft. capsule vj.
Sig.—Take one every four hours.

The left side of the chest was also to be enveloped in a warming plaster made of equal parts of strong mustard and wheat flour, mixed with cane syrup; to be covered with thin cloth. (Mustard only irritates whilst moist. Water and vinegar dry too quickly. White of egg and glycerine are good; but I use cane syrup, because in this country it can be found in almost every family.)

Wednesday, 25th. Boy better, but still very sick. Ordered quinine and morphine continued, and a small dose of Rochelle salts.

Thursday, 26th, a. m. Much better. Bowels had been moved quietly, twice. P. M. Fever almost gone; expectoration more copious, but still rust-colored. Stopped treatment.

Friday, 27th, a. m. (to-day). Boy convalescent. Discharged, with injunction to be very prudent, and to take tonics and nutritious food.

One other case: April 23, 1885, I was called to see D. M., aged 22, an athlete of superb physique. Found him with a well-pronounced attack of double pneumonia, high fever, pain and constriction of chest, livid complexion, and cough with rust-colored expectoration. Ordered bisulphate of quinine and morphine, as in the other case, and covered chest with warming plaster.

Friday, 24th. Much better. Continued treatment.

Saturday, 25th. Met the young man down town, well.

I always use the bisulphate of quinine, because it is very soluble, and is less bulky: and combine morphia with it whenever it is tolerated.

In the treatment of all types and forms

of malarial fever. I use purgatives and aperients only for their hygienic effect, not as remedies. As I keep the water-closet and sewer connections cleansed to prevent contamination of the air of dwellings and towns or cities, so I evacuate the large intestines—the fecal reservoirs—lest by absorption the body be poisoned by its effete matter. So-called "*biliousness*" is nothing but the effects of surfeit and excrementitious absorption, which temporary fasting and gentle aperients—Glauber or Rochelle salts—will relieve.

One fact to be remarked is, that they who practice blood-letting, and free purgation with mercury and other agents which, like the malarial poison, diminish red-corpuscles, fibrin, albumen, and the nutritious salts of the blood, never neglect to give quinine. Quinine in an imperceptible manner kills the malarial bacilli, and stops the fever; but the doctor gives all, or most, of the credit to his drastic drugs, because their action appeals to his senses.

When a boy, I suffered from a protracted tertian intermittent. The nights after the fever I was as quiet and orderly a bedfellow as one could desire; but the nights before I tossed, and kicked and talked, to the great annoyance of whoever might happen to be in bed with me. When I became a physician, I reasoned that the restlessness of the night before was a prodrome, or perhaps a part of the fever. Like Tom Sheppard's religion, if I did not have the fever, "I felt it a-coming." And I concluded that, if I put off giving quinine till the fever was, or was nigh to being, developed, I would miss the favorable opportunity to strike the fatal blow to the fever, and if a favorable opportunity is lost, it means the delay of 24 hours. The remission, or favorable change in remittent or other severe forms of malarial fever, occurs usually but once in 24 hours, and almost always takes place between midnight and daylight. I find that, if I get a patient's system quininized by 12 o'clock at night, a cure is almost certain. Therefore, to arrest a remittent, or to prevent the return of an intermittent fever, I wish to begin administering quinine by 12 o'clock in the day. Then by giving one of my capsules, containing 4 grs. of bisulphate of quinine and $\frac{1}{12}$ gr. of morphine, and repeating every 4 hours till six are taken, in remittent; or till four are taken in intermittents, to be repeated in the latter type at 6 and 10 next morning, the result is almost invariably successful. It is very rare that I have to repeat, if I can begin as early as 12 o'clock m. If I can't begin at 12, I shorten the intervals, or double the earlier doses, sometimes giving 8, or 12, or even 16 grains at a dose, if I begin late in the evening.

I combine morphia because I insist on *absolute rest in bed* when I give quinine, and the soporific effect of morphia helps to keep the patient tranquil and, preferably, asleep. I will not give quinine in large doses to any one who will not consent to remain *in bed the day I am trying to abate or to prevent the return of fever.* It is my *sine qua non.*

I have four rules, viz; 1. Give quinine. 2. Give quinine in full doses, and, if tolerated, combined with an opiate. 3. Give quinine at the right time; and 4. Keep the patient in bed when under the full effect of quinine, at the time of the expected increase, or return of the paroxysm.

As soon as the fever is broken, I endeavor to restore what has been lost, by administering tonics and nutritious food, and I have never used any preparation of iron that is as good as the old-fashioned tincture of iron, with its excess of muriatic acid. If there is developed a tendency to recur, I give quinine in full doses the afternoons and nights of the 6th, 13th, 20th, and 27th days, and the mornings following, and *keep the patient in bed* till dinner time the mornings that quinine is taken. By this plan of treatment I have never, during thirty-nine years, lost a patient with any type or form of malarial fever (except the pernicious or congestive), and never have had a case to continue longer than three days.

It is not generally known that the practice of giving quinine in large doses during the febrile stage of a malarial fever paroxysm originated in Florida, and was the discovery of a Floridian. In the "Medical Statistics of the United States Army," a work published by Congress in 1854, are numerous responses by surgeons of the army to a circular letter from the Surgeon General's Office, August 14, 1843, making inquiries upon the introduction into the army of the practice of giving large doses of quinine in fever, during the Seminole war. The general tenor of those responses is to give to Assistant Surgeon Charles McCormick the credit of originality and priority. The facts are these: The late Dr. Theo. Turnbull, of Jefferson county, Florida, a most estimable man and a skillful physician, gave to a patient, by mistake, 20 grains of quinine at the height of the febrile stage. He did not discover his mistake until he returned to his home, a distance of some twelve miles. In great alarm, and with all possible haste, he went to his patient, whom he found sweating profusely, free from aches and pains—in a word, cured. He had the sagacity to adopt the practice, and his phenomenal success gave him an enviable local reputation; so that when a member of the family of the late William Wirt, once Attorney General of the United States, who owned a large plantation in Jefferson county, and, with his family, was visiting Col. R. Gamble, upon whose plantation Fort Gamble, at which Surgeon McCormick was stationed, was located, was extremely ill, he was called into consultation with Surgeon McCormick. His advice and practice prevailed. Large doses of quinine were given during the fever, and the patient's life was saved. The recovery, under the circumstances, was deemed marvelous. Surgeon McCormick adopted the practice, and introduced it into the army. For this McCormick was lauded, whilst the modest Turnbull lived and died unhonored and unsung. *Palmam qui meruit ferat.*

P. S.—The boy Potter, whose case is reported, has not done as well as I expected. On the second day after the subsidence of fever, serous effusion into the pleural cavity took place to such an alarming extent as to threaten to overwhelm the lung, and to cause death. This unusual and unlooked-for complication was caused by the boy's anæmic condition, I think. Under the continued use of quinine and the compound infusion of digitalis, with a blister, he is now, June 2d, improving.

DIABETES AND ITS RELATION TO CARBUNCLE.

BY L. K. BALDWIN, M. D.,

Medical Referee in Philadelphia of the Equitable Life Assurance Society.

It is not my intention to attempt to write a treatise on a disease so well known and so well described in the books as diabetes mellitus, but rather to cull some facts from the mass written, and add what personal experience has thus far taught, and especially in regard to diabetes as it is preceded by, coexistent with, or followed by carbuncle. The definition of the disease as given by some writers is "that it is characterized by the persistent presence and excessive quantity of sugar in the urine." It is stated that in the writings of Hippocrates there are passages indicating his knowledge of it, and that Celsus describes a disease characterized by a great increase in the urine and wasting of the body, which was doubtless that now known as diabetes mellitus. Brinton, in his article in "Reynolds' System of Medicine," says it is probable that the name diabetes was given about the middle of the first century, but no distinct knowledge was had of it until 1674, when the sweet taste and smell of the urine was discovered by Willis. Other observers followed up the line of Willis's investigations, and proved the correctness of them by separating sugar from the urine. It seems that up to 1787 the disease was supposed to be one of the kidneys, but in that year Roll, showed that vegetable food was injurious in the disease, hence other causes than that of diseased kidneys had to be looked for to account for the abnormal secretion.

Diabetes mellitus seems to be no respecter of persons or conditions, appearing in the robust and well-fed as well as in the poor and badly nourished. From my observation, those who live freely and lead a sedentary life are more liable to it than those who live under opposite conditions. Whether race has any influence on it or not may be yet an open question, although I have never known it to occur in a negro. Climate may have some influence in its production, as it is much more prevalent in some parts of Europe than in others, being especially so in Normandy and the agricultural districts of England.

The exciting causes of diabetes mellitus are numerous; but all seem to narrow down to the direct effect on the brain and nervous system. The appearance of the disease can in many instances be traced directly to some cause which has produced a decided impression, such as shock from injuries, or anything which might lead to softening or disintegration of brain tissue. There is no doubt but that excessive mental strain is an important factor in its production, as well as sexual excesses.

I treated a case a few years ago which I am sure was due to sexual excesses. It was in the person of a stout German, over sixty years old, who had a wife twenty years younger than himself, from whom I got a history sufficiently plain to warrant me in fixing upon sexual excesses as the exciting cause in that particular case. The symptoms were well marked when he came under my charge, and the amount of urine passed daily reached as much as sixteen pints. The specific gravity was always above 1030, and sugar was present in large quantities. By a rigid diet and a general tonic treatment, the quantity of sugar grew less, and the amount of urine voided was reduced to near the normal amount. The patient's virile powers were almost entirely lost, and I am unable to say whether with his partial recovery there has been any improvement in that direction or not. He is now in the enjoyment of fairly good health, paying no special attention to his diet, has still some sugar present, but no thirst or other disturbance such as characterized the onset of the disease. Another case which I can now recall, and of which I may speak more in detail, came no doubt from overtaxation of both mental and physical strength. It has been progressive from its onset, and is likely to terminate in lesions of the brain and cord, producing general paralysis.

The relation which the disease bears to carbuncle and kindred local disorders does not seem to have claimed the attention due to such an important matter. In several cases coming under my own observation, the trouble was not suspected prior to the development of such important complications, the discovery being made then only by testing the renal secretion and finding sugar present in quantities greater than found in health under any circumstances. I believe that a small amount of sugar may be normally present in the urine of some persons during digestion, when large quantities of saccharine or starchy matters are taken as food. I remember a case occurring a few years ago, which I kept under observation for a long time, testing specimens of urine passed at almost all times during the twenty-four hours, that passed during digestion always showing the presence of sugar, while that passed after its completion did not give the characteristic reaction. In this case the amount was never above the normal, and the specific gravity was from 1026 to 1030. No symptoms have yet occurred to indicate diabetes, and the subject is in good health. I have watched the case with some interest, fearing the development of carbuncle or some kindred troubles, but none have yet appeared.

The case to which I alluded in the beginning of the paper, has been one which I have watched with a great deal of interest. The subject was a man about 50 years of age, leading a very active life, a man of large means and considering himself to be in good health. About a year before I saw him he had a carbuncle on his back, but recovered from it—as is often the case—without thinking it of serious importance. I had occasion to examine a specimen of his urine, which I found to be abnormal in quantity and to contain large quantities of sugar. He became interested in his own case, and from the history he afterward gave me I am sure he did not suspect that he was in other than good health. A relative of his chided me quite severely for giving an unfavorable opinion in his case, and rather pointedly hinted that I did not know what I was talking about. By my advice he put himself under the care of his physician, and since that time he has been on a generally restricted diet, coupled with appropriate treatment, without any abatement of symptoms. The disease has gradually grown worse, and is likely to terminate fatally within a comparatively short time. One side is now paralyzed, and his mental capacity is becoming impaired. His physician told me that after the paralysis occurred the sugar disappeared entirely from his urine. The last specimen I tested, which was about five months ago, still contained sugar in considerable quantities.

Another case was in a person of supposed good health, about 35 years old, and so far as he was able to judge of himself, clear of all trace of disease. His family record was first-class, and his ancestors were long-lived. His habits of life were good in every particular. His trouble, as far as he knew, and as would appear to any one from casual observation, commenced with carbuncle. He had several of them over the spine at different times, and with them appeared the saccharine urine, and the thirst which usually accompanies diabetes. It is now at least five years since the trouble commenced, the urine, so far as I know, always having showed sugar, and his general health gradually giving way. I saw him a short time ago, and he looked badly, and complained of tiring out on very little exertion. The case is slowly going on to what will evidently be a fatal termination.

While it seems clear that carbuncle is an effect, and not a cause, of the disease, yet in some cases it also seems possible that cause and effect may appear almost simultaneously. But, attention not being called to symptoms requiring examination of the urine, it cannot easily be determined whether or not the carbuncle precedes the other symptoms of the disease.

Another case which was brought to my attention a short time ago by a professional friend, was not suspected prior to the appearance of a large carbuncle on the back of his neck, which, though large and deep, gave very little pain. I suggested an examination of the urine, and made it in the presence of the physician. I found the urine of high specific gravity, and containing both albumen and sugar in large quantities. The case reached a fatal termination during the existence of the carbuncle. I have no doubt but that the disease had long been going on undiscovered in this case, as the patient's former habits of life had been conducive to rapid tissue changes.

On the other hand, I have often made examination of the urine of persons suffering from carbuncle, and I have been surprised to find nothing abnormal. In one case, several carbuncles appeared following each other in the line of the spinal column. The combined influence of the carbuncles reduced the patient very much, yet at no time did his urine show any saccharine reaction. nor did his health seem to be much impaired in consequence.

My experience in the cases mentioned has been sufficient to prompt me to make careful analysis of the urine in all cases of carbuncle, for by so doing it will often be found to be but a local indication of a more grave disorder.

1900 *Wallace street.*

RECENT ADVANCES IN PREVENTIVE MEDICINE.*

BY GEO. H. ROHÉ, M. D., OF BALTIMORE, MD.,

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Progress in any branch of science or art may be measured either by the number and and character of new discoveries made, or by the gradual advances in the application of knowledge previously acquired. Judged by either of these criteria, the record for State Medicine during the past year is a creditable one.

In the field of epidemiology and endemiology, the progressive extension of the fifth great pandemic of cholera first claims attention. Extinguished in the portions of Italy, France, and Spain, ravaged in 1885 and 1886, it has slowly invaded southeastern Italy, Hungary, and other Austrian possessions, and has been imported into South America, whence it threatens the United States by several routes. The danger of invasion of this country is at present greater than at any time within the past three years.

Yellow fever inoculation, as practiced by Friere in Brazil, and Carmona in Mexico, has claimed a large share of the attention of sanitarians during the year. The claims made in favor of this method of preventing this scourge are now being subjected to an official investigation authorized by the United States government.

Diligent search has been made for the specific organism supposed to be the infective agent in vaccine virus, but without definite success. The results obtained are not entirely negative, however, and one may cherish the hope that a solution of this problem will soon be reached.

The relation of a peculiar disease of cows to scarlet fever, and the discovery of a specific microbe in the blood in the latter disease, have attracted much attention. The restriction of scarlet fever will doubtless be more thoroughly effected so soon as physicians are convinced of its bacterial nature, and clearly comprehend its mode of transmission. Statistics are given showing what has already been accomplished in this field.

Sternberg, Fränkel, and Weichselbaum have studied the specific microbe of croupous pneumonia, which the former regards as identical with his *micrococcus Pasteuri;* in which opinion both the other authors mentioned coincide. Dr. Baker, of Michigan, has also shown that croupous pneumonia seems to be dependent upon a cold, dry atmosphere.

Measures for the restriction of pulmonary tuberculosis are adverted to. Tuberculous patients should not be treated in the same hospital wards with non-tuberculous individuals, and prompt disinfection of the sputa and other discharges should be practiced, in order to diminish opportunities for infection. General sanitary measures should, however, not be neglected in the warfare upon the bacillus. There is danger that a too exclusive attention to the microbian factors of disease will narrow our views of epidemiology and preventive medicine.

It seems to be established that the microorganism discovered in the intestinal lesions and discharges in typhoid fever is the cause of this disease. The fact that this microbe may preserve its vitality for a considerable time in water and ice has been shown by Bolton, Wolffhügel, Prudden, and others. This, together with the well-known history of outbreaks of this disease undoubtedly depending upon pollution of drinking water, should make prompt measures of disinfection imperative in every case. The physician fails in his duty who neglects measures for the thorough destruction of the typhoid infection existing in the intestinal discharges.

The importance of disinfection of bedding, clothing, and other personal and household articles in contagious diseases, demands that health authorities should have under their control establishments where disinfection can be carried out on a large scale and at public expense. Such institutions are now in use in Berlin, Düsseldorf, Göttingen, Strasburg, Breslau, Leipzig, Danzig, and other cities in Europe. The results are pronounced to be exceedingly beneficial. Steam under pressure is regarded as the best disinfecting agent.

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*Abstract of the Address in State Medicine, delivered before the American Medical Association, at the Thirty-third Annual Meeting held at Chicago, Ill., June 7-10, 1887.

Quarantine, a word which for more than five centuries has been synonymous with barbarism, is becoming under modern methods a safeguard to the public against infection, and an advantage instead of obstruction to commerce. The results achieved at the model quarantine station at New Orleans encourage the hope, and almost warrant the prediction, that the days of the quarantine of detention, whether by sea or land, are past, and that quarantine in future will mean simply *thorough disinfection* of fomites, and, of course, effective isolation of persons already infected.

Cremation of garbage seems to be the best method yet devised for the inoffensive destruction or final disposal of solid city wastes.

The irrigation system of sewage disposal has steadily won favor. In Berlin, Breslau, and Danzig, in Germany, Birmingham in England, and Pullman and other places in this country, it has been in successful operation. Chemical precipitation and purification of sewage has also been adopted with satisfactory results in various German cities. A board of distinguished engineers recently recommended the same system for the city of Providence, R. I.

Professor Vaughan's discovery of a very poisonous ptomaine in cheese, ice cream, and milk undergoing certain chemical changes, has been confirmed by a number of investigators in various parts of the country. Vaughan's suggestion that tyrotoxicon may be found to be the poison which produces cholera infantum, opens up a new field for investigation in which every physician must of necessity be interested.

Analyses of food and drugs made during the year in Massachusetts and New York, show the wide extent to which adulteration is practiced, and how the people are defrauded. Among the most startling instances are olive oil, of which 68 samples out of 91 were spurious. Vinegar was adulterated in 79 samples out of 116; mustard 124 times in 211; white pepper 63 times in 128; black pepper 41 times in 71; mace 29 times in 45. Of nine samples of horseradish examined, only one was found genuine. A precipitate of uncrystallizable sugar and coloring matter and chloride of tin (poisonous) is sold to candy makers for making confectionery. Citrate of quinine and iron from respectable manufacturers contained 3½ per cent. of quinine, instead of the 12 per cent. demanded by the pharmacopœia. Authority and means should be given to the health authorities to protect the public from these frauds, many of which are sources of danger to life and health.

Statistics collected by the speaker show that five-sixths of the inhabitants of cities in this country have no facilities for bathing, except such as are afforded by a pail and sponge, or an easily accessible river, lake, or other body of water. The establishment of public baths is urgently recommended both as a sanitary as well as moral measure. Tub or pool baths are objectionable, both on account of expense and lack of privacy in the latter. The spray baths in use in the German and French army barracks are recommended. These are not expensive, either in first cost or administration, and allow each bather absolute privacy and the opportunity for a thorough cleansing in clean water. Public baths should be open the year round, and not only during the summer.

A number of instances are grouped together showing how the enforcement of appropriate sanitary measures has saved life. In Michigan the saving of life from one disease (scarlet fever) has amounted during the last eleven years to 3,718, or 338 per year. In 1886, appropriate sanitary measures saved the lives of 298 persons who would have died of diphtheria if such measures had not been enforced. In England and Wales, the average annual saving of life due to sanitary measures has amounted in the five years ending 1885, to 62,000. In Baltimore, a marked reduction of deaths from infectious diseases has followed the enforcement of certain sanitary precautions. In Memphis the death-rate has been reduced in six years from 35 per thousand te 23.80 per thousand. In Chicago the reduction in mortality in the last five years has been from 25.69 per thousand to 19.46 per thousand, a net saving of 17,214 lives in that city during that period.

While all advances in sanitary administration have doubtless contributed to produce these good results, the main influence is to be attributed to three factors. These are *compulsory notification of infectious diseases; prompt and effective isolation of the sick and* *infected, and thorough disinfection of all infected articles and sources of infection.* These must be the watchwords of the practical sanitarian of the future.

THE USE OF ANTIFEBRIN IN EPILEPSY.

BY H. A. HARE, M. D.,

Demonstrator of Experimental Therapeutics and Instructor in Physical Diagnosis in the University of Pennsylvania.

The favorable results which have been obtained in the treatment of epilepsy in France by Dujardin-Beaumetz, and in this country by several well-known observers, led me to test its efficacy in several cases of severe and intractable epileptic cases; and while absolute cures were not effected in any of them, a very marked decrease occurred both in the number and severity of the seizures. Briefly, the cases may be stated as follows:

Case 1. Æt. 35, male; has had epileptic attacks ever since childhood, and cannot remember when the first attack came on, probably very early in his life. His attacks have become more frequent and severe within the last two or three years, until at the time he first came under my observation some ten months ago he was having as many as six or eight attacks a week. At that time he was placed on bromide of potash in the dose of 15 grains three times a day, and though this treatment was kept up almost continously this last March, no improvement of any moment showed itself. The fits had, indeed, increased in frequency, and matters had come to such a pass that he could not work, owing to their frequent occurrence. About March 15th I began giving him 5 grains of antifebrin three times a day in powder, and at the end of the week he reported that he had used all the powders, and had had but two paroxysms. The following week he escaped with two very light attacks, with scarcely loss of consciousness, from his description. Since then he has had on the average only one a week, and once or twice has missed even that. He has now been taking the drug about eight weeks, and, although not by any means cured, is certainly much relieved.

Case 2. Æt. 18, male, was brought to me by his father, a man of a very inferior order of cerebral development, who stated that his son had suffered with fits from childhood; and the condition of the boy confirmed the father's words, for he had degenerated into that form of drivelling mental imbecility which so frequently overtakes those cases of of epilepsy which arise in early youth. He suffered from as many as three to five seizures a day, and in one instance had evidently been in that condition known as the status epilepticus for as long as twenty-four hours. I gave this case also 5 grains of antifebrin three times a day, and although I had the opportunity to see him only once again in the course of a week, the father related that his fits were not so frequent, being one or two less than they had been for a week or so before.

The third case is perhaps the most interesting of the three, since it occurred in the person of a nurse-maid, æt. 35, with whose history I had been conversant for the last twelve or thirteen years, and of whose manner of life and attacks I can speak more positively. Four years ago she began to suffer from attacks which so closely resemble *petit-mal*, according to her description, that there can be no doubt of their nature; and these seizures increased in severity and frequency till about eighteen months ago, when she suffered from her first true epileptic seizure during the night, waking the family by her scream previous to the advent of the convulsive movements.

She was unconscious, and fell into a deep sleep, in which she remained till late in the morning. After this time the attacks gradually became more frequent, and although the true epileptic seizures rarely exceeded one a month, the periods in which she suffered from *petit-mal* became much more frequent and prolonged. The convulsions also occurred in the daytime as well as night. Bromide of potash in ordinary doses did not seem to control them, nor did the administration of the iodide salts, for the purpose of retarding the growth of any brain tumor, produce any change other than indigestion, and the other signs showing that the iodide was not well borne, thus eliminating any chance of specific taint, of which, however, there had never been any suspicion. There was no family history of epilepsy, except in the person of a first cousin, and the case seemed to belong to that class known as "idiopathic epilepsy," which not rarely occurs previous to the 35th year.

When placed upon antifebrin she had had as many as two attacks a month instead of one, with almost daily minor seizures. Antifebrin was now begun in the same dose as in the other cases, and though this was over two months ago, no return of the true paroxysm has appeared and the number of lesser attacks has been reduced to as few as one or less a week.

I have reported these cases because they illustrate a class which has either been soaked with bromides without much relief, or else are traveling down hill very fast merely from a frequent repetition of the attacks. While I am well aware that this paper would be more complete if I could record cures, I think the results here reached are sufficiently interesting to earn for the drug a trial by other members of the profession.

117 *S. Twenty-second street.*

Hospital Notes.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

Reported by Orville Horwitz, B. S., M. D.,

Demonstrator of Anatomy in the Jefferson Medical College, and Chief of the Out-door Surgical Department of the Jefferson Medical College Hospital.

Report of a Case of Sexual Hypochondriasis,

A large number of the patients who apply to the venereal specialist for treatment are men who suffer from hypochondriasis, brought about by brooding over their imaginary ailments, who will not accept the assurance of the physician that they labor under no appreciable disease, and who, leading a miserable existence, are burdens to themselves and their friends, and their end is often either the lunatic asylum or a suicide's grave. The writer has thought that a typical case, such as was recently presented to the clinic of Professor Gross, might be interesting alike to the student and the general practitioner.

On the eleventh of March last, Loring, D. C., aged 20, a carpenter, applied at the clinic to have his testicles removed, stating that this was the only way whereby he would be enabled to cease from committing masturbation; of this he felt well assured. His condition preyed upon his mind continually, and he wished to put a stop to the disgusting habit to which he was a martyr. He declared that unless he could find some one who was willing to remove his testicles he would commit murder, or some other terrible crime.

Six months previously he attempted to castrate himself, but his courage failed, and he abandoned the attempt. Two weeks before presenting himself at the clinic, he applied acid to the penis, with the hope of making the organ too sore to handle; but this had not prevented his masturbating.

He states that his sexual desires are unnaturally great, but that owing to his want of confidence as to his ability to successfully approach a female, he entertains an aversion to the sex.

He began to masturbate at the age of seven, and has continued the practice on an average of twice a night for thirteen years. Lately he has committed the act as often as ten times in a single day.

He does not suffer from nocturnal emissions. Occasionally he experiences sharp shooting pains along the course of the urethra, extending into the cord and testicles. He is compelled to urinate from twelve to fourteen times during the day, but is not annoyed in this way at night. The stream is started with difficulty; is small, twisted, and forked, with dribbling into his clothes after the act is apparently completed. He has never passed blood.

He states that his appetite is poor; that he has a feeling of gastric oppression, with disturbed sleep, heavy pains in the front and back of head; he is easily fatigued, his hand is unsteady, and he has suffered from pain in the back for the past year.

Professor Gross, in his remarks on the case, pointed out that the patient's troubles were entirely mental; that unless he could be made to listen to reason, and unless a manly spirit could be aroused in him, or a profound mental impression made upon the individual, there would be but little hope of benefiting him.

He called attention to the fact that owing to the undue and prolonged excitement of the parts involved, there was exaggerated irritability of the medullary and vaso-motor centres, which would be ultimately followed by exhaustion or anæmia of the lumbar portion of the spinal cord; a condition known as neurasthenia.

On examination a stricture was found behind the meatus, and another in the membranous portion of the urethra. There was marked hyperæsthesia. The meatus was divided, and a steel bougie of proper size was passed, and a drachm of bromide of soda was ordered to be taken every night at bedtime. The bougie was directed to be passed twice a week, and to be gradually increased in size.

This treatment was pursued for three weeks without benefit, when both the patient and his mother implored the writer to remove the testicles. Hoping to benefit the poor creature, a pretended operation was performed.

Accordingly, anatomical plates referring to the genital organs were shown and explained to the unfortunate youth, and he was made to understand that it would not be necessary to castrate him, but that every benefit would be attained by cutting the vas deferens. He was greatly delighted that at last his wishes were to be acceded to.

He was etherized, and in order to produce a greater mental effect he was circumcised, and afterwards an incision some three or four inches long was made over each abdominal ring, of course, merely cutting through the skin and superficial fasciæ. The wound was closed by suture and properly dressed; a large bandage being applied to fully impress the patient with the gravity of the operation. He was kept in bed for two weeks, and a few days after was discharged from the hospital.

The writer was informed that the patient returned to his unfortunate habit at the end of a month from the time that he left the establishment, so that the efforts to permanently benefit him by medical and surgical means failed entirely, although the strong impression made was of undoubted temporary advantage.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

Reported by M. Howard Fussell, M. D.

Chronic Bright's Disease; Renal Asthma. Treatment by Potassium Iodide.

Robt. K., æt. 55, married, shoemaker. This patient has been a constant attendant at the dispensary since October, 1885. At that time the following history was obtained:

Born in Ireland. In this country twenty-five years. No history of any lung or kidney disease in family save the death of one daughter from phthisis. Twenty years ago had an attack of cough and dyspnœa, lasting for nearly two years. Since has been in good health until two months ago, August, 1885, when he began to get attacks of dyspnœa on exertion and at nights. The attacks at night came on suddenly, forcing him to rise from bed and go to the window for air. They would be followed by a severe coughing spell, and sometimes relieved by coughing up a large quantity of stringy mucus. The individual attacks had the character of ordinary spasmodic asthma, but there was more or less constant dyspnœa on exertion.

On examination of the chest at first visit, it was hyper-resonant throughout; expiration prolonged; no râles of any description; apex beat of heart in nipple line, with a corresponding increase of cardiac dullness; no heart murmur, but the second sound of heart was accentuated. Some œdema of feet.

He was put on tr. digitalis 10 gtt. t. d., and potass. iodidi 10 gr. every three hours, combined with ammon. chlor. and brown mixture.

At the second visit, November 31, 1885, the urine was examined and found loaded, almost one-quarter by bulk, with albumen. Casts were also found.

The administration of above mixture seems to have caused some amelioration of symptoms. He sleeps better, and has had fewer attacks of dyspnœa. He commenced taking the large doses of potass. iodidi without any symptoms of iodism appearing.

In December was put on potass. iodidi, dissolved in infusion of digitalis.

January 30, 1886, his dyspnœa almost entirely relieved; no œdema. Albumen and casts still persist in urine.

In March, 1886, at the suggestion of Prof. Osler, he was put on 1 gtt. doses of 1 per cent. sol. of nitro-glycerine; this was increased until he took gtt. iv. t. d. He has continued the use of the nitro-glycerine with more or less constancy until the present time. Each time he returned to the dispensary, however, he would ask to have his original prescription of iodide renewed, saying it gave him more relief than any other medicine. His treatment besides the above has been liq. potass. arsenit, alterating with tr. nuc. vom.

For the past few weeks, June 1, 1887, he has not been so well, the asthmatic attacks have become worse, until at present he cannot lie in bed. He has no dyspeptic symptoms, but little headache, and no vomiting. There is beginning œdema of base of lungs. Latterly his bowels have become much constipated, the only purgative which has any marked effect being Husband's magnesia; before he took that preparation he had been given large doses pulv. jalap. night and morning, without causing any purgation.

The case is evidently one of chronic renal disease, with accompany renal asthma, and some emphysema of lungs.

The treatment by large doses of potass. iodide and digitalis has been the most satisfactory, though that now is failing, and the case is doubtless drawing to a close.

In the matter of purgatives the case is a unique one in my experience; almost all the purgatives were tried without effect until the patient, of his own motion, took the magnesia, which he says will cause a profuse diarrhœa with amelioration of his symptoms.

NEW INSTRUMENTS.

A NEW LEG-HOLDER, SECURING A PERFECT LITHOTOMY POSTURE WITHOUT ASSISTANTS.

BY HOWARD A. KELLY,
of Philadelphia.

My intention to devise some simple apparatus to secure my gynecological cases in a lithotomy position was formed some four years ago. I had been called to Port Richmond to operate upon a lacerated perineum, and Dr. Jas. S. Carpenter, of Pottsville, went with me as my sole assistant.

Dr. Carpenter put the patient under ether, and we brought her hip's down over the foot of the bed, and then, to dispose of the legs and expose the field of operation, we flexed the thighs upon the belly and passed an umbrella under the knees to give purchase to our rope, which we made out of a sheet caught diagonally across corners and twisted. The broad band of the centre of the sheet passed around the neck, while the ends were tied around the two ends of the umbrella, holding the knees well up. I then operated alone, securing a perfect result. The Clover crutch in common use has served me well at many operations since that time, but it has the serious objections of being heavy and very clumsy to carry about, and above all is expensive.

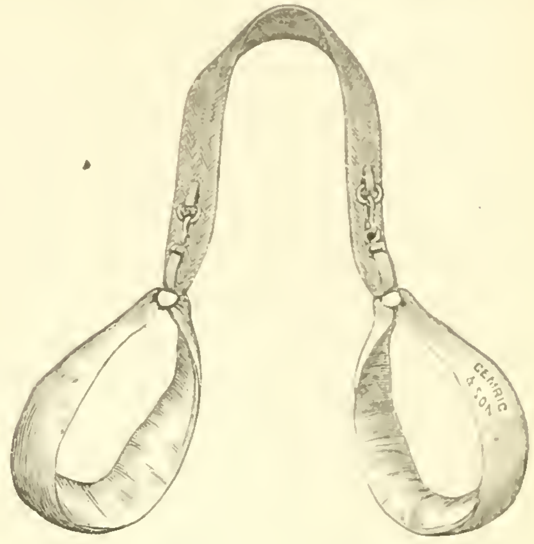
Of the instruments in use in Germany, that of Sänger, in which the collars on the knees are held fast by an attachment to the part of the table under the patient's head, is one of the best.

Fritsch's apparatus, and other similar forms, are convenient in clinics and hospitals; but made as they are of iron rods and clamps, they can hardly claim the merit of being portable.

I believe that the form which I describe here, and which is in use in my private hospital, answers all the requirements as to fixation as well as any holder in use, and in other important particulars is superior to any in use.

It is simply two broad, well-padded collars of muslin, large enough to slip easily up any leg above the knee, and a broad strap made of the same, well padded with haircloth. At each end of the strap is a snap hook, and at eight and ten inches from the centre of this strap, on the inner side, are fastened galvanized rings an inch in diameter.

The method of application is this: Slip the collars first above the knees, and pull both knees as high up on the belly as possible. Then take up the strap and snap one hook into a ring which is on the collar, carry the strap up *under* the arm and shoulder of that side, and around the back of the neck down *over* the shoulder of the opposite side, and snap the hook on the other end of the strap into the collar of that side. If this leaves the legs lax and hanging low, the hooks can be unsnapped and pulled through the collars, and snapped on the rings spoken of on the strap. The cost of the apparatus is $1.50.



I will remark finally that the strap, passing as it does to the sides, sufficiently separates the knees, and I have found no need for complicating this simple device, which can be carried in the coat pocket by the cross-bar of the Clover crutch.

2134 *Hancock street.*

MEDICAL SOCIETIES.

THE BALTIMORE ACADEMY OF MEDICINE.

At the May meeting of the Academy two very interesting discussions occurred, one on tube-casts of albuminuria, and the other on the choice of anæsthetics.

The first was occasioned by the account of a case of obscure brain disease reported by Dr. F. T. Miles. When he saw the case the mental hebetude was great. He asked for a specimen of the urine, and tested it for albumen by the layer test, pouring in the nitric acid first, and also by heat and nitric acid, and found it absolutely clear and free from albumen, as the specimen he exhibited showed. This urine had been examined by his other physicians, and they had also reported absence of albumen. Dr. Miles then took from the bottom of a vessel with a pipette a few drops of the sediment, and examined it under the microscope and found a large number of the tube casts, very faint, hyaline, and small, and no renal epithelium. If it had been a case for life insurance, he would not have thought of looking for casts when no albumen was or had been present. He wished to impress upon the society the importance of examining the urine microscopically in doubtful cases when albumen was absent. This was not the first, second, or third time that such a case had come under his notice. He had often found casts where albumen was not present, but had been present at a previous examination.

Dr. James Carey Thomas asked if Dr. Miles made such examinations for life insurance.

Dr. Miles said the retina showed us signs of nephritis, but that the renal changes might have been caused by a reflected effect upon the kidney without retinal change.

Dr. T. Ashby asked how the absence of albumen without tube casts could be explained in this case.

Dr. F. T. Miles said that the watery parts and the salts of the urine were secreted by the epithelium which covers the glomeruli, and that the other ingredients of the urine were supplied by the tubular parts. Injury of the glomeruli would allow albumen to escape in the urine and yet no epithelium would pass. He did not think the presence of albumen in the urine a matter of grave importance, but on the contrary thought that any one of the members present could find albumen in his urine at some time in the day. He said that lead, mercury or a slight congestion of the kidney were often sufficient to produce it. He mentioned Heidenhain's theory of balance. Heidenhain clamped the renal artery in a dog for a moment only, and then let it go to allow the blood to rush back into the kidney. This happened, but the urine was secreted at first only in very small quantities and was albuminous. He thought this argued against the filtration theory of urinary secretion. He referred to a case of cyclic albuminuria in a medical student. He did not look for tube casts. He said that in one-half of all cases of albuminuria there was not disease of the kidney, and in all cases of the so-called albuminuria of adolescence.

Dr. T. A. Ashby had seen several similar cases of albuminuria. He mentioned three. The first was a case of cyclic albuminuria where at times 30 to 50 per cent. of albumen was found and no tube casts. The man had repeatedly been turned away by an insurance company and was finally accepted for a small amount, and was at last accounts living and well. The second case was somewhat similar. Much albumen was found and he had at the time much headache and was declined by an insurance company, although apparently in health. A second examination later showed the same results, but no other unfavorable symptoms. No microscopic examination was made. A third case showed 50 per cent. of albumen with no tube casts present, and yet he had many symptoms of renal disease. At present he is much better, but his urine still showed albumen. He gave Basham's mixture and Buffalo Lithia water. He thought that Dr. Miles' point was a good one, and that the time would come when many life insurance companies would accept cases with albuminuria. Dr. Pavy had reported a number of cases of cyclic albuminuria.

Dr. James Carey Thomas spoke of the albuminuria of adolescence, which he considered very interesting. Such cases he thought did not go to the further development of renal disease. It was not always easy to distinguish it from renal diseases, for tube casts did not seem to be always pathognomonic.

Dr. Miles said that this albuminuria might come from some poison in the blood. (He remarked that a specimen of urine containing tube casts might be kept a long time by adding a small amount of carbolic acid to it.) He showed a specimen of urine from a patient who had had capillary bronchitis, which went on to catarrhal pneumonia, coma and death. He passed much urine up to forty-eight hours before death, and in it was found a large amount of epithelium and epithelial casts, which Dr. Miles stained with fuchsin. He could not say here what was the primary cause of death. His urine had been examined shortly before his death and he had had his life insured. He thought the kidney might take on disease at the end of life from other causes.

Dr. John Uhler said this was an important subject and required great care. He invariably took three specimens from each patient. He let the patient pass the urine in three different chambers. The first chamber contained what was passed from the urethra, the second that from the bladder, and the third from the parts higher up. He then examined the urine in the middle chamber, and thought that with care he avoided many doubtful cases. He thought we should depend on the concomitant symptoms as well as on the presence of albumen and tube casts. He wondered that there were no retinal changes found in the case mentioned by Dr. Miles.

Dr. J. J. Chisolm said the evidences of retinitis were very marked, and could easily be detected at once, but that they did not occur with every case, that diagnosis from the retina alone was often made, but that many died without retinal changes.

In the discussion upon the choice of anæsthetics, Dr. J. J. Chisolm stated that he had had little experience with ether. Bromide of ethyl had with him supplanted the use of chloroform to a large extent. It enabled him to operate in the primary anæsthesia, *i. e.*, before the patient wakes up from the first sleep. He had had thirty-five years in surgery, and had given chloroform every day, with no death, *i. e.*, about 15,000 cases and no death. He thought it was hardly right to take the percentage of deaths, as in one case a physician whom he knew had administered chloroform once, and the case died, so that he had a mortality of 100 per cent. Bromide of ethyl would bring a patient under in one-half a minute, and in many cases if continued a half minute longer than absolutely necessary it could kill the patient. When used too long, ashiness of the face occurred, and the heart's action stopped. He had never had a death from it. It was not given in New York and Philadelphia. His inhaler was a closed tin cone, absolutely tight, lined with flannel, and rim-covered with padding to fit the face. ʒss. to ℥j. of the bromide of ethyl was sufficient. It was very volatile, so that the cone should be inverted at once. He made the patient blow out forcibly before the cone was applied. The patient was under it in a half to one minute, and had a natural appearance, unless the anæsthesia continued over one to two minutes, when the ashy skin would denote danger. The oculist probably had better results with chloroform, because the eye was so near the nose that the inhaler was removed during a part of the operation, and if respiration became difficult the chin was elevated, which had the same effect as drawing out the tongue. Had never had heart arrest. He always elevated the feet on the principle of Nélaton, who found that when a rat, thoroughly anæsthetized, was held up by the tail, it would begin to revive, and when put down would remain quiet. He mentioned a case in which Dr. Woods gave chloroform to an old man 82 years old, for cancer of the ear: respiration being arrested, they hung him up by the heel and completed the operation.

Dr. P. C. Williams asked Dr. Chisolm why he preferred bromide of ethyl.

Dr. J. J. Chisolm said for short operations the patient could be brought under anæsthesia at once, had no nausea afterwards, and could get up and go home. He thought too much could be given, just as one might give too much morphia.

Dr. Bombaugh asked if he used nitrous oxide gas.

Dr. Chisolm said it was too bulky, and difficult to prepare, and patients resisted it, and patient might wake up too soon. He thought the careful administration of chloroform free from danger. He knew little about ether. Had probably used two quarts in his life, and was ashamed to say how many hundred gallons of chloroform. Ether was too uncomfortable.

Dr. T. A. Ashby said that for several years, during his services as resident physician to the Maryland University Hospital, it was his almost daily duty to administer anæsthetics. In this way he had enjoyed a very large experience. He had never witnessed trouble from the use of chloroform, and preferred this agent to ether. During the past few years he had yielded somewhat to the prejudice against chloroform. He was now in the habit of giving chloroform in short operations. When the patient was kept under an anæsthetic for any great length of time—an hour or longer—he continued the anæsthesia with ether. He prefers chloroform in all cases where the patient bears it well. He once kept a patient under the complete influence of chloroform for four hours and a half in an operation for vesico-vaginal fistula. The case bore it well. He substitutes ether for chloroform in long operations, when the latter depresses the heart's action. He thinks the anæsthetic should be selected for the case, just as we select the operation. He thinks the merits of these two agents should not be judged in a partisan way. They both have their special advantages, and should be employed with the same intelligence and care that we employ other narcotic and dangerous drugs.

Dr. Canfield said he had seen stated in a foreign work that ether was universally used in America, the use of chloroform being prohibited by law. He knew of no such law.

Dr. Chisolm said if a death from chloroform should occur in Boston, it would be unpleasant for the surgeon. He mentioned a case related in Pancoast's surgery in which apparently not enough chloroform had been given. He thought the verdict should have been "death from want of chloroform" rather than "death from chloroform."

Dr. Woods thought the last point was a good one. Thought partial anæsthesia very dangerous and quoted Bartholow and Lister in Holmes' surgery to prove his point.

Dr. Chisolm thought chloroform required skill; the blunderer could use ether. Ether he thought was like a dull knife for the boy, and chloroform the sharp razor for the man.

EDITORIAL DEPARTMENT.

PERISCOPE.

Cerebral Pneumonia in Inebriety.

A large per cent. of all inebriates die from pneumonia. Cerebral symptoms and complications are common in these cases, and are described by the term cerebral pneumonia. The symptoms in such cases vary widely, depending on the causes; as do also brain susceptibility and exhaustion. The effect of high fever and increased heart action on degenerate brain and nerve centers in inebriates is manifest in symptoms that often mask the pneumonia, requiring a careful examination to determine meningeal inflammation or meningeal irritation or pneumonia.

Thus, in one case, an inebriate suffered from chill and pain in the lungs. The next day he was delirious, and he died a few days later of supposed acute meningitis. The autopsy revealed the pneumonia. In another case, after a short period of exhaustion and dull pain, profound depression and melancholy came on. Except a rapid pulse and high temperature, no other symptom of note was present. He died a week after the attack, and the autopsy indicated pneumonia. In a third case, after a chill and fever of two days, the patient suddenly became delirious and remained so until death, within a week. Pneumonia was found, though unsuspected during his illness.

Magnus Huss long ago pointed out two varieties of pneumonia appearing in inebriates which are even now overlooked. The first form appeared in those who used alcohol to great excess, and all the symptoms came on suddenly. Gastric derangements and a feeling of faintness, with enervation and loss of sleep, are the first symptoms. Often a chill is the first mark of any disturbance. From this point two different conditions may come on—one of great muscular and mental activity. The face will seem to swell and the eyes to glisten and flash, the hands and arms tremble, and the patient talks incessantly, often stammering. Delusions which are first transient, then permanent, appear. Often this state closely resembles delirium tremens, but it quickly merges into extreme exhaustion and death. In some cases, the trembling delirium begins as soon as the chill subsides; in others it comes on slowly, but seldom lasts over three or four days. No complaint of pain is made, and no cough is apparent. The second condition of this disease will first appear in a sudden change of expression, sunken eyes, and great apathy of mind, high fever, rapid pulse, and a rapidly increasing exhaustion. Both body and mind seem struck with paralysis, and except a chill and hectic flush in the evening, no prominent symptoms are noticed.

In the second variety of cerebral pneumonia, an adynamic condition develops at once. Insomnia, or drowsiness, and mild delusions, appear at first. Trembling of the hands and legs and stammering speech follow; then picking at imaginary objects, whispering to imaginary persons, and finally death. No chill or cough is noticed, only high temperature and pulse.

Another form has been described, in which delirium of anxiety to do something is the first symptom. The person will go to bed with exhaustion, and have this confused and changing delirium, which ends in death in a few days. He looks badly, will not eat, has high pulse and temperature, and rolls and tosses in bed. The delirium may concern his business or family interests, and may last for two or three days, during which he will walk about; then suddenly he will go to bed, and soon after die.

These are only general symptoms, which appear among those who are greatly enervated. Almost endless varieties of symptoms will appear in those who have had syphilis, head injuries from heat and traumatism, nerve and spinal injuries, and lesions of the heart, liver and stomach.

One practical fact should never be forgotten. Whenever inebriates exhibit cerebral changes or great exhaustion, the lungs should always be examined. A rapid pulse and high temperature should suggest the same examination. Delirium tremens or great depression, melancholy, change of face, insomnia, stupor, and other symptoms, point to inflammation of the lungs, as both a primary and secondary cause. Complications with malaria, cirrhosis of the liver, abscess in both the liver and lungs, or gangrene, are all factors to be considered in cerebral pneumonia. If the case appears as one of delirium tremens, the question of alcohol in the treatment will be prominent. How far it can be given, and how far it will aggravate or relieve conditions of disease present, are most important problems.—*Quarterly Journal of Inebriety.*

Expectant Treatment of Extra-uterine Pregnancy.

Dr. Beugnies-Corbeau, of Givet (Ardennes), describes in the *Union Médicale* of April 2, a case of extra-uterine gestation which had been left to nature, owing to the mismanagement of a former medical attendant. He saw the patient in 1883. She was robust, and about fifty years old, and was subject to epistaxis. Twelve years previously she was pregnant for the first and last time. During her pregnancy she was subject to violent attacks of abdominal pain. Her physician believed that she was not pregnant, but that she had ovarian disease. At term she was seized with labor pains. The physician came with all his instruments, and, after waiting for three days in the house without diagnosing the case, went away believing, it seems, that he had to deal with an inflamed ovarian cyst, or some kindred disease, which he was pleased to call "dropsy of the ovaries." After three years of ill health, an enormous abscess developed on the gluteal region, fragments of a fœtal skeleton came away through it, and a sinus was left, which was very slow to heal. A second abscess opened in the same region on the opposite side, a third in the hypogastrium, and a fourth in the perineum. Both hip-joints became fixed, apparently through muscular spasm. The last fistulous track discharged one of the scapulæ, which took five months in passing through the perineal structures. Being exceedingly tortuous, this fistulous passage remained open for two years. After so many years of suffering, the patient was restored to perfect health. This case does not speak volumes in favor of the expectant treatment of extra-uterine pregnancy.—*British Med. Journal, May* 21, 1887.

Herniotomy in an Infant.

Mr. J. Lionel Stretton reports in the *Lancet,* May 21, 1887, the case of an infant, 19 days old, with a right scrotal hernia, which was reduced by his assistant. Nine days later the rupture re-appeared, and all attempts at reduction failed. Fæcal vomiting set in, and the child was evidently losing ground. There had been no evacuation, and, so far as the mother could tell, no passage of flatus since the rupture appeared, thirty hours previously. Chloroform was administered, and an attempt made to reduce the rupture; this failing, an incision was made over the swelling about three-quarters of an inch in length, and the bowel exposed —an exceedingly difficult proceeding in such a small space. The stricture appeared to be situated at the inner ring, was exceedingly tight, and required two or three nicks before the bowel, which was in a healthy-looking state, could be reduced. Silk sutures were employed, and the wound dressed with oiled lint. Half a minim of tincture of opium was given every four hours. The child recovered nicely from the operation.

This case is remarkable on account of the age of the child, the immediate subsidence of all symptoms after operation, and the rapid recovery. The patient was the child of poor parents, and was brought to Mr. Stretton's house for examination. Mr. Stretton operated at once, and the infant was carried home in a blanket. He did not receive any skilled nursing afterwards, nor was it possible to prevent the dressings being soaked in urine.

Quinine in Albuminuria.

In the *Bulletin Médical des Vosges,* M. Pernet reports a case of albuminuria that was rapidly cured by the administration of quinine. The patient, a coffee-house keeper, aged 37, habitually enjoyed good health. On going to bed after a long walk in the country, during which he had perspired freely, he was seized with chills, which were soon followed by fever. Subsequently, bilious vomiting set in, with sleeplessness and loss of appetite. There was great emaciation, the skin remained dry. Pressure over the gall-bladder produced great pain. The pulse was 72. Examination of the urine revealed a considerable quantity of albumen, but no sugar. As the patient also suffered from worms, one gramme of calomel was given, together with a small quantity of opium. On the following day the urine was found free from albumen. It was then discovered that the albuminuria was intermittent and of the tertian type. Seventy-five centigrammes of quinine were administered to the patient daily, with the remarkable result that the albuminuria disappeared as if by enchantment. The treatment, however, was continued in progressively decreasing doses for several days, when the patient entered on a period of convalescence.

Horny Growths of the Penis.

At the recent meeting of the American Association of Genito-urinary Surgeons, Dr. J. H. Brinton, of Philadelphia, read a paper in which he referred first to the cases of horny growths on the penis recorded in literature. There were only fourteen cases, the histories of which were sufficiently well given to be of value for purposes of comparison. The longest growth on record was three inches long. The specimen now presented by the author had been removed by him after it had been growing more than four years. It had sprung from the seat of a wart. It had given no trouble excepting mechanical interference with coitus. It sprang from the base of the glans, at the border of the corona, it was attached to both the glans and prepuce, was an inch and seven-eighths long, an inch and three-eighths in circumference at its base, and curved forward. An interesting feature was the fact that the meatus was involved in the growth, and so much encroached upon that the urine escaped in almost imperceptible drops. After removal of the growth with the knife, the patient made a good recovery.

Supra-pubic Cystotomy.

At the same meeting, the President, Dr. E. L. Keyes, of New York, read a paper in which he advocated the operation of supra-pubic cystotomy for vesical tumors; for certain foreign bodies; in cases of very large stone; and in some very exceptional instances for purposes of exploration. He condemned the general adoption of the method as a usual one for the removal of stone, and especially objected to its use in children. He had done the operation for a large fibro-papilloma, for a flat villous growth, and for a large calculus. He detailed his practice in dealing with hemorrhage; said that he believed in vesical suture; and described his method. He showed a new retractor, and described his method of effecting perineal drainage by puncture, probe, and catheter, without making the large incision usually considered necessary for this purpose.

Give the Babies Water.

Dr. Touissaint, in an article in the *Union Médicale de Canada*, calls attention to the fact that milk does not satisfy the thirst of babies. It appeases hunger, but it frequently intensifies thirst, and the author maintains that it is this very thirst that causes healthy children, raised altogether at the breast, to cry so frequently and so violently. We have seen peevish, fretful infants, upon whom all the arts of the nurse and mother had in vain been tried without eliciting a smile, suddenly brighten up at the sight of water, reach eagerly for it, and on obtaining a drink, go off to sleep calmly and contentedly. We quite agree with Dr. Touissaint when he declares that many cases of infantile indigestion would be benefited or cured by giving the little patients a regular supply of water. —*St. Louis Med. and Surg. Journal.*

Whooping Cough in a Cat.

In the British *Med. Jour.*, May 7, 1887, Mr. O. Bowen, of Liverpool, says: "For the past few weeks I have had under my care a little boy suffering from a more than usually severe attack of whooping-cough, and his mother informs me that for quite a fortnight their cat has had five or six distinct fits of coughing daily, similar in every respect to the boy's, which end after the expectoration of frothy mucus. The cat between the attacks is tolerably bright and active, though not so lively as she formerly was, and has considerably fallen away in condition. This is the first instance of a domestic animal becoming affected through, apparently, infection from a human being, which I can remember having observed, and it occured to me that the fact may be of interest to others.

Hemoptysis—Error of Diagnosis.

At the meeting of the New York Surgical Society, May 11, 1887, Dr. Charles McBurney mentioned the case of a gentleman who had suffered for twelve years with "hemoptysis," and had been all over Europe, frequently having his chest examined, under the impression that he had phthisis. No evidences of pulmonary trouble could be discovered, and, as none of his physicians had ever chanced to see him when he was bleeding, the cause of the hemorrhage could not be discovered. Dr. McBurney happened to examine him while he was spitting blood, and found that it came from the bottom of a tooth-cavity. He was cured by removal of the tooth.

The Influence of Disease upon Population.

In a very interesting paper by Walter A. Dunn, M. D., published in the *Cincinnati Lancet and Clinic*, the author says:

The United States has doubled its population every twenty-five years for over two hundred and twenty-five years. If this rate continues for another century, the population will exceed in density that of the Chinese empire. From 7,860,000 in 1820 it has risen to about 60,000,000 in 1886. It requires only a little application of these figures to show that all known checks to the natural increase of population must be actively at work in a few years in order to keep down the results of procreation. The advance in pathology warrants the belief that disease as a factor in the reduction of population will be less potent in the future than heretofore, and other well-recognized checks are likely to be more potent.

Want is a check which constantly appears in our paths, from improvidence, intemperance, misfortune, or other reason, and as constantly lifts its head in appeal to our kinder instincts. No one can deny its marked increase in densely crowded cities. Our country produces food sufficient for at least 20,000,000 people more than its present population, and yet *want* is a check to her population, a check which is constantly growing, any which must be of more consequence as our food supply nears the point of just supplying the necessities of our own people.

The procreative instinct is one of the most powerful which exist in all forms of life, both animal and vegetable. This strong law of nature is one from which man vainly tries to escape. By moral restraint, prevention of conception and abortion, the reproduction of the species is limited by man, and he seeks by these ways to escape the strife of over-population. The struggle to exist must make them prominent in that dense population to which we are rapidly drifting. There are strong reasons for believing that long before we reach a population as dense as that predicted for this country fifty years hence, an armed struggle, within or without, will offer to surgeons unusual opportunities. Intemperance as a check to population can hardly be estimated now. The trial of prohibition is spreading among the people of the United States. Viewed in the light of the past, all must see that the advance made in pathology during the last few years is not an unmixed good, but that it throws its savings into other channels, and is compensated for in other ways.

Antiseptic Gauze.

Dr. A. G. Gerster, in the New York *Medical Journal*, describes a way to make antiseptic gauze easily and cheaply. Twenty-five yards of cheese-cloth, which can be procured at any dry-goods store for a trifling sum of money, are divided into four equal parts. Each of these is folded eight times, rolled up loosely, and tied with a string. To make the gauze absorbent it is put into a common wash-boiler, covered with water to which a pound of washing soda or saleratus has been added, and boiled for an hour. After this it is rinsed in cold water for ten minutes to free it from the soda, passed through a clothes-wringer, and placed in a stone or glass jar or an enamelled kettle, filled with a corrosive sublimate lotion of 1 to 1000 strength, to remain therein for twenty-four hours. It is then passed through the wringer again, and hung up to dry over night when the air is free from dust. The string put about each piece should not be removed until the time of drying, as it will keep the folds from getting disarranged. The dried pieces are ready for use, and will keep clean if wrapped in a towel or put away in a jar.

When the gauze is used, suitable sized pieces, each eight folds thick, can be cut out with a pair of stout, sharp scissors.

Iodoform gauze is made by sprinkling iodoform powder from a pepper-shaker uniformly over the moist compress, and rubbing it thoroughly into the meshes between the fingers.

An excellent substitute for gauze in an emergency is common cotton batting well soaked in solution of corrosive sublimate (1 to 1000). The package of batting is unrolled in an ordinary manner, and cut into square pieces of desired size. Each of these is refolded into a small square, and thoroughly kneaded in a wash-basin filled with the mercuric solution till completely saturated. When wrung out, and unfolded to its original shape, it is ready for use. Any clean fabric of cotton or linen, soaked in mercuric solution, makes a good antiseptic dressing.

The Pathology of Albuminuria of Pregnancy.

The *N. Y. Medical Record*, May 21, 1887, calls attention to the fact that Prof. Leyden, in a recent paper upon dropsy and albuminuria in pregnancy, argues that disease of the kidneys at this time is caused solely by the conditions of pregnancy, that it begins in the second half of a first pregnancy chiefly, progresses steadily until parturition occurs, and then usually disappears. The anatomical appearances of the kidney in pregnancy have been found to vary greatly from that of acute parenchymatous nephritis to that of congestion or anæmia. Leyden holds that the condition is one resulting from long-continued arterial anæmia.

Dr. A. F. A. King, in the *American Journal of Obstetrics*, March and April, 1887, has advanced another Explanation of the Renal Troubles of Pregnancy. His idea is that the kidney troubles occurring in pregnancy are brought about by the uterus not keeping above the pelvic brim—as it ought to do—until the time of labor is reached. The normal position of the pregnant uterus and fœtus is one of lateral obliquity, the head generally lying in one iliac fossa. If, for any reason, the womb stands vertically, then the head or breech presses down upon the renal and iliac vessels.

Dr. King has studied this matter statistically, and his study seems to indicate that his views are correct. The practical bearing of this theory lies in the fact that disturbance of the normal lateral obliquity of the pregnant womb is caused by tight and ill-fitting dresses, corsets, coitus, and certain abnormal postures, all of which things can be measurably prevented.

Perforation of the Bladder.

Drs. Benham and Greig Smith record in the *Glasgow Medical Journal* the case of an imbecile who pushed the whalebone of an umbrella up his urethra and into his bladder. Two years afterwards, during an autopsy, the man having died of Bright's disease, the whalebone was found to have perforated the bladder and passed into the peritoneal cavity, one end still, however remaining in the bladder—on this extremity was a phosphatic calculus. During life, the patient never complained of any vesical or abdominal trouble.

Treatment of the Cord after Child-birth.

Prof. Budin, of the Charité Hospital of Paris, allows the new-born infant to remain undisturbed *until the cord has ceased to beat*, before tying it. It is believed that some eighty grammes of blood are saved to the baby in this way. He applies but one ligature, close to the body of the child, and cuts the cord outside of it, leaving the placental end open, except in case of twins. It has been said that this system of waiting causes jaundice in the infants. Experiments were made to test the correctness of this statement. The results proved that the waiting plan is the best.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Statistique des Vaccinations Pratiquees avec la Culture Atténuée du Microbe de la Fièvre Jaune, de Septembre, 1885, à Septembre, 1886. Par le Dr. Domingos Freire, Professor de Chimie Organique et Biologique à la Faculté de Médecine de Rio de Janeiro. Paris, 1887.

In this pamphlet of 16 pages, Prof. Friere gives a résumé of one year's work in the active prophylaxis of yellow fever. His results, which are very favorable, are based upon 6,524 vaccinations.

A Contribution to the Pathology of the Cerebellum. By E. C. Seguin, M. D. Read before the New York Neurological Society, February 2, 1887. Reprinted from the *Journal of Nervous and Mental Disease*, vol. xiv., April, 1887.

Infants, their Chronological Progress.

We have received from Prof. Stanford E. Chaillé, M. D., of Tulane University of Louisiana, a fascinating little monograph bearing the above title. It is reprinted from the June number, 1887, of the *New Orleans Medical and Surgical Journal.*

Pelvic Inflammations ; or Cellulitis versus Peritonitis. By Thomas Addis Emmet, M. D., Surgeon to the Woman's Hospital, New York. Reprint from volume xi. *Gynecological Transactions*, 1886.

Hygiene as a Basis of Morals. By Frances Emily White, M. D.

This interesting and suggestive pamphlet constituted an address to graduates at the commencement of the Woman's Medical College of Pennsylvania, March 17, 1887. It is reprinted from the *Popular Science Monthly*, May, 1887, by request of the class.

Congenital Occlusion of the Posterior Nares. By Alvin A. Hubbell, M. D., Buffalo, N. Y.

THE

Medical and Surgical Reporter.

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N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } EDITORS.

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A correct statement of the circulation of THE MEDICAL AND SURGICAL REPORTER will be published in each number. The regular edition for this week is 5,000 copies.

THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The thirty-eighth annual meeting of the American Medical Association, just held in Chicago, was one of the best and most successful meetings which have ever been held. Every portion of our broad land was represented, and able and interesting papers and discussions were presented at each session. The scientific proceedings were of great importance, and the social features of the meeting were in the highest degree successful.

One of the most interesting features of the meeting was the unmistakable desire that all parts of the country should be united together in the good work of promoting the honor and success of the medical profession. The members from the South and West met those from the North and East with a cordiality and a good-will which can be fully appreciated only by those who were present. Those who have not had the pleasure may be assured that nothing is needed to secure perfect unanimity throughout the whole profession of the United States than that they should act and feel toward each other as those do who have met this year face to face.

Absenteeism has done more than anything else to damage the Association and to alienate from it some of those whom it should love and honor, and who in their turn should contribute to its support and advancement True harmony will return whenever those who desire it take the trouble to come and meet their fellows in sincerity and with genuine good-will at the annual gatherings of a profession which should be at one in a country which is at one.

THE CHEST MOVEMENTS OF THE INDIAN FEMALE.

It has long been believed that a fundamental difference exists between the chest movements of females and of males during respiration: that the former breathe principally with the upper part of the thorax, and the latter principally with the diaphragm —this difference being known under the names of costal and diaphragmatic or abdominal types of respiration. No one had, however, investigated this question in relation to the chests of persons whose bodies had not yet been dominated by tight dress and other constricting influences incidental to more modern life until very recently, when Dr. Mays of this city made a number of observations on the chest movements of the Indian girls at the Lincoln Institution, the results of which, with specimen tracings, are published in the *Therapeutic Gazette* for May 15, 1887. From these experiments it appears that the Indian female, unlike our civilized female, has a marked abdominal or diaphragmatic respiration, with but slight, if any, costal motion; showing that the abdominal respiration is common to man and woman in their primitive condition, and that the costal respiration of the civilized female is an acquired feature.

Sal.

The question of the type of respiration, as Dr. Mays points out, has a most important practical value, especially in its bearing on the etiology of pulmonary consumption. This disease, in most instances, is undoubtedly engendered by a want of proper expansion of the lung apices. Is this inexpansibility in the upper portion of the chests of these Indian girls a mere coincidence, or is there a causal relation between it and pulmonary consumption? Such a relation becomes quite evident when we take into consideration the fact of the alarming extent to which this disease prevails among those very Indian tribes from whom these children are chiefly obtained.

Dr. Mays propounds the interesting question, whether the influence of the abdominal constriction, which is practiced by our civilized female, is detrimental to the respiratory organs, or whether it has a tendency to produce compensatory activity in the upper portion of the chest, and in conclusion asks whether there is any logical relation between the assumption that it develops the lung apices, and the fact that proportionally a less number of females than males die of pulmonary consumption.

Med & Surg. Reporter.

THE THERAPEUTIC EFFECTS OF SILICATED MINERAL WATERS.

Dr. Macario calls attention in the *Journal d'Hygiène* for May 19, 1887, to the results of the labors of MM. Hugues and Baranger, in experimenting, during the past seven years, with the silicated waters of Sailles-Bains: Of 1,023 cases of skin diseases, 568 were cured, 328 improved, and 127 were not affected by the treatment. Of those afflicted with ulcers, obstructions, and the catarrhs of chronic metritis, there were 96 recoveries, 84 improved, and 20 negative results. Similar results were obtained in cases of Bright's disease, diabetes, rheumatism, dyspepsia, etc.

The beneficial action of these waters is accounted for by their sterilizing effect upon microbes and disease germs, principally by the contained silicate of soda; it arrests or checks all fermenting processes, disinfects and deodorizes putrescent matters. Hence, these waters are highly recommended in disorders of the digestive tube, and in all abnormal conditions dependent upon parasitic propagation. Their use is therefore urged in hospitals both for internal and external administration.

BLACK TONGUE.

By this term is understood a brownish-black coloring of the dorsum of the tongue. caused by no ingesta, extending from the circumvallate papillæ nearly to the tip. The sides and the tip remain nearly normally colored. Such a case is described by Dr. v. Bock, in the *Deutsche Medizinal Zeitung* of May 16.

An artist, 32 years of age, with no subjective symptoms, was found to have such a tongue. The appearance is described as similar to that of the plush of a silk hat. Rubbed from behind forward, it looked smooth, like plush brushed the right way. Individual fibres, like hairs, one-third of an inch long, were detected. They were found microscopically to be enlarged, pigmented, and horny filiform papillæ. No cause was found for this affection. In some cases the phenomenon disappeared in a few months, whilst in others it lasted 6–20 years. The treatment consists in softening alkaline gargles and mechanical removal of the fungoid growth.

AMERICAN MEDICAL ASSOCIATION.

The thirty-eighth annual meeting of the American Medical Association was called to order in Central Music Hall at 11:05 a. m., Tuesday, June 7, by Dr. Charles Gilman Smith, Chairman of the Committee of Arrangements.

Prayer was offered by Dr. McPherson, pastor of the Second Presbyterian Church of Chicago.

Dr. Smith introduced Mayor Roche and welcomed the American Medical Association to Chicago.

Mayor Roche: "Mr. President and Gentlemen, Representatives of the Science of Health and Life: In the name of the citizens of Chicago, I welcome you to this city, distinguished for the large number of able and eminent members of the medical profession, and for the exemplification in all the avocations and pursuits of life, of the precept, 'Whatsoever thy hand findeth to do, do it with thy might.' Your mission—to preserve health and remove disease, to prolong life and make it a blessing—is a beneficent and noble one, worthy of all honor.

"The present generation has seen great progress in medical science, and the medical profession, I think, has kept pace with the other learned professions, if it has not even excelled them, in original investigations and practical discoveries for the benefit of mankind.

"When in health we laugh at the doctors, and sometimes enjoy a joke at your expense. But in sickness you are our hope and our refuge, and to the worn and wasted patient, just struggling back to life from the gates of death, you are like 'the shadow of a great rock in a weary land.'

"The interchange of ideas and experience, and the discussion of theories and experiments by large bodies of educated men, gathered from different and distant sections of the country, by which the individual thoughts and knowledge of each become the common property of all, is a comparatively modern outgrowth of society, and must contribute greatly to the interest and usefulness of the medical profession, being full of promise for the future.

"The official representative of a great and hospitable city, whose latch-string is always out, I emphasize the welcome of Chicago to this large, intelligent, and representative convocation of a profession whose chief occupation is to *save* life and not *destroy* it, and whose cardinal doctrine is that a sound mind in a sound body is essential to the best performance of the duties of this life, and a great help in fitting men for the life hereafter."

The Chairman then introduced Dr. E. H. Gregory, of St. Louis, President, who addressed the Association, concluding as follows:

"The painful part of the retrospect of a year is that which recalls those who have been taken from us. The past year has had a very special grief for our Association in the death of one of our ex-Presidents, Dr. William Owen Baldwin, who died at his residence, and the place of his birth, Montgomery, Alabama, May 30, 1886. He was among the early members of the American Medical Association, and its President in 1869, residing at New Orleans. His address on that occasion will be remembered as abounding in Christian and patriotic sentiments, eminently befitting the good and great physician. The committee charged with the organization of the Ninth International Medical Congress, which meets at Washington City this year, had named him as one of its Vice-Presidents. Dr. Baldwin was remarkable for his culture, the eloquence of his speech and the beauty of his diction, and will be remembered as an imposing figure in the history of this great Association.

"I need scarcely remind you, gentlemen, that we shall have with us, after a few weeks, the medical men of all nations. Soon we shall extend the hand of fellowship to those with whom we have heretofore been united in interest and sympathy in the cause of science. We know that everything is made ready and that success is assured. Again, you will join me, I know, in the delaration that a hearty American welcome awaits their advent, and that the Ninth Meeting of the Great Congress will be memorable in the history of its organization."

SURGICAL SECTION.

The Section was called to order at Central Music Hall, at 3 p. m. Owing to the absence of Dr. Mudd, Chairman, A. M. Pollock, Secretary, presided, and Dr. H. O. Walker, of Detroit, was appointed temporary secretary.

Thos. O. Summers, of Jacksonville, Fla., was not preseut, and his paper, "Cerebral Abscess," was referred to the Committee on Publication.

S. S. Armstrong, of Memphis, Tenn., read a paper on "Trephining in a Case of Intermeningeal Hæmatoma with Hemiplegia." In the discussion of the paper Dr. Walker, of Detroit, agreed with the author as to the importance of surgical interference in injuries to the brain, and reported the following case: In February a man was brought to the hospital as drunk, without further history. He was found to have paralysis of the left arm and leg, with incontinence of urine, pulse about 40, no increase in temperature. He remained in this condition five days, at which time trephining was resorted to. The trephining was done over the right fissure of Rolando, two buttons of bone removed, and four ounces of coagulated blood from between the skull and dura mater. The third day following the operation the patient informed him that the day before coming to the hospital he fell from a scaffold, striking on his feet; after remaining at work two hours he started home, and felt his left hand, in which he had his dinner pail, become numb. Shortly after he become unconscious, and remained so until after the operation. A rapid recovery was made.

Dr. W. C. Wile, of Philadelphia, read a paper on "Surgical Notes from the Case Book of a General Practitioner."

Dr. E. A. Wood discussed an "Unavoidable Deformity and Disability," which followed "Certain Outward Foot Dislocations." The outward foot dislocation at the ankle-joint was followed by the following deformity: Enlargement of the distal tibial end, increased prominence of the internal malleolus, increased malleolar space, outward version of the foot, the foot axis presenting outside the leg axis, tenderness in and about the ankle-joint, pain when weight was borne on the foot, and inability to walk unaided. The affection is often charged to carelessness by both surgeon and patient. The deformity often requires prolonged treatment, even for two years.

SECTION ON MEDICAL JURISPRUDENCE.

Judge Arnold Hull, of New York, read a paper on "Medical Jurisprudence in its Relations to Undue Influence as Affecting Wills and Contracts." He defined undue influence to be fraudulent persuasion or oppressive and irresistible importuning, or adroit deceit imposed on a mind impaired by disease or infirmity, which induces the making of a testamentary instrument or a contract which would not have been made had the mind been true and in its normal condition, and cited cases illustrating the character of undue influence very fully.

Dr. S. B. Reeve, of Baltimore, discussed at length the medico-legal bearings of undue influence. He cited the instance of a man who had used undue influence, through pretended affection, over an old colored woman to secure her property. In this case the will was set aside.

Dr. Buckham said it was not the province of the judge to give definitions. It was impossible to give exact definitions. Persons could be insane on one point. They might have delusions and yet not be insane.

Dr. Kiernan was of opinion that there was no such thing as a person insane on one point and having but one delusion. The insanity was in the man, not in the delusion. Undue influence was not easily proven to be exerted. Supposing a female erotic from the climacteric left her property to a person who pretended to love her, could this influence be legally said to be undue? A will was more likely to be a perfectly sane performance than a murder. The burden of proof should not be in favor of the party opposing the will. Insanity was a relative, not an absolute term.

Dr. Spitzka alluded to the influence of hypnotism in tending to cause undue influence, and cited Charcot and Babinski's recent experiments in illustration. Insanity was a general, and not a local disease. Strictly partial insanity did not exist.

"Suppression of the Illegal Practice of Medicine" was read by title.

SECTION ON MEDICAL JURISPRUDENCE.

Dr. Frank S. Billings, Director of the Patho-Biological Experiment Station of the State University of Nebraska, read a paper on "The Necessity of a Uniform Standard of Education in all American Medical Schools."

The author is directly opposed to the existing system of medical education, and finds nothing worthy of praise as it now is. The professional results that have been creditable to American medicine have been due more to influence outside the schools than to the schools themselves.

The great variation in the course of instruction in the different medical schools is compared, the standard being 56 at the last annual report. The actual number of days attendance upon lectures required varies between 18 and 621 days; this is after deducting Sundays and holidays. In Missouri, out of eight regular schools, the course varies from 224 to 381 days, in New York, from 190 to 621 days.

The following conclusions terminate his paper:

First.—No uniformity can be had in forensic action until some method is devised for bringing the regular medical schools into line and inaugurating one system of instruction and one system of graduation in them all.

Second.—Forensic medicine must become a specialty for both medical and legal experts, both of whom must take a full course in medicine and law.

Third.—The desired ends can be best obtained by inaugurating a course for the medical schools in the different parts of the country by the general government, which shall support them; one system of education and one system of graduation dominating these schools. There should also be a national school of comparative medicine, to be the chief point of original research and medical education in the land.

Fourth.—The inauguration of a course of instruction in pathological anatomy and general pathology in all schools.

Fifth.—The condemnation by the American Medical Association of all medical schools not requiring a 3 years course of study of 9 months each.

OBSTETRICS AND DISEASES OF WOMEN.

Dr. Morris in his paper on "Placenta Prævia" said that three fatal cases of placenta prævia that had recently come to his notice, two of which he had seen in consultation, convinced him that some more positive and radical views of treatment should be adopted in this grave trouble than those suggested in the text-books of the day.

Dr. Morris laid down the following propositions:

1. No expectant plan is justifiable in cases of placenta prævia. The uterus must be emptied as soon as possible after the discovery of the trouble, no matter what the stage of pregnancy may be. A halting, hesi-

tating practice means danger both to mother and child.

2. That the life of the child must not be considered in the treatment of the case.

3. That the manner of emptying the uterus must be left to the individual judgment of the medical man in attendance.

4. That in cases of central adherence of placenta the safest and best practice is to separate the placenta entirely.

5. That in cases where the placenta is adherent in the latero-cervical zone of the uterus, partial detachment may be sufficient; but if the hæmorrhage is not arrested, the whole mass should be removed and means of delivery at once instituted.

6. That the colpeurynter is the only tampon that can be safely used in these cases—that sponges, silk handkerchiefs and other forms of tampon are nasty, filthy and septic, and should never be employed.

7. That the bi-manual treatment, whenever possible, is the best and the speediest form of delivery.

8. That chloroform must be administered in all cases in which manual interference is necessary.

In discussing these propositions, Dr. Morris said that there is no emergency in obstetrics so dangerous, and in which skill, judgment and energy are so necessary, as hemorrhage resulting from placenta prævia. Statistics show that the maternal mortality in these cases is from twenty five to forty per cent. Of the four cases that had last come under his notice, all in consultation, three proved fatal---two from septicæmia, on the fourth day, and the third from sudden and uncontrollable hemorrhage. The fourth case, which recovered, was treated by a pupil of his own, who had lived in the Maternity Hospital, Vienna, for two years, and was thoroughly acquainted with the procedures of that school. He dissented from Dr. Parvin's recommendation of delay or palliative measures in these cases. Patients die from two causes, anæmia and septicæmia. Septicæmia becomes essentially fatal in the presence of anæmia. The anæmia is the result of the repeated hemorrhage permitted to take place under the expectant plan of treatment.

Statistics show that in cases of placenta prævia two-thirds of the children perish before the full term, and of those that are born alive one-half perish soon after birth; therefore, considerations of humanity would lead us to think only of the safety of the mother; indeed, in adopting measures for her speedy delivery, without regard to the safety of the child, more children would be saved in the end.

The manner of emptying the uterus must be left, as before stated, to the individual judgment of the practitioner.

The colpeurynter answers many purposes: it serves to arrest hemorrhage by the pressure it exercises; it softens the cervix and leads to gentle and gradual dilatation of the os; it relaxes the vagina and soft parts, and thus prepares the way for the use of dilators, such as Molesworth's or Barnes' bags, or even the fingers, if practicable. The colpeurynter should be filled with hot water—hot as the patient can bear; this should be renewed every hour.

Colpeurysis is, he said, little known to the general profession. It is only those gentlemen who have been educated in Germany, particularly Vienna, who are acquainted with its remarkable usefulness. There is no other means so valuable in the induction of premature labor.

Dr. Hiram Corson, of Pennsylvaia, read a paper on

ABORTION,

stating that it was his practice when there was hope of saving the embryo to rely on the use of anodynes to relieve pain and prevent contraction of the womb, but when he believes there is no hope of saving it and miscarriage will occur, he uses the sponge tampon in the vagina to prevent excessive flooding, and opium for its effect upon the nervous system, and then waits sometimes months, until the mouth of the womb shall open sufficiently to enable the removing of the ovum with the fingers.

He believes early dilatation by tents and forceps to be dangerous, and never uses them, while with the treatment spoken of he has never lost a patient or known of any other physician losing one.

He never has used antiseptics, and does not believe there is danger of septicæmia from absorption of putrid blood. Deaths not infrequently occur from the use of tents, causing metritis and peritonitis, and these can not be attributed to absorption of putrid blood.

He thinks the washing out of the vagina and womb with antiseptic fluids after the miscarriage unnecessary, annoying, and sometimes harmful to the patient.

The author stated the principal object of his paper was to prevent the meddling with abortion cases that is likely to result from the teachings of the day, especially the use of tents and forceps, which have proved dangerous to the mother.

NOTES AND COMMENTS.

Irish Moss as a Substitute for Gum Acacia in Pharmacy.

Peter Boa has found that by using a hot-water funnel and straining a mucilage of Irish moss through absorbent cotton wool supported on muslin, a preparation clear enough for all but exceptional purposes could be obtained with comparatively little difficulty. If a perfectly water-clear preparation be required, it may be obtained by making a weak mucilage, filtering it clear, and then evaporating to the required consistency. The mucilage is prepared by digesting ¼ oz. of washed moss in 24 oz. of water for an hour, boiling for five minutes, and straining the moss mucilage. It serves as well as acacia for chalk mixture; guaiac mixture prepared with it has not so green a color as that made with acacia. For suspending copaiba it is superior to acacia. Separation takes place much more slowly and less completely. Part of the copaiba remains in an emulsified state at the bottom of the bottle when moss is used, but with acacia the whole rises to the top. For emulsifying cod-liver oil it is greatly superior to acacia for preventing separation, but finer division of the oil is obtained with acacia. Moss mucilage ʒvj., cod-liver oil ℥j., and water ʒij., produce an emulsion that does not readily separate. Using ʒvj. acacia mucilage, ℥j. cod-liver oil, and ʒij. water, the resulting emulsion soon separates. It is *not* adapted for suspending heavy powders, such as bismuth subnitrate. The mucilage keeps well in full bottles.—*The Chemist and Druggist, May* 14, 1887.

Practical Notes.

Collodium antisepticum, which may be used like ordinary cotton, is recommended (*Journal de Médecine,*) to be prepared from powdered mastic 3 parts, powdered narcotine 1 part, balsam of Peru 1 part, and chloroform 5 parts. Strips of linen or silk soaked in this solution, form an excellent adhesive plaster.

Oleum cinereum is a mercurial preparation used by Dr. E. Lang in syphilitic complaints. It is prepared by triturating, in a cool place, lard, oil, and mercury, until the latter becomes uniformly suspended, the finished preparation to contain 20 per cent. of the metal. It is used as a local dressing; also as an injection to enlarged glands, 0.01 to 0.02 cc. being given once a week or in a fortnight. For use it is melted by the warmth of the hand.

Unguentum cretæ præparatæ is recommended by Dr. Dyce Duckworth as an application in erysipelas. It is prepared from equal parts of prepared chalk and lard, and to each ounce of the ointment is added 30 grains of carbolic acid. An equally serviceable ointment is obtained with precipitated calcium carbonate, and this is of a pure white color.

Absorbent wool, a by-product in the manufacture of wool-fat or lanolin, is coming into use as a substitute for absorbent cotton, over which it is said to have the advantage of greater absorbing power for liquids, and of much greater elasticity.

Eye Troubles Due to Chloral.

"In the January number of the *Alabama Medical and Surgical Journal*, Dr. Wm. Cheatham reports two cases of eye disease in which the use of chloral produced severe photophobia. Dr. C. thinks that the keratitis and choroiditis are due, in part at any rate, to the use of chloral. He has seen several persons in whom one dose of chloral of fifteen grains would produce marked hyperæmia of the conjunctiva, with photophobia." So says the New Orleans *Medical and Surgical Journal*, and asks for the report of cases. A case is under our notice at the present time. Great photophobia was complained of, but we did not think of the chloral as a cause. Large doses had been given while the patient was in a maniacal condition. On coming to himself, he complained of the eyes, and there is now no doubt that it was due to the chloral. This observation of Dr. Cheatham's is a most practical one, and we should like to call the attention of physicians to it, and to ask for reports of all similar observations. We should also esteem it a favor if the oculists whose eyes meet with this paragraph would give the general profession the benefit of their experience.—*Pacific Medical and Surgical Journal, May*, 1887.

Fluid Extract of Ergot in Internal Hemorrhoids.

Dr. Jervy, of Virginia, some six years ago, called my attention to the good results that followed the injection of fluid extract ergot into the cavity of the rectum in internal piles. He said some doctor in Richmond, whose name I do not recall, read a paper on the subject, and that he had found it good, etc.

Of eight bad cases of internal piles, such as I had formerly immediately advised operative procedure in, *six*, treated with one drachm fluid extract ergot, in same quantity of hot water, injected twice a day, morning and evening, so far recovered that there were no tumors left to excise or tie. The injections were not made in the substance of the tumors, but simply with a p. p. syringe, thrown up and retained in the rectum. In some cases it produced so much uneasiness that it was soon voided. The addition of ten drops of laudanum to each injection secured toleration. This practice cheats the surgeon, but as patient and physician are a majority, his protest in a democratic community will not be considered. Of course this agent will not cure all cases, but six out of eight is a pretty good record.—*Dr. Todd, in Atlanta Medical and Surgical Journal, June,* 1887.

Danger in Santonin.

Danger in santonin, even when given in moderate doses, was reported some weeks since in the *Lyon Médical* to have been observed so frequently that the matter has been inquired into by the *Rép. de Pharm.*, with the following results: The white santonin was found more toxic than that which had become yellow through exposure to sunlight, though the latter did not show any diminution in its therapeutic properties. Lawre thinks that the dose for a child of less than two years should not exceed three-fourths of a grain. In all cases it should be associated with a purgative—calomel, for example—to facilitate its elimination. "Santonin is innocuous or toxic," he says, "in proportion to the rapidity with which it may be eliminated, and this varies in individuals." Lewin and Caspari recommend that it be administered in oily solution. In this form it is absorbed by the intestines slowly enough to permit a direct and prolonged contact with the worms. — *Journal of Pharmacy, June,* 1887.

Perfumery as a Sedative.

Dr. Watson Smith, London, reports the case of his own boy, critically sick with dysentery, and the stomach so sensitive that vomiting was excited immediately any attempt was made to administer anything. The doctor then thought of the sedative effect of perfumery, and argued that, if he could so deceive the patient as to cause the imagination to attribute to the article administered the delicate flavor of the perfumery, the effect upon the olfactory nerves would be soothing upon the nerves of the palate and stomach.

Some simple diet was given in a spoon held with a handkerchief upon which a delicate perfume was sprinkled. The effect was excellent, and after a short time medicines could be given in the same way, and were retained without further disturbance of the stomach, and the patient rapidly recovered.

This plan of masking the sense of taste through the influence of perfumery upon the olfactory nerves may be equally pleasant to adults.

Advantages of Cinchonidine.

M. Legenis, in an elaborate paper in the *Archives Génerales de Médicine*, details the results of careful and extended observations on the action of cinchonidine and its salts on the various forms of intermittent fever. His conclusions may be briefly summarized as follows:

(1) That the salts of cinchonidine are as efficacious as those of quinine.

(2) That they may be employed in all cases in which the latter are generally used.

(3) That the sulphate of cinchonidine is well tolerated by the stomach in nervous persons or in those intolerant of quinine, and that it does not produce either ringing in the ears, nervous agitation, or tremors.

(4) That the cost is about half that of quinine and its salts.

Nitrite of Amyl in After-pains.

Mr. F. Wellesley Kendle, of South Molton, describes in the *Lancet* a case of excruciating after-pains, worse than any during labor, in which he broke a couple of nitrite of amyl capsules (4 grains in each) into a smelling-bottle, and directed the patient to take two or three inhalations when she felt a pain coming on. The effect was simply magical; the pains were immediately relieved, and shortly ceased altogether, the patient being soon able to take some refreshing sleep. She quickly made an excellent recovery. Two other cases of less severity had similar results, and it was found invaluable in the sickness of pregnancy and in obstinate cases of dysmenorrhœa, without a single failure or bad result.

Method of Inducing Respiration.

Dr. Enos Blackwell reports a method of resuscitating the new-born infant when in an asphyxiated condition. It has one very decided merit, that of immediate application, but is, as Dr. Blackwell says, a procedure which embodies the principles of the Marshall Hall method. The child is laid on the palms of the accoucheur's hands, and then rapidly tossed with a quick motion, this being done while the placenta is still attached. The rapid movement makes the arms fly up, thus lifting the chest walls, and the infant takes air with a sudden sob. Although a rough and ready method, the author has found it highly successful in many instances.—*Weekly Medical Review.*

Spurious Venereal Diseases.

Mr. Jordan Lloyd, after a careful study of the subject, arrives at the following conclusions concerning spurious venereal diseases:

1. That a large number of urethral discharges in the male, although sexual in their origin, are not specific.
2. That many penile sores of sexual origin are neither chancres nor chancroids.
3. That idiosyncrasy plays an important part in the contraction of venereal diseases of all kinds.—*Birmingham Medical Review.*

Diuretic Wine.

The celebrated "Vin Diuretique, Hotel Dieu," as devised and frequently used by the great Trousseau, has this composition:

℞.	Digitalis,	part	v.
	Rad. scilla,	"	viij.
	Juniperis,	"	lxv.
	Potassii acetatis,	"	l.
	Alcoholis (90 per cent.)	"	c.
	Vini albæ,	"	dcccc.

M. The squills, digitalis and juniper berries are to be broken up, and macerated for two weeks in the alcohol and wine, the mixture being frequently stirred. At the expiration of the fortnight, it is be pressed, strained, the acetate of potash added, and the compound filtered, when it is ready for use.

A Point in the Treatment of Chorea.

Dr. Flood, of Minnesota, says that he has almost constantly found tenderness on pressure over the fifth cervical vertebra in choreic cases. In these he applies the ether spray over the tender spot, and follows that with a mild counter-irritant. Then with a judicious use of tonics and ergot he has generally been successful in the treatment.—*Chicago Med. Times.*

A Sedative Solution.

Solution of magnesium bromide, a preparation largely used in the Philadelphia Hospital by Dr. Da Costa and others as an effective sedative without any untoward effects, is recommended by Jos. W. England (*Am. Journ. Pharm.*, p. 531), to be prepared as follows: One pint of diluted hydrobromic acid (U. S. P.) is saturated with magnesium carbonate (about one troy ounce being required). Each fluidram contains seven grains of anhydrous magnesium bromide.

Salol in Sciatica.

Dr. V. Aschenbach, of Corfu, reports in the *Fortschritte der Medezin*, that, suffering from sciatica, for which all known remedies have been tried in vain, he at last resolved to try an unknown one—to himself, at least, unknown as a remedy for sciatica. In the evening he took a dose of 7 grains, and at midnight 15 grains, after which he fell asleep, and remained perfectly free from his pain.

Socotrine Aloe Leaves for Burns.

One of the thick aloe leaves is split in half, and the fresh inside portion is applied to the burn. The pain disappears instantly. The green juice of the plant turns violet, and all traces of the burn often disappear by the next day, except a violet tinge, which may remain for ten or twelve days.—*Le Monde Pharmaceutique.*

Apomorphine.

Rossbach recommends this as an expectorant, in combination with morphine:

℞.	Apomorph. hydrochlor.,	gr. $\frac{3}{4}$.
	Morphinæ hydrochlor.,	gr. $\frac{1}{2}$.
	Acid. hydrochlor. dil.,	♏ viij.
	Aquæ,	℥ v.

Dose—A teaspoonful every two to four hours. To be dispensed in a black or other non-actinic glass vial.

Talc Dentifrice.

Vigier (*Jour. de Méd. de Paris*) recommends the following dentifrice:

℞.	Talc,	2 ounces.
	Cream of tartar,	78 grains.
	Burnt alum,	78 "
	Cochineal,	156 "
	Essence of mint,	20 drops.

M. Powder carefully and finely. S.—Use as a dentifrice.

Amorphous Borate of Quinine.

The *Rundschau* states the medicinal action of two such powerful antiferments as are combined in amorphous borate of quinine is not such as was expected, and that its difficulty of administration and uncertain action will soon render it obsolete.

CORRESPONDENCE.

Colored Fires.

EDS. MED. AND SURG. REPORTER:

Can you furnish me some formulæ for combining drugs so as to make colored fires? To be answered in the MED. AND SURG. REPORTER. Yours,

L. M. FOCHT, M. D.

Lockport, Ill., June 1, 1887.

[In view of the fact that the Fourth of July is approaching, we are glad to respond to this query, although its tenor is not strictly medical. The formulæ are here presented through the courtesy of Mr. G. M. Beringer, Ph. D., of this city.—EDITORS OF THE REPORTER.]

1ST.

Red.—10 ounces strontium nitrate, 6½ ounces sublimed sulphur, 1 ounce powdered charcoal, 3 ounces powdered chlorate of potassium.

Green.—9 ounces barium nitrate, 3 ounces sulphur sublimed, ½ ounce powdered charcoal, 3¾ ounces powdered potassium chlorate.

Yellow.—12 ounces powdered sodium nitrate, 3¾ ounces sublimed sulphur, ¾ of an ounce powdered charcoal.

Blue.—2 ounces ammoniated copper, 4 ounces sublimed sulphur, 8 ounces powdered potassium chlorate.

2D.

Red.—4 ounces strontium nitrate, 1 ounce pulverized shellac, 1 ounce pulv. potassium chlorate.

Green.—4 ounces barium nitrate, 1 ounce pulverized shellac, 1 ounce pulverized potassium chlorate.

Yellow.—6 ounces pulverized sodium nitrate, 2 ounces pulverized shellac, 2 ounces pulverized chlorate of potassium.

The first set of recipes are for the ordinary sulphur and charcoal powders. The second call for shellac in place of sulphur and charcoal, and are considered the best.

The Diffusion of Rational Medicine and Liberal Views.

We print below an interesting note just received, and commend to our readers the plan advocated. — EDITORS OF THE REPORTER.

"TEHERAN, PERSIA, *April* 23, 1887.

* * * * * * * I send you a copy of the *Echo de Perse*, published at Teheran, and enclose a translation of a notice of the hospital, for the erection of which permission has been granted by the Shah. You are at liberty to publish any or all of the article in your valuable REPORTER, and will be pleased, I'm sure, to know of our prospects here.

"We would be many times obliged if a plea could be made for the hospital. We need $10,000 to put up buildings, baths, house for resident physician, etc., and I have asked our Society to allow me to ask for $5,000 for immediate needs."

Translated from the *Echo de Perse* of April 15, 1887:

"We learn with great pleasure that by Imperial firman, His Majesty, the *Shah in Shah*, has authorized the American missionaries to establish, at Teheran, a hospital, where, without regard to religion or nationality, all seeking relief shall be received for treatment. Dr. Torrence, physician to the mission, has been appointed Director of this establishment, which is destined to render great service to our cosmopolitan population.

"His Imperial Majesty, desiring at the same time to reward the zeal and devotion of Dr. Torrence, who for long years past has been gratuitously relieving so much suffering and distress, has named him Grand Officer of the Order of the Lion and Sun of Persia."

A Note from Alabama.

EDS. MED. & SURG. REPORTER:

* * * * * We are astir now on the subject of quarantine. A letter from Dr. Holt, President of the Board of Health of Louisiana, to Gov. Perry of Florida, was referred to me as President of the Medical Asssociation of Alabama, and *ex-officio* President of the Board of Health of this State till April, 1888, to refer to our local board of health for action in reference to necessity of rigid quarantine at Tampa and other Florida ports, it having been ascertained that parties direct from Havana, where yellow fever is prevailing, had passed into the interior without detention. By action of our local board Gov. Perry was written to, Dr. Holt's views being endorsed. Dr. Jerome Cochran, our State Health Officer, has been notified by me, and will visit the quarantine stations below us to see how effectual they may be to prevent us from suffering an invasion of yellow fever, and perhaps the worse pestilence, cholera. We are satisfied that now, the danger being known, great care will be taken, and the avenues of approach guarded.

Yours truly, E. H. SHOLL, M. D.

Birmingham, Alabama, May 30, 1887.

Novelties in Hypodermic Medication.

[A valued, but too modest, correspondent in Pennsylvania scores a good point in the following note. If any of our ingenious readers have hit upon new devices and useful "wrinkles," in the use of medicines hypodermically, we all want to know of it. We shall do our part, and give some useful working formulæ.—EDITORS OF THE REPORTER.]

* * * The REPORTER I like greatly, and renew herewith for one year. I wish you would have an article, or several articles, on the hypodermic use of medicines, the way to prepare the same for use, and dose, etc. There are new things coming into use which, if one does not see used, one is often at sea to tell how to use the same. One will read a most learned article about the efficacy of some new drug, without the preparation, dose or mode of administering being even mentioned. For a country physician these are all-important, as we do not have the opportunity to call in and see the physician who has become familiar with its use. I feel sure that to give a full description of the preparation of medicines for hypodermic use will be very instructive to us countrymen.

NEWS AND MISCELLANY.

Yellow Fever at Key West.

The following official report from the Supervising Surgeon-General of the U. S. Marine Hospital Service is just received:

The medical officer in charge of the Marine Hospital Service (Passed Assistant Surgeon Glennan), under date of May 28, reports that "out of a total of 5 cases there have been 3 deaths and 1 recovery, and 1 with a probability of recovery," from yellow fever, "all originating in one infected premises. The danger apprehended was on account of the large number of unacclimated persons in the city, with every means of outlet cut off. Many left in sailing-vessels, and, at my suggestion, Dr. Porter asked the Louisiana Board to allow healthy persons to go from here this week, subject to inspection or detention at the New Orleans quarantine, which was granted. At this date no new cases have developed, but it is yet too early to say that the disease has been stamped out. In any event, the care exercised in this instance by the Board of Health in guarding infected houses, fumigating and destroying infected material, and in promptly declaring the existence of the disease (measures probably for the first time efficiently adopted in this place), has practically established an outside confidence in sanitary information emanating from here. * * * It is reasonable to suppose that the infection was introduced here by a Bolio family, who formerly kept the San Carlos and Fifth Avenue hotels in Havana. During the past winter they have brought over household goods and stored them in the adjoining house. It is said that Baker and his wife slept upon one of their mattresses. At a special meeting of the Board of Health this morning, at which I was present, this was recognized as probable. The disease may now be said to have three foci; and should the Board of Health now succeed in preventing its further spread, it will only be done by the utmost care and vigilance."

A telegram, June 1, reports 4 new cases in different localities.

The War Department authorized the president of the Board of Health to use the hospital and the laundress quarters attached to the military barracks for the treatment of yellow-fever patients. Iron bedsteads and mattresses were sent from the marine hospital stores.

The United States sanitary inspector at Havana, Dr. Burgess, reports that the furniture bought of Mrs. Bolio and used by the Baker family had been used in a hotel at Havana, and it is well known that many cases of yellow fever had occurred in that hotel during the last few years. He himself had treated 5 cases in it, and is of opinion that the old pillows, bedding, etc., were the sources of infection.

Pennsylvania State Medical Society.

The thirty-eighth annual session of the Medical Society of the State of Pennsylvania will be held at the Bedford Springs, June 29, 30, and July 1st, 1887. The following papers are to be read: Address on Surgery, Dr. J. B. Murdoch, Pittsburgh; Address on Ophthalmology, Dr. Chas. S. Turnbull, Philadelphia; Report on Hydrophobia for 1886, Dr. Chas. W. Dulles, Philadelphia (request of Society, see page 31 of Transactions, 1886); Medicated Plasters in the Treatment of Diseases of the Skin, Dr. John V. Shoemaker, Philadelphia; Remarks on the Value of Diet in the Treatment of Chronic Joint and Spine Disease, Dr. A. Sidney Roberts, Philadelphia: Address on Practice of Medicine, Dr. Frank Woodbury, Philadelphia; Palatable Therapeutics, Dr. Traill Green, Easton, Pa.; Iodoform in Surgery, Dr. Geo. Stubbs, Philadelphia; The New Methods in the Treatment of Phthisis, Dr. W. F. Waugh, Philadelphia; Address on Obstetrics, Dr. S. Wolfe, Skippack, Pa.; Report of a case of Right Inguinal Colotomy, Dr. John H. Packard, Philadelphia; Two Cases of Nystagmus, Dr. Wm. C. Bane, Washington county; The Salient points in the Treatment of Pulmonary Consumption, Dr. T. J. Mays, Philadelphia; When and How to use Mydriatics in the Eye, Dr. Edward Jackson, Philadelphia; Plastic Surgery of the Vagina, Dr. C. M. Wilson, Philadelphia; Annual Address by the President at court-house, Bedford, Pa., Dr. R. Davis, Wilkes-Barre; Address on Mental Disorders, Dr. J. Z. Gerhard, Harrisburg; Ovariotomy followed by Herniotomy four days after—recovery of patient, Dr. John C. DaCosta, Philadelphia; Some consideration upon the use of Expectorants in Pulmonary Diseases, Dr. J. C. Lange, Pittsburgh; Ovarian Tumors Complicating Pregnancy, Dr. E. E. Montgomery, Philadelphia; Suprapubic Lithotomy, Dr. Chas. W. Dulles, Philadelphia; Address on Hygiene, Dr. J. D. Thomas, Pittsburgh; Remarks on Vomiting, Physiological and Clinical, Dr. J. H. Musser, Philadelphia; Abdominal Hysterectomy with specimens, Pyo-salpinx with specimens, Fibroid Ovary, Sarcomatous Ovary, Dr. Howard A. Kelly, Philadelphia; Modern methods in the treatment of Pulmonary Consumption, Dr. S. S. Cohen, Philadelphia.

Medical Expert Testimony.

The *Lebanon Gazette*, May 26, 1887, contains a paper by F. H. Darby, M. D., on the proper status in court of medical experts, in which he expresses the following opinions:

A witness to fact in court is an individual simply in possession of knowledge of the case at issue acquired by the natural exercise of one or more of the five senses. That it is the duty of such witness, under certain rules and statutory requirements, to communicate the same, is well understood.

The medical profession, by reason of its close intimacy with the affairs of life, does more of this work per capita than any other. Physicians become cognizant of more facts than men in any other calling. To attend courts and communicate the same is the duty of all good citizens. The medical profession is now, as it ever has been, distinguished for its patriotic devotion to duty. Doctors, as a rule, are unselfish citizens, ever ready for any good work. As citizens and tax-payers they claim no immunity from the duties incumbent on their fellow-citizens.

But expert testimony calls for the surrender of what only the members of a special class can possess—what is, in fact, their stock in trade, what they usually sell, and what has cost them years of valuable time and thousands of dollars to obtain. Its disposal is their only resource—their means of earning a livelihood.

Between such a class of persons and jurymen there is no analogy; any one can serve on a jury, the more ignorant the better, while it takes an individual previously and specially educated and skilled to be of any value as an expert.

The labor of an expert, making plain and intelligible to the court and jury some scientific problem, is exactly analogous to that of an interpreter, a lawyer, a referee or master, all of whom receive good pay for their services.

That our professional knowledge is property, is admitted by all; that it should always be held subject to use by the courts of justice is a correct principle; but to use this or any other property for the public good without reasonable compensation, is an injustice.

The Consulting-room.

Dr. Dubray has recently published some instructive and amusing advice to a beginner in the medical profession. Dr. Dubray distinguishes four kinds of consulting-rooms: the unpretentious, the surgical, the artistic, and the encyclopaedic. They are not peculiar to France. In the unpretentious consulting-room the furniture is plain, the bookcases small, and there are just sufficient tables and chairs to allow the patient to sit down and the medical man to write a prescription. The surgical consulting-room presents instruments and appliances scattered about in an apparently artless manner. Dr. Dubray thinks that, except in the case of a surgeon of admitted renown, an exhibition of this kind is in bad taste. We, however, quite agree with the *British Medical Journal* that *all* such exhibitions are in bad taste. Complete abstention from parade of instruments is the best rule. It is not advisable to leave hypodermic syringes about the table, with specula serving as paper-weights. These instruments should not be made into advertising agents any more than the herb-doctor's tape-worms and fœtuses in alcohol. Even the gynæcological couch should be kept in a corner, and not placed well in the light, showing off its supply of steps and elevating mechanisms. Such practices savor too much of the crocodile which hung from the ceiling of the alchemist's laboratory.

"Specialism in Excelsis!"

The *Lancet* of May 21, 1887, amuses its readers with the following thrust at an American Society:

"We have received a programme of the first annual meeting of the 'Association of Genito-urinary Surgeons,' which is being held this week at the Laurel House, Lakewood, N. J. The establishment of this Association has been attended with so much success, and commends itself so thoroughly to the more enlightened members of the profession, that many similar ones are shortly to be inaugurated! Among those more immediately to be promoted are associations of 'Umbilicologists,' of 'Rhinologists,' of 'Tenotomists,' of of 'Depilatory Surgeons,' and of 'Skin-grafters.' The only reason we can perceive why this should not be indefinitely extended is that surgery as an art would, by such differentiation, speedily be resolved into its constituent elements, and its professors broken up into repellent groups of solemn deliberators on the utility and beauty of the segregation of parts."

This is all very funny, but if it had been held back until after the report of the meeting referred to, we think it would not have been published; for the objects of the Association of Genito-urinary Surgeons, as explained by the President, are so sensible, and the proceedings at its first meeting were so instructive, that it deserves to be encouraged, and not to be ridiculed.

Measures to be Taken to Prevent the Spread of Yellow Fever.

A telegram from Washington, D. C., dated June 4th inst., says: Surgeon-general Hamilton to-day received a telegram from the Governor of Florida as follows:

"Florida has no Board of Health. I hope you will give such aid as you can to local county boards to eradicate yellow fever in Key West and prevent its spreading to other localities."

Surgeon-general Hamilton replied by telegraph as follows:

"If the Legislature is in session, can they not pass necessary laws? Please state resources at your command. I am instructed by the Secretary of the Treasury to assure you of the full coöperation of the Department in supplementing State forces."

Dr. Hamilton also telegraphed Dr. J. P. Hall at Tampa, Fla., that the Post-office Department wants the mails fumigated, and that the Marine Hospital Bureau will assume all reasonable expenses incured in the fumigation.

The total number of cases of yellow fever at Key West to date is 13, of which 4 have resulted fatally. Six patients are sick and three convalescent.

Illness of Professor Billroth.

Prof. Billroth has been dangerously ill. He suffers from a fatty heart and great exhaustion. At one time his life was despaired of, and intense feeling was manifested, not only by the whole of the medical profession and the medical students of the city, but by leading personages throughout Europe, and telegrams were received from friends in all parts of the world, making anxious inquiries. We are glad to state that Professor Billroth's illness has taken a more favorable turn, and that he is now rapidly regaining his usual state of health.

The Climatological Society's Officers.

At the meeting of the American Climatological Society, June 1, the following officers were elected for the ensuing year: President, Dr. A. L. Loomis, New York; Vice-Presidents, Dr. A. Y. P. Garnett, Washington, and Dr. J. T. Whitaker, of Cincinnati; Secretary and Treasurer, Dr. J. B. Walker, Philadelphia; Councillors, Drs. E. T. Bruen, Roland G. Curtin, Philadelphia; J. H. Tyndale, J. F. Bosworth, New York; and Fred. C. Shattuck, Boston.

Hydrophobia.

The daily newspapers state that the four-year-old daughter of Greenberry Davis died on Sunday, May 29th, of hydrophobia, at Wood's Run, near Pittsburg. She was bitten by a dog about seventeen months ago.

[We would be glad to have some accurate and reliable account of this case, which is, we believe, the first one reported in the State of Pennsylvania for more than a year.—EDITORS OF THE REPORTER.]

The Association of American Physicians.

The Association of American Physicians, in session in Washington, elected officers for the ensuing year as follows: President, Dr. William H. Draper; First Vice-President, Dr. Francis Minot; Second Vice-President, Dr. R. Palmer Howard; Recorder, Dr. William Osler; Secretary, Dr. Henry Hun; Treasurer, Dr. W. W. Johnston; Member of the Council, Dr. William Pepper.

Preserving Salts.

Paul Weferlingen, in *Phar. Ztg.*, recommends the following for preserving fish or butcher's meat during warm weather: (1) Common salt, 8 parts; nitrate of potash and salicylic acid, of each 1 part; (2) boracic acid, 30 parts, nitrate of potash and common salt, of each 35 parts. A preserving powder for tinned fruits is composed of salicylic acid, 5 parts; and powdered sugar, 95 parts. This is sprinkled over the surface, and may also be used for sprinkling over fresh fruit, such as strawberries, which have to be kept over night.

Professor Baird Seriously Ill.

Prof. Spencer F. Baird, Secretary of the Smithsonian Institution, is quite ill of an affection of the heart and kidneys. He left Washington for a rest and change of scene a short time ago, but, as it did him no good, he returned and is now in bed. A consultation was held on the case on June 1 by Dr. N. S. Lincoln, of Washington, and Drs. Mitchell and Osler, of Philadelphia.

Meeting of the American Otological Society.

The 20th annual meeting of the American Otological Society will be held at the Pequot House, New London, on Tuesday, July 19, 1887, at 10:30 a. m.

Items.

—"Disease" is the name given to one of the swift yachts of the Burlington Ice Yacht Club. The Disease must be a kind of running disorder—possibly mastitis.—*New York Medical Record.*

—Nebraska has established a State Board of Health, consisting of one graduated physician, of at least ten years' practice, from each of the seven congressional districts, and one at large, with the Governor as presiding officer.

—Dr. Hewson Bradford was recently elected by the Board of Managers of the Pennsylvania Hospital a member of the staff of the out-patient department, to fill the vacancy caused by the death of Dr. Elliott Richardson.

—H. W. Stevens and W. J. Spencer engaged in an eating match in Salem, Ill., last week. The match was to see which could increase his weight most by eating. Spencer increased his weight by six and a quarter, and Stevens by six and a half pounds.

—Investigations into the spread of tuberculosis among the blooded cattle at the Rhode Island State Farm have culminated in the extinction of the herd of sixty cows, and sixteen draught cattle exposed will be killed in a few days. The loss to the state will be $7,000.

—The season of the Sanitarium has been formally opened on Thursday, June 2d, on the new grounds at Red Bank, New Jersey. The new site comprises 83 acres of land, with two large brick buildings, a shaded park of twelve acres, with a river front of over 800 feet.

—The mortality of the entire globe, as given by a continental journalist who has made the computation, is as follows: Per minute, 67; per diem, 97,790; and per annum, 35,639,835; whereas the births are 36,792,000 per annum, 100,000 per diem, and 70 per minute.

—Dr. George de Schweinitz has been chosen as an additional ophthalmological surgeon in Philadelphia Hospital by the Board of Charities and Correction. Dr. de Schweinitz is already consulting oculist at the Orthopœdic Hospital and the Children's Hospital and Dispensary.

—There has been but one May as warm as the one that is just over for sixteen years, and perhaps longer; and people curious about weather wisdom will be interested in noting that there has been but one May as dry as May, 1887, for the same term of time. May, 1880, was somewhat warmer than last month, and it was likewise a fraction drier. The coincidence is sufficiently striking to invite meteorologists to make search for other synchronous phenomena.

—It is said that there is not a horse doctor who would change places with the average family physician. They make from $3,000 to $5,000 a year, or from $15 to $20 a day, and the anxiety they undergo is not half so great as that of the man who has human patients to attend to. The veterinary surgeons all make money. They charge $2 a visit, though the ailment be nothing more serious than influenza. They often have their own "drug stores," and make a big profit out of them.

—In *Scribner's Magazine* for July, Prof. D. A. Sargent, M. D., of Harvard College, who is perhaps the best authority in this country on the general subject of athletics, will publish, as the fruit of many years' practical experience, his first extended article in that field, under the title "The Physical Proportions of the Typical Man." In it Professor Sargent will give a standard of physical measurement, based on the measurements of ten thousand individuals. This furnishes a basis of comparison by which any person can gauge his proportions with those of the typical man. The article will contain charts for this purpose, founded on these observations.

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OBITUARY NOTICE.

Dr. Albert Kellogg.

Dr. Albert Kellogg, the pioneer botanist of the Pacific coast, and the last surviving charter member of the California Academy of Sciences, died at Alameda, March 31, 1887.

Registrar George E. Chambers.

George E. Chambers, Registrar of the Bureau of Health, died in this city. His illness was caused by an affection of the heart, and lasted over five weeks. Mr. Chambers was about fifty-five years old. and a native of Philadelphia. He began his public life as a clerk in the office of County Controller Hufty. When the Registry Bureau of the Board of Health was established on July 1, 1860, he was elected Registrar, and continued in that office until his death. He took a great interest in his work, and was regarded as a very expert statistician. He leaves a wife and two sons, one of whom is Dr. George H. Chambers, Assistant Demonstrator of Normal Histology in the Medical Department of the University of Pennsylvania.

Dr. William Gardener.

Dr. William Gardener, for many years a practicing physician in this city, died on Wednesday evening, June 1, 1887, of pneumonia, at his residence, southwest corner of Seventh and Parrish streets. He was born in Bristol, England, in September, 1814, and came to this country when twenty years of age, settling in Philadelphia. After serving for a time in the pharmacy of Dr. Emanuel, he studed medicine, and graduated in 1842 from the Pennsylvania Medical College.

Dr. Gardener devoted a portion of his early medical career to practicing his profession along the banks of the Schuylkill river, his journeys being always made on horseback. He took a great interest in medical matters, and, it is said, was one of the founders of the Medico-Chirurgical College. He was also connected with several medical organizations, including the County Medical Society.

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Official List of Changes

OF STATIONS AND DUTIES OF OFFICERS.

Medical Department U. S. Army, May 29 to June 4, 1887:

Major B. E. Fryer, surgeon, granted two months' leave on account of sickness; permission to apply for an extension. S. O. 28, Div. Pacific, May 28, 1887.

Captain Paul R. Brown, ass't surgeon, granted leave of absence for four months. S. O. 126, A. G. O., June 2, 1887.

Capt. H. O. Perley, ass't surgeon, relieved from duty at Ft. Maginnis, M. T., and ordered for temporary duty at Fort Snelling, Minn. S. O. 49, Dept. Dakota, May 23, 1887.

1st Lt. Leonard Wood, ass't surgeon, ordered for temporary duty at Fort Huachuca, A. T., relieved from duty at Hdqr's Dept. Ariz. S. O. 126, A. G. O., June 2, 1887.

1st Lieut. Wm. N. Suter, ass't surgeon (recently appointed), ordered for temporary duty at Washington Barracks, D. C. S. O. 122, A. G. O., May 27, 1887.

In the Medical Corps of the Navy for the week ending June 4, 1887.

Surgeon John F. Bransford, ordered to the Smithsonian Institution at Washington, D. C.

Surgeon J. Rufus Tryon, detached from the U. S. S. "Quinnebaug," and ordered home.

Surgeon Charles A. Siegfried, ordered to the U. S. S. "Quinnebaug."

Assistant Surgeon William Martin detached from the U. S. S. "Pinta," and ordered home.

Passed Assistant Surgeon Henry B. Fitts, detached from the Receiving Ship "Vermont," and ordered to the U. S. S. "Pinta."

Assistant Surgeon James G. Field, ordered to the Receiving Ship "Vermont."

U. S. Marine Hospital Service, for the week ended June 4, 1887:

Goldsborough, C. B., surgeon, detailed to represent the service at the meeting of the American Medical Assoiation at Chicago, Illinois, June 6, 1887. June 1, 1887.

Banks, C. E., passed assistant surgeon. When relieved to rejoin station at Boston, Mass. May 23, 1887.

Norman, Seaton, assistant surgeon. When relieved to rejoin station at Cape Charles Quarantine. May 26, 1887.

Press of Inquirer Printing Company, Lancaster, Pa.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1581.] PHILADELPHIA, JUNE 18, 1887. [VOL. LVI.—No. 25.

ORIGINAL DEPARTMENT.

LECTURE.

ON THE TREATMENT OF DROPSIES DUE TO DISEASES OF THE HEART.*

A CLINICAL LECTURE BY PROFESSOR DUJARDIN-BEAUMETZ.

Of Paris, France.

SUMMARY.—*Diuretics — Digitalis — Milk—Mineral Waters— Diuretic Tisanes — Nitrate of Potash — Diuretic Wines and Electuaries— Purgatives—Drastic Purgatives; their Advantages and Disadvantages—Purgative Tinctures, Electuaries and Pills—Sudorifics—Jaborandi and Pilocarpine—Local Treatment of the Dropsies—Œdema of the Inferior Members—Dangers therefrom — Punctures with Needles—Incisions—Drainage Tubes — Croton Oil—Effusions into the Pleural Cavities—Indications for Aspiration in These Cases—Ascites—True Cirrhosis Compared with Cardiac Cirrhosis—Indications for Abdominal Paracentesis.*

GENTLEMEN: You know that one of the first symptoms of mechanical disturbances effected in the circulation by non-compensated mitral affections, is the presence of serum in the cellular tissue, and in the different closed cavities of the organism. To combat the œdema, and these dropsies, which sometimes take on enormous proportions, the physician has various means at his command. Sometimes he will endeavor to augment the quantity of the urine; sometimes, addressing himself to the digestive tube, he will try to remove by this channel the liquid accumulated in the cellular tissue; sometimes, finally, he will utilize the eliminative function of the skin by stimulating the perspiratory glands.

To each of these therapeutic indications corresponds a group of special medicaments; diuretics, purgatives, and sudorifics. We shall study these successively. Let us begin with the diuretics. I shall not here take up the study of the physiological action of this group of medicaments: I shall state my views on this point when I come to speak of the kidney from a therapeutic standpoint, and I shall then show you how we may subdivide the different diuretic agents. These, as you will see, may all be grouped in four great classes.

In the first class are included those medicaments which cause diuresis by augmenting the blood pressure, which they effect by energizing the heart's action, or by acting on the muscular elements of the circulatory system. The second class comprehends medicaments which augment the quantity of the urine by increasing the blood pressure, and by modifying the blood itself. To the third class belong medicaments described under the name *dialyzers, i. e.* which modify the blood by introducing saline elements. The fourth class is constituted by medicaments which act by irritating the glandular elements of the kidneys. I cannot here enumerate all the medicaments which enter into these different groups. To the first belong digitalis, caffeine, convallaria, ergot of rye, etc.: to the second, water and most of the diuretic infusions, as well as the greater part of the mineral waters regarded as diuretic, and which act much more by the quantity of water which they represent, than by the saline substances which they contain; in this group we should place milk and wine, particularly white wine. The third group comprehends the dialyzing saline substances—nitrate of potassium, acetate of potassium, nitrate of sodium, etc. In the fourth group, whose very existence is still contested, and which act by congesting the kidneys, we should place certain resins and balsams.

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* From advance sheets.

In dropsies due to disease of the heart, the physician should endeavor to utilize all these diuretic groups, and I will now give you some precise indications as to the medicaments most useful in the treatment of cardiac œdema.

We shall give the foremost place to

DIGITALIS.

I showed you in the foregoing lecture the good effects of this tonic of the heart, and I can only add to what I then said by setting forth its no less great utility as a diuretic agent.

It is here that the infusion of digitalis gives the best results. Suppose, for instance, that you have to treat one of those bad cases of heart disease in which the face is puffed, the limbs swollen, with general œdema and dropsy; the patient is suffering from dyspnœa and labors so for breath that you fear that asphyxia is imminent; give this patient the infusion of digitalis, and you will witness a marvellous restoration—diuresis will become more abundant, and in a few days' time the anasarca and the effusion in the serous cavities will have disappeared.

You can hardly expect to witness such effects from digitaline, which, as before said, is uncertain as a diuretic.

To prepare the infusion, you will follow the rules laid down in the last lecture. As for the mode of administration, this differs according to different authorities. Some give progressively increasing doses; others continue the dose with which they began; others give the infusion in decreasing doses. The first method is a bad one; the cumulative effects of the medicine tend very rapidly to intolerance. The method of stationary doses enables one, it is true, to prolong the administration of the medicine, but it will be necessary to give very moderate doses, not more, in fact, than thirty centigrammes (gr. v.) a day of the powdered leaves; this is Herard's plan. The method of decreasing doses is an excellent way; you thus obtain an immediate effect, sufficiently powerful, without intolerance.

Then come

CONVALLARIA AND CAFFEINE.

If you employ the first, you may give the extract in the dose of from 1 to 2 grammes (15–20 grs.) a day. When you prescribe caffeine, do not forget to order large doses, and do not scruple to give from 1 to 2 grammes (15–20 grs.) a day; and if administration by mouth is impossible, practice the subcutaneous injections of benzoate of caffeine and of soda. When you give caffeine by the mouth, you can make use of the pure caffeine, as Huchard does, or the bromhydrate or citrate of caffeine, according to Gubler's recommendation; or, better still, of the solution of caffeine and benzoate of soda, according to the formula which I gave you in the last lecture:

℞.	Benzoate of soda,		
	Citrate of caffeine,	āā	℈iv.
	Water,		f.℥ij.
M.	Sig.—A teaspoonful t. i. d.		

In the case of children, you can follow the custom of Jules Simon, and combine squills with digitalis. My colleague of the Hôpital des Enfants, often makes use of the tincture of squills, which he gives in the dose of 5 to 10 drops every three hours.

By the side of digitalis and its infusion I would place milk as one of the best diuretics. The value of a milk diet in the treatment of dropsies has long been recognized. Christian, of Montpellier, Serres, of Alais, Guinier, and especially Pechollier, of Montpellier have shown the advantages of the free administration of milk in cardiac affections, and more recently Potassi has confirmed the conclusions of these clinical observers. I need not here dwell upon the rules for the administration of this dietetic remedy, which consist in allowing only milk at stated periods, and foods prepared with milk. I shall give more complete directions on this point when I come to speak of affections of the stomach and of the kidneys. The milk should not be boiled, and its diuretic properties are enhanced by the addition of alkaline waters, such as Vichy, in the dose of a tumblerful to the quart. Milk has here a double therapeutic action; it is not only diuretic, but it tends to combat (as I shall show you) one of the most constant phenomena pertaining to the congestion of the kidney, the albuminuria.

Digitalis, extract of convallaria, and caffeine, on the one hand, milk on the other—these are the principal remedial agents to which you should have recourse. You may add cream of tartar, nitrate of potash, with whose diuretic properties you are acquainted, and, especially, acetate of potash, the happy effects of which Marotte has shown. These salts are generally given with some diuretic infusion, as broom-top or couch-grass. But do not forget that if nitrate of potash has diuretic properties which are incontestable, it has also the property of irritating the digestive tube, of provoking diarrhœa and even vomiting, hence you ought in due time to suspend the medicine, or to diminish the dose, and never exceed thirty to sixty grains of the salt to each quart of the infusion. I know well that practitioners have given more, but I believe such administration to be without advantage to the patient, without marked action on the quantity of urine excreted, and to be hurtful to the digestive tube.

(*To be continued.*)

COMMUNICATIONS.

EIGHTEEN CASES OF EXTERNAL PERINEAL URETHROTOMY.*

BY H. C. WALKER, M. D.,

Professor of Genito-Urinary Diseases and Clinical Surgery in the Detroit College of Medicine.

The report of the following cases implies somewhat more than the title of my paper would indicate, namely, external perineal urethrotomy; for in all the cases I had necessarily to make internal urethrotomy of the pendulous urethra.

Case 1. H. C., aged 38. Had gonorrhœa in 1865, lasting several months, ending in gleet. One Sunday, in 1867, after a long ride on a velocipede, he discovered that he could not urinate, and he did not pass any urine until the following Wednesday morning. After treatment with instruments for some time without success, his physician attempted to destroy the constriction with stick nitrate of silver, which unfortunately slipped from its holder and remained in the urethra, causing extensive inflammation, which compelled him to keep his bed for several weeks. In 1869 he was again attacked with retention of urine, which was relieved by the passage of small-sized bougies, gradually dilating to the size of a No. 8 (English). He continued the use of instruments with varying success until March, 1882, when I saw him, and at that time I could pass only a filiform bougie. I informed him of the necessity for an operation; but, owing to business engagements, it was not convenient for him to remain. I did not see him again until June 13, 1884, when he sent for me and informed me that he had been confined to the house and his bed for several months with a number of attacks of swelled testicle and cystitis, accompanied with chills and a frequent desire to urinate. On August 11, 1884, he came to Detroit and entered Harper Hospital, and on Wednesday, August 13, I operated upon him. Examination revealed: Size of meatus 10 mm., at one inch 8 mm., and at 5½ inches a filiform bougie was hugged tightly, showing that the urethra was constricted nearly its entire length. Passing with difficulty a No. 2 (English) tunneled sound (Gouley's) over a filiform bougie, I proceeded by making a free incision 2½ inches in length, extending from the scrotum to within a half inch of the anus and down upon the tunneled sound, completing the incision with a probe-pointed knife, through a dense cicatrized urethra as far as the prostate body, at the same time dilating the prostatic urethra so far as to admit of exploration of the bladder with my finger. I then proceeded to dilate the anterior urethra with a Thompson's divulsor sufficiently to admit an Otis's urethrotome, which was passed through the urethra and out of the opening made in the perineum. I then dilated and cut to admit a No. 33 sound through the whole length of the urethra into the bladder.

I had previously examined several specimens of the patient's urine, and had found large quantities of pus-cells and epithelium from the bladder, urethra, and prostate gland, but no casts. The specific gravity was about 1020, and the reaction unusually alkaline. For several days before the operation he had taken quinia, iron, and bromide of potassium. This was continued after the operation, with the addition of tincture of aconite in drop doses every hour, and the application of an ice-bag to the penis and scrotum. August 14: Has had a comfortable night; temperature 99.2°; pulse 84; urine passed through the perineal opening. August 15: Slept well; holding urine from three to five hours, and has passed it mostly through the urethra. August 16: Had a severe chill, followed by rise of temperature to 102½°; pulse 110. Urine passed wholly through the urethra. Previous treatment continued. August 17: Has had no chill since: temperature normal; continued treatment. August 18: Passed No. 26 (French) sound with little pain and slight hemorrhage. August 20: Passed No. 26 with ease. Patient got up to-day, and is doing well. Remedies discontinued, and full diet ordered. Patient holds his urine from five to eight hours. September 11: Have been passing No. 28 at intervals of every two days, The perineal opening has entirely healed, and the patient himself passed a No. 15 (English), which I instructed him to continue doing at intervals of every three or four days.

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* Read before the Section on Anatomy and Surgery of the American Medical Association, at Chicago, June 8, 1887.

I saw this patient last winter, and passed a No. 14 (English) with ease. He informed me that he has no inconvenience further than the passing of the instruments at intervals of every three or four days since the operation.

Case 2. J. C., aged 52. Had gonorrhœa at the age of 18 years, and several times since. I saw him first in 1876, when he was suffering from retention of urine. Succeeded in passing a No. 2 gum bougie, and treated the patient by gradual dilatation until a No. 8 could be introduced. He left me, and I did not see him again until January, 1881, when I faithfully attempted to dissolve the strictures by electrolysis, without any benefit. This method of treating strictures I have tried in a number of cases, and have never been able to attain anything further than what might be attained by ordinary dilatation.

The patient would not submit to an operation, but left me, and I did not see him again until August 15, 1884. He then sent for me, and I found that he had been confined more or less to his bed for several months, suffering from abscesses in the perineum, swelled testicle, cystitis, and great frequency in urination. The most of his urine passed through the several fistulæ. He was now ready for the operation which I had proposed. His general condition was bad, with an evening temperature of about 101°; urine alkaline, containing large quantities of pus and of bladder epithelium, but no evidence of kidney trouble.

After a few days' preparatory treatment, the operation was made on August 20th, 1884. In this case I was compelled to operate without a guide, for, after prolonged and persistent effort, I failed to introduce a filiform bougie further than four inches; and in order to facilitate the introduction over it of a tunneled sound, down to the point of obstruction, I cut the meatus with a meatotome, such as I exhibit made for me by Tiemann & Co. (Fig. 1.)

You observe that it has a rectangular cutting edge, with a probe point at the upper border. It does the work much easier than any other knife which I have used for this purpose.

The operation was completed with difficulty, and considerable loss of blood, which was controlled by torsion of two or three small vessels. The urethrometer distended to 35 (French) was then passed through the entire urethra into the blader. For about a week the patient did well, with only a slight rise of temperature on the fourth day, following the introduction of a No. 28 steel sound. August 28 he had a severe chill, with considerable tenderness above the symphysis pubis. September 5, I opened an abscess, just below the umbilicus, which discharged freely for several days. September 20, the opening in the perineum had healed, and a No. 26 sound could be easily passed. I saw the patient a few days ago, when he informed me that he had no further trouble, and that he passed a No. 12 (English) sound occasionally. He stated, however, that he had lost all sexual desire since the operation.

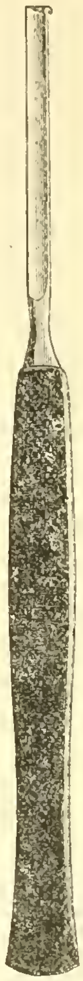

Fig. 1.

Case 3. W. M., aged 42, intemperate, a victim of many gonorrheas, dating back for a period of twenty years. First came under my observation November 1, 1884, through the solicitation of his physician, Dr. S. G. Miner. At that time he was suffering from multiple abscesses in the perineum and left inguinal region, through which the urine percolated. The abscesses were discharging profusely, and the patient was in a pretty forlorn condition. I saw him again on January 8th, 1885, when he was somewhat improved in general health. Several fistulæ still existed. With much difficulty a filiform bougie was passed, and over this a No. 2 tunneled sound. Upon this the perineal cut was made, and the incision of the pendulous urethra was completed with Otis's urethrotome, so as admit the urethrometer distended to 35mm. throughout its entire length. The fistulous tracts were then laid open and the prostatic urethra distended.

The after treatment consisted in giving liberal doses of quinia, and applying a bag of pounded ice to the parts. January 9th. The patient had vomited considerably during the night, and had several severe chills. At 10 a. m. his temperature was 106°, pulse 120. I did not see this patient afterwards, but the following is the history of the case as furnished me by Dr. Miner:

January 10: Somewhat better; temperature 104°; pulse 120; was delirious during the night. January 15: Has been improving gradually, and is able to sit up. Passed easily a No. 16 English sound. February 1: Wound in perineum healed; have no difficulty in passing a No. 16 sound. July 1: Has gained materially in weight; passing the sound at intervals of every two or three weeks.

The doctor informs me at the present writing that his patient is well, and passes a full-sized sound with ease.

Case 4. D. C., aged 52. First saw him November 28th, 1884, at Battle Creek, Michigan, with his physician, Dr. S. S. French. Had a history of stricture for over ten years. The meatus measured 12 mm.; the urethra gradually diminished in size; at four and a half inches it measured 1½ mm. I did the operation as in the preceding cases, passing a No. 28 (French) steel sound. The patient did fairly well, and in the summer of 1885 went to California, remaining for several months, at the same time neglecting to pass an instrument. On his return to Battle Creek his old symptoms returned, namely, frequency in urinating, cystitis, and chills and fever at any attempt to introduce an instrument. He sent for me, and I operated on June 5, 1886, making the second perineal section. His recovery was tedious, and Dr. French informs me that on erection there is curvature of the penis at its under surface about an inch back from the meatus. The second operation could have been prevented had he kept up the dilatation as directed.

Case 5. G. McC., aged 47. First came under my care April 15, 1885. At that time he was suffering from a large perineal abscess, which I opened. He informed me that he first contracted gonorrhœa at the age of twenty years, and syphilis in 1874. Partial paraplegia (undoubtedly syphilitic) showed itself about 1879, and at the same time he had difficulty in voiding urine, although some time before this he had been treated for stricture by gradual dilatation, with benefit. On examination I found that the meatus measured 18 mm., and in the deep urethra a 1½ mm. filiform bougie was grasped tightly.

May 28, 1885, after preparatory treatment, I made perineal section and cut the entire urethra to the extent of 32 mm., and laid open the fistula. The patient recovered rapidly, and without an untoward symptom. He gained in flesh, and rides to and from his business daily, with greater ease than at any time since the attack of paraplegia. He keeps his urethra open by passing a No. 15 (English) steel sound at short intervals.

Case 6. T. L., aged 56; contracted gonorrhœa during the war; was operated upon by internal urethrotomy in 1878. He entered Harper Hospital, July 6, 1885, with the following symptoms, which had existed for more than a year. Frequent urination, especially during the day, and exasperated by rapid walking or riding; cystitis, as shown by the large quantities of bladder epithelium which were discovered with the microscope. It was with great difficulty that the smallest filiform bougie could be introduced. I operated July 10, 1885, and on exploring the bladder found a phosphatic stone weighing 185 grains.

This patient made a quick recovery, leaving the hospital on the tenth day. I have heard from him since, and he informs me that he has had no further trouble, and that he passes a No. 12 (English) with religious regularity.

Case 5. H. Y., lumberman, aged 45. Came to me July 16, 1885, for relief of a perineal fistula, following an external perineal urethrotomy, made three years before by a surgeon of New York. At the time of his visit to me he had passed no urine through the pendulous portion of the urethra for several months. I made repeated attempts to pass the smallest filiform bougie, but failed.

Operation July 23, 1885. I first made a free incision through a dense cicatricial mass in the perineum, and after prolonged effort succeeded in finding my way into the bladder. I then introduced Syme's staff through the meatus, but it was arrested at a distance of three inches. It was held in position, and I gradually cut the way up from the cut below to the point of the staff, and then dilated thoroughly and cut with an Otis's urethrotome, so as to pass a steel sound No. 16, through the entire length of the urethra, and into the bladder. The patient left for his home on the thirteenth day, with the fistula in a fair way to heal, with positive instructions to keep up the dilatation. I have not heard from him since.

Case 8. J. R., aged 35. Presented himself to me in May of 1885, with a well defined history of stricture. He had had gonorrhœa several times, the first attack dating back fifteen years; also had syphilis in 1875. I tried several times to pass a filiform bougie, but failed. There existed in the perineum a dense cicatricial mass, the result of an old perineal abscess, through which some urine passed for a time, but which closed up spontaneously. He complained of severe pain following each micturition, and often had attacks of retention. As gradual dilatation did not accomplish anything, he gave his consent to an operation, which I made July 27, 1885. After the patient was etherized, I succeeded with but little effort in introducing the filiform attachment of a urethrotomy staff which I devised (Fig. 2).

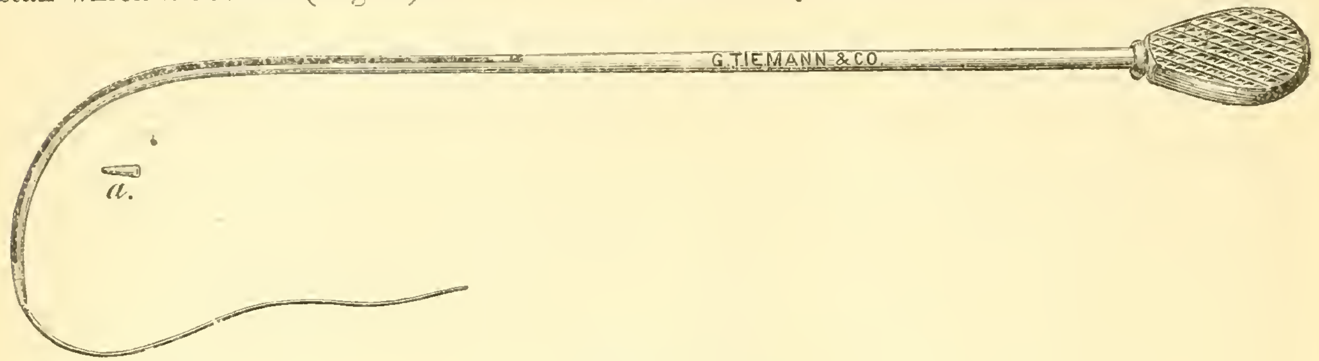

Fig. 2.

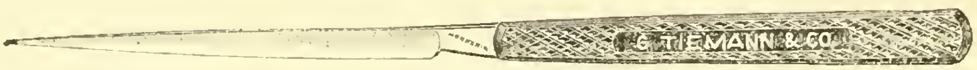

Fig. 3.

The staff was pushed forward, and cut down upon in the perineum, and the section was completed with a triangular probe-pointed knife, which I had made for me by Tiemann & Co. (Fig. 3.)

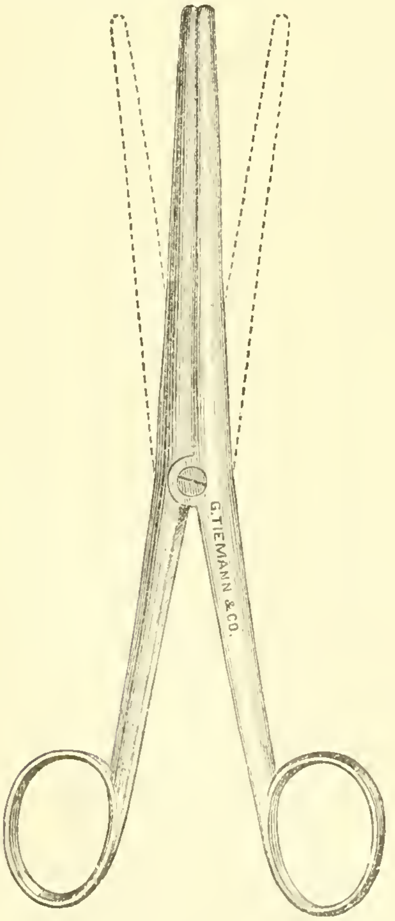

Fig. 4.

I then gradually dilated the prostatic urethra with the prostatic dilator, an instrument which I devised for this purpose. (Fig. 4.)

I deem the gradual stretching of the prostatic urethra a procedure of importance, not only for the purpose of exploring the bladder, but also because by temporarily paralyzing that portion of the urethra, it aids materially in relieving any cystitis that may and usually does exist in cases of long-standing stricture of the deep urethra.

In this case I discovered a phosphatic stone, weighing 110 grains, which I crushed and removed with an evacuator. With the exception of œdema of both feet for a week or two, the patient made a rapid recovery. I saw him a few days ago, and he reported himself in excellent health.

Case 9. R. S., aged 51. First consulted me in October, 1885, presenting the usual symptoms of long-standing stricture. Gave a previous history of several gonorrhœas, and on examination I discovered a number of strictures in the pendulous urethra, and a tight one of considerable length in the deep urethra. Tried gradual dilatation for some time, without any benefit. Made the operation November 19, 1885, cutting the urethra to the extent of 36 mm.

The recovery in this case was good, the temperature rising to 103° for a few hours on the third day after the passage of a sound. He has had no trouble since the operation, and comes to the office at intervals of every two or three weeks to have the sound introduced.

Case 10. E. F., aged 27. Entered Harper Hospital November 15, 1885, for the relief of several urethral fistulæ. He stated that he had had gonorrhœa ten years before, followed by two other attacks. Five years ago he had retention of urine. Two years later his perineum, scrotum, and penis began to swell, evidently from retention and extravasation of urine, followed by extensive sloughing of the parts. At the time of his entrance to the hospital he was a pitiable object, as at every act of micturition urine flowed from fistulæ in the perineum, the scrotum, and the groin. I was unable to introduce the smallest filiform bougie, either through the fistulæ or through the urethra. December 1, 1885, I laid open and scraped all the fistulæ, and by patient endeavor succeeded in making my way into the bladder, but was unable to introduce anything through the pendulous urethra, except for about one inch back from the meatus.

The patient rallied satisfactorily from the operation, and left for his home in about two weeks. On January 9th, 1886, he returned to the hospital, and I attempted to restore the anterior urethra. But its character had been so destroyed by the sloughing that I did not succeed. His general health was excellent, and all bladder symptoms subsided, with the exception of the inconvenience of urinating through the perineum.

January 23d, 1886, he returned to his home, with instructions to introduce a sound through the opening.

Case 11. Wm. B., aged 58, gives the following history: In 1863 he had an attack of gonorrhœa, which lasted until the summer of 1864, when his horse fell upon him (he being at that time in the cavalry service of the U. S. army) injuring him in the region of the chest, kidneys, bladder and perineum. For two days he was unable to void his urine, and for several days afterwards he passed blood from the urethra and bowels. He was confined to bed at this time for three months, the chest injuries being considered the most serious. The urination continued to grow worse, with occasional retention for several hours at a time. He informed me that in 1876 internal urethrotomy was made with considerable benefit for a time.

When he entered Harper Hospital, January 2d, 1886, he was voiding urine every few minutes. His urine had a specific gravity of 1019, it was alkaline and contained pus and epithelium from the bladder. The urethra measured 10mm. at the meatus, and 2mm. at 2½ inches; the remainder hugged a filiform bougie tightly.

January 16, 1886, I made the operation, by first passing Maisonneuve's instrument with the smallest filiform attachment, and then pushing the large knife the whole length of the groove, cutting the floor of the urethra so as to admit a lithotomy staff. When this can be done it simplifies the operation, and is preferable to passing a filiform bougie, and then over it Gouley's tunneled sound, as the completion of the cut in the perineum is interfered with by the bougie in the groove of the instrument. The operation was completed as in previous cases, admitting a 36mm. steel sound.

This case made a good recovery without an unpleasant symptom, and he left the hospital with directions to keep up passing a full-sized sound every few days. I saw the patient in January of 1887, and he had some frequency in voiding his urine, although I passed without difficulty a No. 15 (English) steel sound.

Case 12. J. L., aged 24. Came to me through the kindness of Dr. Shurley, of Detroit, January 24, 1886. He had a constant dribbling of urine, so that he was compelled to wear a rubber urinal. Two years before, he fell through a hatchway, striking upon his perineum, and it was several hours before he passed urine, which was mixed with blood, and continued so for several days. A lessening in the size of the stream was observed in a very short time after the injury. He had had several attacks of retention, and for the last six months the urine had dribbled constantly. He admitted having had a gonorrhœa in 1880, which lasted several months. Examination revealed a diminished size of the anterior urethra, and a tight tortuous contraction of the deep urethra. January 27, 1886, the patient was anæsthetized, and a urethrotomy staff, with attachment, introduced. I divided a dense cicatricial mass in the membranous urethra. After a free division of the meatus, I completed the operation with Otis's urethrotome, and introduced a No. 28 (French) sound.

On the evening of the third day the patient had a severe hemorrhage, following an erection, which was finally controlled by introducing a No. 17 (English) steel sound, and allowing it to remain in the urethra. He had no further trouble, and left the hospital on the fourteenth day, with the opening healed. I have seen him several times since, and have passed a No. 15 (English) sound.

Case 13. J. P., aged 27, farmer; entered the Detroit Sanitarium about the first of August, 1886. At the request of Dr. J. Snyder, I saw and examined him. He stated that he had had gonorrhœa in 1879, and had never been free from gleet since, and several times following the sexual act would have a "fresh dose of clap," which generally ceased in a few days. In 1882 he observed an appreciable lessening in the size of his stream. Shortly after this he had retention, and gradually grew worse, having frequent chills, and great distress in urinating. Exploration showed the size of the urethra to be 12 mm. at the meatus, while at five inches a capillary bougie fitted the constriction tightly.

I advised an operation, and performed it on August 7, 1886, first introducting a whalebone guide, and then over it a tunneled dilating urethrotome (Fig. 5), which I here exhibit to you, which I had made for me by Tiemann & Co.

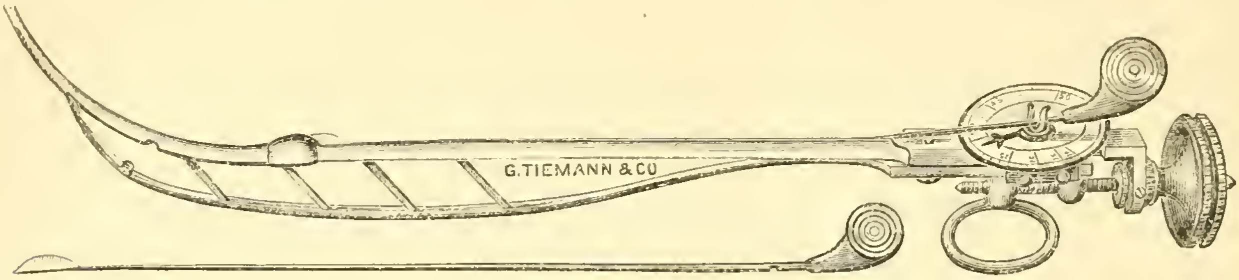

Fig. 5.

The instrument consists of parallel steel bars, the lower being segmented at a point where the curve begins, and held together by bars which can be separated or closed by means of a button-screw at the end. In the upper bar is a groove into which the knife glides, and when not in use is concealed by a small half bulb opposite the commencement of the curve. The distal end of the instrument is tunneled, measuring two millimetres in diameter. By means of this instrument, when a guide has been once introduced, we are able to cut a way through by just pushing the knife forward from its concealment in the bulb, and when it is once passed beyond the point of constriction, the bars are separated by the button screw, dilating the urethra to the extent desired, that to be determined by the indicator, when the knife is drawn from behind forward, and the cicatricial tissue divided. It will be seen that the instrument combines the properties of a tunneled sound, a dilator, and a urethrotome.

After dividing the strictured tissue, a lithotomy staff was introduced and the perineal section made. August 30th a full-sized sound was passed without difficulty, and continued at intervals of every three or four days. The patient left for his home, in Ohio, on September 14th, with the perineal opening closed, and a great improvement in his general health. I have heard from him since, and he reports himself well, and passing the instrument as directed.

Case 14. C. S., aged 53, a book-keeper, came under my care September, 1886, with a history of gonorrhœa when a boy. For the last ten years he has had difficulty in passing urine. Several months ago he had a perineal abscess, which opened spontaneously, and has been discharging pus and urine ever since. He has several strictures, together with chronic cystitis and pyelitis.

I operated on September 27th, 1886, by the same method as in the preceding case, and laid open an extensive pus cavity in the perineal region. My patient did well for three days, when I passed a No. 28 (French) sound, which was followed by a severe chill and high temperature. He remained in a precarious condition for several days, when he improved, and I again introduced the instrument, with the same results as before, since which time I have refrained from introducing an instrument.

His recovery has been tedious, and at the present time he is not entirely well, the chronic cystitis and kidney troubles still existing, and a small fistula, through which a few drops of urine escape at each urination. He is, however, much better than before the operation.

Case 15. C. B. F., aged 45, a commercial traveler, consulted me in August, 1886, with a record of several gonorrhœas, the first dating back to the war, when he was a soldier. For the last eight years he has suffered with a frequent desire to urinate. Examination revealed the size of the urethra to be 10 mm. one-third inch from meatus, and ½ mm. at five inches.

I attempted gradual dilatation for a time, without benefit. Advised perineal section, but he concluded to wait awhile. October 29, 1886, he telegraphed that he was coming on the next train, as he could not pass his water. On his arrival, I sent him to the Detroit Sanitarium, and after persistent effort failed to introduce the smallest instrument. I then aspirated above the symphysis and drew off 47 ounces of ammoniacal urine. Next day he had to be aspirated again. November 1, 1886, I succeeded in introducing a capillary bougie, and performed the operation. The chills and fever that he had every little while before subsided, and he rapidly improved without a bad symptom, and left for home November 21, with instructions to keep the canal open.

Case 16. D. McD., aged 42. Entered St. Mary's Hospital March 7th, 1887, with the following history; Habits intemperate: denies that he ever had gonorrhœa, although he has had difficult urination for several years. About two years ago, after an extended debauch, he noticed a swelling in the perineum, followed by retention and general extravasion of urine in the perineum and scrotum, finally breaking down into a large abscess, which opened spontaneously at several points, through which most of the urine has passed up to this time.' March 11th, 1887, the patient was anesthetized. I made prolonged effort to pass a filiform bougie, and failed. I then introduced Syme's staff as far as it would go, which was about four inches, and cut down upon its point, gradually working back until I entered the bladder. The fistulæ were laid open and a No 27 sound passed. He made an excellent recovery, and left for his home in Canada April 1st, 1887.

Case 17. R. G., aged 53, book-keeper. Was first seen by me March 7th, 1887, in consultation with Dr. D. McLeod. He had been suffering with stricture for several years, as the result of a gonorrhœa when a young man. I found him suffering with constant desire to urinate, and with a fistula in the perineum, which had been there for several months. On exploring the urethra, the urethrometer met with resistance. Just within the meatus the instrument expanded to 12mm., and at 4½ inches, it admitted only the smallest sized filiform. On examining the urine I found evidence of chronic cystitis and pyelitis. On March 22d, 1887, after treatment for the purpose of building him up, as he was very much debilitated, I operated, making the usual perineal incision and a thorough division of all the strictures. On the next day the temperature rose to 102°, and never fell below that until his death, which occurred March 28th, 1887. Although no post-mortem examination was permitted, I am of the opinion that he died from pyelonephritis and abscess of the kidney.

Case 18. W. L., aged 45. Entered St. Mary's Hospital May 10th, 1882. Has had two attacks of gonorrhœa, the first over 20 years ago, and the last about three years ago. His first notice of interference with his flow of urine was about twelve years ago, and had several attacks of retention. About five years ago he was operated upon by internal urethrotomy. At the time of his last attack of gonorrhœa, retention occurred and extravasion of urine in the perineum, scrotum and penis, which broke down and opened spontaneously. In his present condition he presented a dense cicatricial mass in the perineum and scrotum, in which there were several fistulæ. He also had a large, dense, redundant prepuce, which would not admit of the introduction of an instrument into the urethra.

May 13, 1887, I operated, first slitting up the prepuce. I failed to introduce a filiform further than 4½ inches, neither was I able to pass one into the bladder through any of the fistulæ. I then introduced a grooved staff as far as the obstruction, and made the perineal cut, dividing the urethra on the point of the staff. After careful manipulation, I succeeded in introducing a small grooved silver probe, cutting the remainder of the strictures, dilating the prostatic urethra, and explored the bladder with my finger. I then divided the strictures in the pendulous portion, and completed the operation by circumcising the prepuce, laying open the fistulæ, and thoroughly washing out the bladder and urethra with a one to five thousand solution of mercuric bichloride.

On May 16, I introduced a No. 16 (English), and continued to do so at intervals of every three or four days. He is now passing all his urine through the urethra, and will undoubtedly soon be able to leave the hospital.

Of the eighteen cases reported in this paper, one was operated upon twice, making nineteen operations in all. One died within a week following the operation; death due to to renal disease. Fifteen were relieved entirely of all symptoms, and the remaining two were much improved, although some distress in urination still remains. In all cases there is a tendency to re-contraction of the urethra, certainly not from a want of thorough division of cicatricial tissue, as this was done in each case with the greatest care, following out faithfully afterwards the introduction of full-sized steel sounds at stated intervals.

In conclusion, I would say that the accepted methods of treating strictures are by dilatation and by incision, although various other methods have been tried with variable success. Dilatation stands preëminent as a means of treating strictures in the large majority of cases, yet it cannot be denied that the cutting of strictures of large calibre has proved beneficial in many instances and relieved many reflex troubles which would not succumb to dilatation. This is specially true of all strictures at or near the meatus. Although there is much weight of testimony in favor of the radical cure of stricture by incision, I am not prepared as yet to accept the statement, for I have cut many strictures, dating back for a period of twenty years, and I do not know of any which will not close up if not kept open by occasional introduction of a sound. Old and tight strictures, which will not succumb to dilatation, are best treated by incision, those of the deep or fixed urethra, by a combination of external and internal incision, and those of the pendulous urethra by internal urethrotomy.

FOUR CASES IN WHICH RETINAL HYPERÆSTHESIA WAS ASSOCIATED WITH OXALURIA.

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The following four cases illustrate a point in therapeutics which renders their brief record not unworthy:

Case 1. E. D., aged 16, a freshman in college. The patient was six feet three inches in height, and was over six feet when thirteen years of age. He was despondent, easily tired, and subject to stubborn winter cough, though no pulmonary or cardiac lesions were detected. He experienced some heaviness after eating, and had occasional attacks of diarrhœa of a lienteric type. The knee-jerks were normal. The urine, on the statement of his family physician, contained no abnormal ingredients. The ocular symptoms were: a constant pain in the eyes, and frontal headache, aggravated by all near work. Dread of light, and occasionally diplopia, were added to the symptoms just detailed. Examination of the eyes revealed the following points:

R. E. $\frac{15}{XX}$ Jaeger No. 1 5–10.5 inches.

L. E. $\frac{15}{XXV}$ Jaeger No. 1 5–13 inches.

Slight insufficiency of the internal recti.

In the right eye the nerve was irregular, the retina striated, the lymph sheaths along arteries and veins distended; apparently a low hypermetropia existed. In the left eye a similar state of affairs obtained.

After the use of a mydriatic (homatropine) the refractive error was found to be

R. E. $+ .60^{s}$.
L. E. $- .50^{c}$, axis 15.

This glass was ordered and the patient put upon tonics, iron, quinine, and phosphoric acid, at different times. Some improvement took place, but the old symptoms constantly recurred, and comfort was not obtained. Finally, a sea voyage was undertaken, and during its continuance and for some time after his return, the young man was quite comfortable. On returning to his studies, however, all his former uncomfortable sensations returned even more decidedly than before. The eyes were then thoroughly re-examined, the glasses found to be accurate, and his physical state systematically overhauled. Repeated examinations of the urine revealed that it was free from albumen and casts, but the sediment was rich in *oxalate of lime crystals.* A solution of the case was at hand. He was put upon nitro-muriatic acid and compound tincture of gentian, with proper regulation of his diet. In a few weeks a surprising improvement took place, and to-day, many months after his original visit, he is a well man, his general as well as his ocular disabilities having disappeared.

Case 2. G. H. J., aged 20, had just completed a college course, and was undertaking the study of law. He was tall, anæmic, and easily fatigued and readily depressed. No cardiac or pulmonary symptoms were noted. With the exception of an occasional feeling of heaviness after eating, no dyspeptic manifestations were present. He complained of pain in the eyes, marked dread of light, and inability to read for any length of time. Examination of the eyes revealed the following conditions:

R. E. $\frac{15}{XX}$ Jaeger No. 1, 13–23 cm.

L. E. $\frac{15}{XV}$ Jaeger No. 1, 11–31 cm.

Insufficiency of the interni 11°.

The ophthalmoscope demonstrated oval optic discs, marked white striation of the retinas and distended lymph sheaths. The refractive error was apparently a low hypermetropic astigmatism. After the prolonged use of atropia, the correcting glass was found to be:

R. E. $+ .60^{s} \frown .25^{c}$, axis 120°.
L. E. $+ .25^{s}$.

The urine had a specific gravity of 1022, was free from albumen, the sediment consisted largely of *oxalate of lime* crystals. Wearing the correcting-glass, the use of tonics, and laying aside of prolonged eye-work gave some relief, but comfort did not ensue until the condition indicated by the urine was corrected.

Case 3. R. H., æt. 19, a senior in college. He dated his troubles to an attack of measles two years ago. He complained of watery eyes, dread of light, pain and inability to read at all by artificial light. He was a short, thick-set man, of good physique, but very taciturn and distinctly morose. No positive dyspeptic symptoms were elicited; heart and lungs were normal. The eye examination resulted as follows:

R. E. $\frac{15}{XXX}$ Jaeger No. 1, 11–39 ctm.

L. E. $\frac{15}{XX}$ Jaeger No. 1, 12–32 ctm.

Insufficiency of the internal recti 10^c.

With the ophthalmoscope it was noted that the optic nerves were physiologically cupped, beginning conus each eye; general gray haze of the retinas and much grayish white tissue along the veins; while the eyes were markedly sensitive to light. After the use of atropine, the vision steadily rose until it became $\frac{15}{XV}$, or normal in each eye, owing to the relief of the spasm of accommodation. A careful examination with the stenopaic slit revealed

O. D.—0.25^c axis H $\frac{15}{XII}$

O. S.—0.25^c axis 15° $\frac{15}{XII}$

as the only existing error of refraction.

He was consequently ordered a weak convex combination and 2° prisms bases in for reading. Examination of the urine revealed that it was acid, contained numerous *oxalate of lime crystals*, but was free from albumen. Regulation of the diet, exercise, and the use of acid. nitromuriat. and gentian produced in this case as in the others marked amelioration of the symptoms, and when last seen he was pursuing his studies with comparative comfort.

Case 4. A. H., aged 23, a student. He was very tall, with non-correspondence between his height and general physical build. No cardiac or pulmonary lesions, although subject to bronchitis. There were distinct evidences of dyspepsia, weight in the stomach, furred tongue, bitter taste in mouth, and irregular bowels. The ocular symptoms were a constant burning pain in eyes, recurring attacks of blepharitis, and dread of light. The chief mental characteristic seemed to be lack of will power. The following is the examination of the eyes:

R. E. $\frac{15}{XV}$ Jaeger No. 1, p. r. 15 cm.

L. E. $\frac{15}{XV}$ Jaeger No. 1, p. r. 15 cm.

Insufficiency, 7°.

The ophthalmoscope revealed round optic discs, prominent vessels, and many of the veins tortuous, fine striation of the retina. He had worn for some time a correcting glass, but did not experience relief of his ocular trouble, the recurring attacks of blepharitis and dread of light being still persistent. The mydriatic was used, and the correction found to be accurate. An examination of the urine revealed that it was acid in reaction, free from albumen, and freely deposited *oxalate of lime crystals.* The usual treatment of nitro-muriatic acid and compound tincture of gentian was productive of most happy results, inasmuch as his dyspepsia and ocular troubles both improved.

Remarks: I am quite aware that to the presence of oxalate of lime in the urine a host of ills, even insanity itself, has been attributed, and that such connection has often had no foundation upon sound reasoning. At the same time I am equally well-assured that, to quote from Dr. H. C. Wood: "There is a morbid condition probably dependent upon defective primary assimilation, in which the chief symptoms are general malaise, a feeling of weakness, a lack of elasticity, a very great depression of spirits, in which crystals of oxalate of lime are generally to be found in the urine, and in which nitro-muriatic acid produces in a few days a surprising revolution." To these symptoms I might add, if it is fair to judge from four cases, *retinal hyperæsthesia*, as indicated by dread of light and irritable and uncomfortable eyes; a retinal hyperæsthesia, moreover, which the prolonged use of a mydriatic, the wearing of a correcting glass, and even abstinence from active eye-work, did not relieve until the existing oxaluria was banished. Whether the ocular symptoms would have subsided under the use of the constitutional measures alone without the aid of the correction of the refraction error I am unable to say. I am of the opinion that they would not have done so, because it is in just such individuals that these slight errors are often productive of mischief, especially if associated, as they were in three of these cases, with insufficiency of the internal recti muscles. I once observed a case of stubborn and unexplained paresis of accommodation in a young woman, which entirely resisted the ordinary methods of treatment, but which disappeared after a thorough urinary analysis revealed the presence of oxaluria, and this was corrected by the administration of nitro-muriatic acid. I am not sure enough of the connection between these two conditions to state it as a positive observation. These cases illustrate quite forcibly another point, always well recognized but too often neglected, viz.: the value of systematic examination of the urine; an examination, moreover, which should be made by the physician in charge, and not trusted to what may have been done at some past time in the history of the patient. They emphasize further the important fact that while special lines of practice and treatment are necessary, the member or organ under treatment should be regarded not as something separate, but only in the light of having vital connections with all the other members and organs, which together form the entire economy. It is often needful to exercise special training, to be in short a specialist in treating disease; but such training is for naught if the owner is not first of all a common-sense physician.

1330 *Spruce St., Philadelphia.*

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SOCIETY REPORTS.

THE SIXTEENTH CONGRESS OF GERMAN SURGEONS.

Prof. Madelung (of Rostock), speaking on

Acute Intestinal Obstruction,

insists upon washing out the stomach before giving anæsthetics. (Prof. Kussmaul has shown that this will sometimes induce peristaltic action strong enough to overcome the obstruction.) Then the incision should be made over the tumor, if such is discernible by palpation. If not, the *linea alba* should be incised. In cases where the patient is collapsed, an artificial anus is to be made, and the radical operation is to be deferred till the patient is in better condition. The incision should be long enough to allow sufficient inspection; but under no circumstances should the intestines be drawn out to find the obstruction, because reposition is often next to impossible. Madelung always draws out a small coil of intestine, around which he puts two ligatures; then the patient is turned on his side, and the intestine is cut open and emptied of its contents, while the ligatures are slowly tightened. The incision being completely united again, the gut is returned into the abdominal cavity, and then there will be a much better chance to locate the exact seat of the difficulty. Now the surgeon has to decide whether an artificial anus is to be established or resection can be performed immediately. Peritonitis ought not be considered a contra-indication. Still, laparotomy in such cases will always be successful in a minority of cases only.

Dr. Rydygier (of Kulm) thinks that the operation should be performed as early as possible, and that washing out the stomach should not be undertaken, since it tends to deceive patient and surgeon by a temporary improvement while inflammation continues. The difficulty most frequently is that the seat of the obstruction cannot be exactly located, and therefore laparotomy is deferred too long and is unjustly blamed for the fatal issue if the patient dies. Rydygier has operated seven times and saved two patients. He thinks Czerny is too cautious in demanding that laparotomy should only be performed if the patient is in good condition, if the abdomen is not distended, and if the probable seat of the obstruction can be made out under chloroform. Czerny prefers enterostomy, but Rydygier contends that bands, and adhesions generally, will continue to exert pressure in many cases and cause death by inflammation in spite of the evacuations of feces through the artificial anus. The same is true of volvulus and fecal accumulation. The difficulty of replacing the portions of the gut drawn out is sometimes great enough to cause the operator to shrink from performing laparotomy. Still he has been able to replace the intestine in all his cases. He prefers to make his incision in the *linea alba.* The formation of an artificial anus is indicated only in patients who are already collapsed, and it is doubtful if it will save them then and there. Rydygier therefore implores the practicing physicians to send for the surgeon early, and not lose valuable time with the stomach-pump.

Prof. Credé (of Leipsic) speaks strongly in favor of operating early, although he appreciates the difficulty to induce patients (and physicians) to call in the surgeon at once. His experience, in 30 cases of laparotomy for intestinal obstruction, has led him to believe that it is mostly due to former disease, old adhesions with peritonitis following, or retention of a rupture in which adhesions have been existing for some time, etc. He therefore is anxious to operate when the colicky pains are at their height, and reports three cases in which he was fortunate enough to operate just at that point of time. In one case the cause of the obstruction was found to be an old hernial sac which had not protruded for ten years, when patient had had typhoid fever. The woman frequently had attacks of colic for many hours, but got well spontaneously until the last time. In the hernia the omentum was found to be coiled up in a lump, together with a portion of intestine; besides this, four coils of intestine were matted together by thick adhesive strings (Schwarten), so that it was extremely difficult to disengage them. After operating there remained two fistulæ, which closed afterwards; now the patient is entirely well and able to do hard (farmer's) work. The other two cases were similarly due to old peritonitic adhesions. Both got well.

Credé states that such conditions of recurrent attacks of colic are more frequent than is generally supposed. Physicians should be aware of this, and advise an early operation; because these are the cases which collapse very quickly when an impassable obstruction is once formed.

Prof. Mikulicz (of Koenigsberg) is much more conservative in his views than formerly. He thinks that laparotomy should be performed only when a mechanical obstruction is recognized beyond doubt. In doubtful cases it should be deferred until signs of collapse supervene. He has on record three cases which were sent to him for operation, about which he hesitated until all three recovered spontaneously. His treatment of largely distended coils of intestine consists in cutting off a portion of the protruding gut, and introducing a tube the size of a finger, and stuffing around it with iodoform gauze. Then the contents are squeezed through the tube into a vessel, and thus the peritoneal cavity is kept clean. The great difficulty is, whether in a given case *peritonitis* is to be considered the prime cause of the condition, or whether it is an after-effect of the abnormal anatomical relations established. At all events, it is a sad fact that the cause of death is, as a rule, *septic peritonitis.* To investigate the course of this dread disease under varying conditions, Mikulicz has made numerous experiments on animals, and these have convinced him that the best results will be obtained by irrigations with salicylic acid solutions, after cleaning the peritoneal cavity thoroughly from all exudations with dry gauze, by leaving the wound partially open, and by inserting drains where needed,

Dr. Schede (of Hamburg) believes the main difficulty to be to make a correct diagnosis. He contends that by washing out the stomach, or even by rest and opium alone, at least 50 per cent. of all the cases get well.* He remembers cases where on the twentieth and even on the thirty-fifth day spontaneous cure took place. Therefore early interference should be restricted to those rapid cases in which collapse begins after a few hours, and then laparotomy is not always advisable. An artificial anus may suffice to tide the patient over the worst stage. Schede has saved only 7 out of 26 cases operated upon, and these were operated upon very early. No cases were due to carcinoma, and he believes this to be frequently the real cause of intestinal obstruction. He thinks that some of these if closely watched may be found to be suitable for operation since the obstructing tumor may be very small. In three cases he found this to be the case, the real stenotic carcinoma involving not more than 2 cm. (1 in.) of the gut.

Prof. Schoenborn (of Würzburg) advocates enterostomy as a primary operation, but points to those cases reported by the late Prof. Frerichs, in which death occurred after spontaneous cures, and where no obstruction but also no cause of death could be found. This may also happen after enterostomy and thorough evacuation.

Dr. Steltzner (of Dresden) prefers early operation to temporizing. He saved 4 cases out of 8, and always opened the peritoneal cavity thoroughly. Of 4 cases of perforating peritonitis, only one got well after laparotomy. The great difficulty of replacing the intestines should not deter the surgeon from trying to save his patient.

Prof. Trendelenburg (of Bonn) reports a case in which perforation had taken place already, but after a free incision and drainage, several liters (quarts) of pus were discharged, and the patient got well without peritonitis setting in. No irrigations were made. This shows that by timely interference even septic peritonitis may be prevented.

Prof. Kraske (of Freiburg), in speaking of

Artificial Respiration and Circulation,

reports a case of a boy five years old, who was brought into his clinic suffering from diphtheritic croup. He had not had a respiratory or cardiac movement for ten minutes. Kraske performed tracheotomy, and then artificial respiration (Sylvester's method); the effect was that the boy showed some color after five minutes, and his lips and cheeks reddened, while the pupils contracted (from the filling of the iris-vessels with blood). But no spontaneous respiratory movement took place. Kraske has experimented on animals, and shown that a modified circulation is established by pressure on the ribs or the diaphragm, even where respiration is at a stand-still. Therefore, in cases of asphyxia, from any cause, the subject should be turned upside down—as advised by Sims—and artificial respiration should be induced. The movements should be made strongly and in such a manner that an assistant presses the diaphragm towards the heart at the same time. Then the congestion of the liver and inferior vena cava is relieved by aspiration and gravity, and the right auricle is emptied into the right ventricle. This aspiration is rendered still more effective on the circulation by having the nose and mouth closed by an assistant during, every tenth movement.

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* Dr. H. B. Sands advanced the same view recently in a discussion on the subject in the N. Y. Surgical Society.

Upon the theory now advanced by some, that death by chloroform is caused by the development of bubbles of gas in the heart itself, this squeezing-out of the heart would be just the right thing to give relief.

Dr. Heusner (of Barmen) has made the same observations in a case of sudden death from a cerebral tumor. The pulse could be felt again after artificial respiration had been begun. This was kept up for four hours; but as soon as it was abandoned the color changed and the pulse ceased beating. The same took place in a girl 22 years old, who became asphyxiated after the inhalation of 20 gr. (f℥.v.) of chloroform. Life was prolonged for five hours (with an occasional spontaneous respiratory movement), but cyanosis always set in as soon as the artificial movements were discontinued. Heusner thinks that a position with the head hanging down is safest while administering chloroform.

Prof. Langenbuch (of Berlin) has opened the thorax and pericardium in such a case, and squeezed the heart with his hand. Change of color took place, but life remained extinct.

Prof. Rosenbach (of Göttingen) has succeeded in isolating a specific fungus as the cause of

Erysipaloid, or Erysipelas Chronicum (Grocer's Hand).

He has proved by auto-inoculation on his arm that it is the real cause of this troublesome and persistent diseased condition.

Prof. Helferich (of Greifswalde) presents a patient suffering with

Myositis Ossificans.

The disease began in 1875, when the patient was 12 years old. Helferich has had him under observation since 1879, when the disease became stationary. There are large antler-like ossifications on the back, over the *latissimus dorsi* and the *erect* or *spinæ* muscles; others are over the *biceps*, the *triceps*, and the *masseter* muscles. He further showed the peculiar deformities almost always associated with the disease: ankylosis of the two phalanges of both thumbs, and shortening of the big toes by distortion or entire absence of their first phalanx.

Prof. von Volkmann (of Halle) coincides with Helferich's view that *myositis ossificans* is a disease of abnormal growth because it is found only during the period of development; and that it is not an inflammatory affection. It is not allied to muscular rheumatism, as was held formerly. The detection of a real cartilaginous epiphysis with a border of ossification by Volkmann while operating on such a patient, leads him to think it might be analogous to Virchow's *exostosis cartilagena*.

Helferich then describes a case of

Malignant Tumor of the Kidney, Causing Metastatic Tumors in Various Parts.

The autopsy in the case of a man 62 years old, who had a large tumor in the region of the left shoulder and clavicle, and a smaller one in the neck, showed a sarcoma in one kidney and metastasis in the liver. The other tumors were also of a sarcomatous nature. The body of the fifth cervical vertebra was fractured, which accounted for paralytic symptoms observed during life. Operation had been refused on this account.

Prof. von Bergmann (of Berlin) reported a similar case: A man with a large pulsating tumor of the tibia was sent to his clinic for operation. A large tumor of one kidney was detected on examination, and operation refused. Soon metastatic processes developed in other parts of the body. The kidney tumor was considered the primary lesion.

Prof. Israel (of Berlin) reported a case in which a tumor of the renal capsules had caused metastatic processes. A patient was sent to him in whom a *caries sicca* of the humerus was suspected. But Israel found several tumors about and above the shoulder. The autopsy revealed carcinomatous degeneration of both renal capsules, and innumerable metastases in the lungs, liver, and other organs.

(*To be continued*).

Application for Keeping the Hands Soft and Smooth.

Prof. Valenta recommends a simple procedure. The hands, after washing and drying thoroughly, are well anointed with *unguentum emmoliens*—cold cream; a small quantity of *spiritus saponatus* is poured in the hollow of one hand, and this rubbed vigorously until a lather is produced. The fatty lather is merely rubbed off.

This method has been employed in the professor's clinic for twenty years, and in consequence his hands are much admired for their smoothness and natural color.—*National Druggist.*

EDITORIAL DEPARTMENT.

PERISCOPE.

Apoplectic Symptoms Relieved by Stretching the Sphincter Ani.

In the *Lancet*, May 21, 1887, Mr. John W. Teale reports an interesting case in which symptoms somewhat like those of apoplexy seemed to be caused by obstinate contispation, and were relieved by stretching the sphincter ani, and so unloading the bowels.

The patient was a lady, 64 years old, who looked very ill, and was in a highly nervous state. She had a waxy, yellow complexion, and looked wan, anxious, and careworn. She said she had suffered much from constipation, had had severe attacks of what she called "angina pectoris," and that she lived in perpetual dread of having accumulations in the bowels, from which she had suffered. Treatment by mild alteratives, stomachics, and aperients proved a complete failure. More severe remedies produced vomiting. After a few days of fruitless efforts to relieve the bowels, Mr. Teale examined per anum, and found a very tight sphincter. With considerable difficulty he passed a finger through it into the rectum, which he found distended and loaded with hardened feces—the cause, no doubt, of the straining, discomfort, and sense of weight. Operation seemed inadmissible. Careful and repeated castor oil enemata were given for some days, to gradually unload the lower bowel and break down the accumulated mass. Several times a considerable quantity of old feces was removed, and often the patient had some gleams of returning health and spirits. One day she took two injections, which were ineffectual, in spite of considerable straining. About 10 p. m. she became very restless and excited, and almost beside herself, wandering from room to room, scarcely recognizing those about her, constantly making attempts to relieve the bowels. About 6 a. m. the next day, whilst on the night-stool, her maid noticed her face twitching, and these twitchings increased until they amounted to violent convulsions. She soon had slight but well-marked symptoms of paralysis of the left side of the face, which gradually became more decided in character, extending to the left arm and leg. The pupils were regular, somewhat contracted, slightly sensitive to light. There was no stertor, but insensibility was complete. Every few minutes there was a convulsive attack, commencing with twitchings of the left side of the face, extending gradually to the left arm and leg, and then becoming general over both sides of the body, and gradually relaxing without pursuing any definite order. A copious enema of soap and water and olive oil was given, and was retained for four hours. The convulsive attacks continued every few minutes, were more frequent and violent, and insensibility complete. On examining *per anum*, hardened feces could be felt floating about in the enema fluid, though, even in her insensible condition, the sphincter was so tight that the finger could only be passed through it with difficulty, nor would it allow a drop of fluid to escape.

Mr. Teale now stretched the sphincter freely. Immediately the enema fluid poured out, followed by a copious mass of offensive feces of various stages of antiquity. The convulsions continued as before. Forty grains of bromide were injected twice, and were retained. The convulsive attacks ceased after the second dose of bromide, and there were slight natural movements of the right side, but none of the left. In the evening there was another extensive action of the bowels; patient still unconscious.

July 9th. The next day there was no return of convulsions; the bowels moved freely. The patient moved her left leg slightly. After this she slowly recovered. For some days she misplaced names and words. The right side of the body soon regained power, the left more slowly, and remained for some time weaker than the right. In about three weeks she returned home.

Mr. Teale thinks the operation lengthened the patient's life for nearly a year, and also relieved her from suffering. The fact that prolonged constipation from any cause is an important factor in causing apoplexy, when the coats of the arteries are degenerated, has long been recognized—an argument, no doubt, for the early and effectual surgical relief of affections of the rectum, where they are found to exist.

The Treatment of Colds.

This is an old subject, but worthy of attention. Dr. J. H. Whelan, of London, has found the large dose of an opiate in the early stages, as extolled by Sir Thomas Watson and Dr. George Johnson, very unpleasant and of but little use. Trying to avert an attack by a large dose of potassium iodide failed in his hands. The bromides were useless in all stages. Antiseptic inhalations and spraying afforded temporary relief from distressing symptoms, but failed to cure. Belladonna, quinine, and arsenic were found useful when given separately—not so much in large as in small doses. When combined he believed them to be nearly specific—prophylactically and therapeutically. The formula he invariably uses is as follows:

℞.	Quininæ sulphatis,	gr. xviij.
	Liquoris arsenicalis, (Fowler's Sol.),	♏xiij.
	Liquoris atropinæ (gr. iv. to water ℥j),	♏j.
	Extracti gentianæ,	gr. xx.
	Pulveris gummi acaciæ, xxx q. s. ut fiant pilulæ,	xij.

Sig.—One every three, four, or six hours, according to circumstances.

If these pills be commenced in the early stage of a common cold, *i. e.*, when the affection is as yet confined to the nose and pharynx, the affection will be nipped in the bud. At starting one pill should be taken every three or four, and later one every six hours. If a catarrhal subject has a box of these pills always at hand, he has, Dr. Whelan believes, a weapon wherewith to meet and defeat his enemy. The longest time he has seen a cold last, whilst the patient was fairly taking these pills, was three days. How the remedy acts he does not know, except it be as a powerful nervine and general tonic, bracing the patient's tissues up to resist the attacks of the exciting cause of the affection.—*The Practitioner.*

Diuretic Action of Calomel.

Following up the work of Jendrassik upon the diuretic action of calomel, Dr. Paul Terray, of the Korànyi'schen clinic in Budapest, reports the results of his experiments upon nine patients afflicted with valvular disease of the heart, with nephritis or hepatitis. From the third to the seventh day of the exhibition of the drug, the increased diuresis began, and reached its acme rapidly thereafter—on an average about the second day, sometimes as late as the tenth. In seven cases the urine was ten-fold, confirmed during fourteen trials. The greatest excretion in 24 hours was 6300 cubic centimetres, the smallest 1600, the average 3000. The continuance of the polyuria lasted from three to ten days, falling gradually to the normal. If the calomel were continued when polyuria began, it had no effect, as a rule, upon the subsequent course of the diuresis. Dropsy of the lower extremities, sometimes of the upper, was always noted, exactly in proportion to the polyuria. Quantity of calomel and of the resulting polyuria were not always proportional. Specific gravity of the urine and the quantity of the contained albumen were in inverse ratio to the amount of urine. There was always an increase of chlorides. Diarrhœa and stomatitis usually accompanied the increased amount of urine. The heart's action was always directly influenced. The regularity and fullness of the pulse were in proportion to the amount of dropsy. The author concludes that calomel is a trustworthy diuretic, and that it is indicated in cases of uncompensated valvular lesions with dropsy of the lower extremities, producing relief and improvement in a relatively short time.—*Allgemeine Medicinische Central-Zeitung, April* 13, 1887.

Med & Surg Reporter

On Notches in the Upper Central Incisor Teeth which Resemble those of Syphilis.

There is a state of notching of the upper incisor teeth, which affects the two central ones of the permanent set, and produces a condition very deceptively like that of syphilis. The notches are central, and very conspicuous. A chief point of difference from the syphilitic tooth is that the tooth is usually wide instead of narrow at its free edge. Syphilitic teeth almost always show narrowing, like a screw-driver, as well as notching. Another point of difference is that the teeth, when looked at carefully, are seen to be craggy and very hard, not worn as the syphilitic tooth. In a very marked example of the pseudo-syphilitic notching, the father of the patient told me that the condition was hereditary, and the youth's mother had teeth of the same kind. In this instance, there was no history of fits in infancy or of the use of mercury or teething powders. Nor, indeed, were the conditions those of stomatitis, or mercurial teeth. The defects occurred in pairs of teeth, and did not damage the whole row. Nor were the first permanent molars—the test teeth of the mercurial set—involved. I have in several other examples of craggy teeth been assured that the peculiarity was in the family. I feel certain, therefore, that we must admit inheritance as an occasional explanation of peculiarities in the form of the teeth. I was once shown, in one of the Paris hospitals, a pair of teeth such as those which I have above described, and great surprise was expressed that I could not admit that they were characteristically syphilitic.—*Jonathan Hutchinson, in the British Medical Journal.*

Creasote Successful in Phthisis.

Prof. Sommerbrodt, of Breslau, in the *Allgemeine Med. Central-Zeitung*, April 20, 1887, strongly recommends the use of creasote in the treatment of consumption. Measures of a hygienic character are not to be neglected; but Sommerbrodt has rarely had to use any other medicament than creasote, and only for urgent indications. He finds that, at the beginning of the treatment, patients sometimes complain of disagreeable eructations after taking the medicine. But they soon get over this; and come to miss the drug when they omit the dose. The treatment must be continued for months, although it may have to be omitted for a short time occasionally. In women Sommerbrodt has found that prolonged administration of creasote sometimes causes a too free menstrual flow. For this reason he has been in the habit of discontinuing its use at the times of menstruation.

Creasote has also appeared to be a valuable remedy in the treatment of enlarged lymphatic glands, in scrofulosis. In the practice of Sommerbrodt creasote has diminished the cough in phthisis, not only when there was free secretion and expectoration, but also when there was very little. This has enabled him to dispense almost entirely with the use of morphia. At the same time he has seen the fever abate, the appetite improve, and the physical signs of consolidation disappear. He gives the creasote in capsules, each containing about ¾ gr., of which he orders one to be taken three times a day, and sometimes gives as many as three capsules thrice a day.

Analgesic Effects of Antipyrin.

In the French Academy of Sciences, session of April 18, 1887, M. Germain Sée read a paper upon the action of antipyrin upon pain. "The hypothermic property of this drug is to-day of only a secondary interest in comparison with the remarkable effects it produces upon pain. In the paroxysms of acute or chronic gout or in the attacks of rheumatism, the suffering quickly disappears under the administration of four to six grains of antipyrin given every day for a week. But it is particularly in nervous affections that antipyrin has its greatest effect. Facial neuralgias and migraine yield quickly to it. The fulminant pains of beginning locomotor ataxia are calmed by antipyrin as well as by acetanilide, and the former has the advantage of being more easily used and less dangerous. The distressing pangs of some cardiac, aortic, and arterial diseases are quieted by four to six grains. This valuable agent should always be given in doses of one grain in half a glass of cold water at intervals of one to three hours. The most serious inconvenience met with in its use consists in the appearance of an eruption similar to that of scarlatina, but this soon disappears. The experiments upon animals made by M. Gley prove that antipyrin produces a real analgesia of the limb when injected subcutaneously; it seems to act upon the nerve-endings. However this may be, antipyrin is one of the most efficacious and harmless remedies for pain."—*Le Progrès Médical, April* 30, 1887.

Tuberculosis of the Tongue.

Feurer discusses the tuberous form of tuberculosis of the tongue, and calls attention to the difficulty of the differential diagnosis that may exist between this and carcinoma, especially in old people. He thought he had extirpated a carcinoma in an individual 72 years of age, and was surprised to find that the trouble was tuberculosis. (V. Volkmann reports that he had also twice made this diagnostic error.) The tongue shows fatty ulcers with infiltrations penetrating deeply into its substance, and with firm and more or less sharply limited borders. Tuberculosis is characterized by absence of radiating pains and by the character of the glands, which are never so large as in carcinoma. In tuberculosis there are of course also other localities of the body affected. But if these diagnostic points are absent, only an incision can make the case clear. In the endeavor to prove the existence of the tubercle bacillus, a single negative result is not to be considered decisive. The therapeutic proceeding is alike in both cases, since in tuberculosis the most complete removal of the affected part by the knife is also necessary.—*Allgemine Medicinische Central-Zeitung, April* 9, 1887.

How to have Good Milk for Infants.

Simoris, a Netherland physician, recommends cleansing the nursing apparatus of artificially-fed infants by soaking it in lukewarm water, boiling the whole apparatus for a quarter of an hour, and then allowing it to cool off gradually. He says that the rubber tubing stands this process very well, so that about a yard of it will last for a year. By this means he has almost always avoided causing dyspepsia. He calls attention to the careless practice of some mothers or nurses who add fresh milk to what is left over from a previous feeding. The attempt to sterilize milk by boiling it, Simoris thinks rather harmful than beneficial, since it makes the coagula of casein in cow's milk much harder to digest. Fresh milk from healthy cows is not dangerous, and a good condensed milk comes next to this in value. —*Allegemeine Med. Central-Zeitung, April* 20, 1887.

Anthracosis of Both Petrous Bones.

Dr. Friedrich Betz, of Heilbronn, reports in *Memorabilien*, May 10, 1887, a case in which he discovered a condition of the petrous portion of both temporal bones, which he considers anthracosis. The subject had been a miner who was killed by accident. At the autopsy his lungs were found to be very deeply stained with coal-dust; and a similar condition was found in both petrous bones. There was no evidence of disease in these bones, and Dr. Betz thinks there can be no question of the condition being one of melanosis. The only way to account for the black pigment which was seen just under the vitreous table of the bones was on the supposition that it was coal-pigment, which had found access to the petrous bones through the middle ear.

This is very far from a satisfactory way to account for the remarkable operation of Dr. Betz. As to the observation itself we make no question, in view of the reputation of man who made it.

Antipyrin in Otalgia Nervosa.

For pure otalgia nervosa Gompertz has given antipyrin in doses of fifteen to twenty-three grains. In two out of the seven cases so treated the result was extremely brilliant. In one case of bilateral otalgia that had persisted for more than a month, permanent cure was effected with fifteen grains. This result was produced in a second case with thirty grains. In two instances there was only a temporary relief, and the results in three cases were not observed.—*Allgemeine Medicinische Central-Zeitung, May* 14, 1887.

Pruning Shears for Use in Autopsies.

Dr. T. E. Quimby, of Fayetteville, N. Y., writes to the *N. Y. Medical Record:*

"I have been using at autopsies the pruning shears No. 52,' to be obtained at hardware stores at a cost of fifty cen They sever cartilage or ribs with rapidi and ease, being vastly superior, I find, to the cartilage-knife. It is an excellent instrument as regards size, weight, strength, and finish, keeping sharp a long time."

Turpentine for Malignant Tumors.

Prof. Vingt, of Barcelona, in the *Revista di Cirencias Medicas*, claims to have secured the partial or total disappearance of carcinomata by injecting into them with a hypodermic syringe about 30♏ of a mixture of one part turpentine and one or two parts of alcohol.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

The Cremation of the Dead considered from an Æsthetic, Sanitary, Religious, Historical, Medico-Legal, and Economical Standpoint. By Hugo Erichsen, M. D., with an introductory note by Sir T. Spencer Wells, Bart., F. R. S., pp. 275, Detroit: D. O. Haynes & Co., 1887. Price $2.00.

This little book gives a precise account o the origin and development of cremation; of the evils of burial; of the sanitary aspect of incineration; attempts to answer all the objections which are brought against this custom, and considers the question from a religious point of view. The advantages of cremation are so skillfully presented here as to produce the impression that no strong argument can be advanced against its introduction except that of sentiment. But the feelings have a great influence in shaping opinions and customs, are often as legitimate, and often have as good a right to be respected, as views which are purely intellectual. They guide us sometimes when reason fails; they may also dominate us when our reason is clearly in the right. There can be no question, however, that on the subject of cremation the position of sentiment is erroneous, and will eventually coincide with or be compelled to submit to the inevitable dictates of reason. Such a day, we conceive, is not far distant, and any misgivings or objections which may arise will speedily vanish after a thorough perusal of this book. T. J. M

Oration Delivered by Request before the Medical and Surgical Society of Baltimore, Md., commemorative of Dr. Augustus Frederick Erich. By Thomas B. Evans, M. D.

THE
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N. A. RANDOLPH, M. D., } EDITORS.
CHARLES W. DULLES, M. D., }

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THE PROGRESS OF ORTHOPŒDY.

The announcement which has lately been made of the organization of the "American Orthopœdic Society," furnishes an appropriate opportunity for some remarks on the claims of orthopœdic surgery as a specialty, its progress and status. For many years a few eminent men in the profession have devoted themselves to the study and rectification of deformities by mechanical means, and prominently among these may be mentioned Davis, Bauer, Taylor, Prince, and Sayre; yet they were generally regarded as having had large experience in joint diseases and deformities in the course of a surgical practice, rather than as specialists in the strict sense of the term. Thus, with exceedingly limited exceptions, this branch of professional work, twenty years ago, was either in the hands of charlatans, who knew nothing of the nature of the diseases they were called upon to treat, or the instrument-makers, to whom, as a rule, these cases were referred by the profession for apparatus, which they suggested, made, and applied, without the adequate knowledge to scientifically understand the requirements and indications for treatment in the cases that fell into their hands.

Indeed, the whole subject of orthopœdic surgery was supposed to consist in a knowledge of club-foot, possibly from a mistaken idea of the origin of the term, yet Audrey devised it to include the whole subject of the rectification of deformities, whether congenital or acquired.

The first step toward the recognition of orthopœdy in this country as a special branch of surgery was the establishment of a chair for the separate consideration of the subject by the Bellevue Hospital Medical College, early in its career; and Prof. Sayre, then as now, taught this subject, including diseases of the joints and spine with the more ordinary deformities. At present American orthopœdics embraces a large range of subjects, and the advance made in the mechanical treatment of joint and spinal diseases by distinctly American methods marks an epoch in the history of surgery.

Another impetus to the study of this subject was given by the establishment of special hospitals and dispensaries for the treatment of deformities and kindred troubles. Foremost amongst these may be mentioned the New York Orthopœdic Dispensary and Hospital, where for many years these diseases have been systematically treated, besides furnishing opportunities for professional studies by lectures, clinics, etc. As a direct result of the methods taught in this institution, a similar dispensary has been established at the Hospital of the University of Pennsylvania, where, during the past five years, many cases of deformities, joint and spinal diseases have received treatment, while clinical instruction was afforded to the students.

From these centres, so to speak, many young men have been sent forth apostles of the specialty, and now in all parts of the United States are found those especially devoted to its advancement and interests; the contributions to medical literature having been in this department fully as progressive and important as in other well recognized specialties.

It is then with pleasure that we notice the organization of a national society, where ideas may be fully interchanged, and where anything tending to the relief of these chronic, painful, and in many instances neglected diseases, may be brought forward and given the benefit of the experience of experts from all parts of the country.

A MISSING LINK.

The *Coneours Médical*, of April 23, 1887, publishes gravely the following interesting item:

"M. Janssen communicates, for M. De Lesseps, the following fact in regard to hydrophobia, which is of peculiar interest on account of its clearness. M. Charles De Lesseps had in his stable two dogs. One of these dogs became rabid, and bit the groom, who was treated at the Pasteur Institute, and is to-day perfectly well. The dog which bit him simply licked—probably on an excoriation of the skin—the other dog, which in its turn bit a second servant. The latter paid no attention to his bite, and he has just died with all the symptoms of convulsive hydrophobia."

This item sounds as if it were a strong confirmation of the value of Pasteur's method of treating persons supposed to have been bitten by mad dogs. But, there is an important link missing. What was the fate of the dog which was licked? Is it alive and well, like so many of the dogs which furnished patients for Pasteur?

REPORT FROM THE SIXTEENTH CONGRESS OF GERMAN SURGEONS.

In this number of the Reporter we present our readers with part of an abstract of the proceedings of the last Congress of German Surgeons. This has been furnished us by a special correspondent, and contains very valuable opinions from some of the most eminent surgeons in the world.

We call attention to this report not only because of its scientific worth, but also because it is one of the first fruits of arrangements by which we shall give to our readers very promptly the best of what is going on in every part of the world, not only in surgery, but also in medicine.

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AMERICAN MEDICAL ASSOCIATION.

Thirty-eighth annual session, held in Chicago, June 7th, 8th, 9th and 10th.

First Day—June 7th.—General Session.

(*Continued from page* 759.)

SECTION OF OBSTETRICS.

Dr. Wathen, of Louisville, read an interesting report of a case of

Rupture of the Uterus,

the rupture extending on the left side from the os externum to the middle of the fundus, splitting the uterus into halves. The liquor amnii was discharged a week before the uterus ruptured. The doctor suggested that the uterine tissues were in a condition of fatty degeneration, or that there was some form of inflammation, for the contractions were too insignificant to otherwise have ruptured it. He advised laparotomy in all cases of complete rupture, and expressed no little surprise that there are some well-known medical writers, and many good practitioners and surgeons, who refuse to acknowledge that abdominal section is the best and safest treatment in rupture of the uterus. The operation adds but few dangers, and removes many. In all cases the rent should be well sutured, or the uterus removed by Porro's operation. Sänger reports sixteen operations for Cæsarian section, with but one death, saving all the children. These operations were performed in the Maternity Hospital of Leipzig, and the Dresden Maternity Hospital, by Sänger, Aberman, Donat, Leopold, and Cohn. Of course he did not expect such results in general practice, but timely cases by expert operators would result in a success of over 75 per cent. In conclusion, he suggested the substitution of some form of abdominal section for craniotomy where the child is living.

PRACTICE OF MEDICINE.

Afternoon Session.

This section was called to order by the President, Dr. J. S. Lynch, of Baltimore, at 3 p. m.

Dr. C. N. Cooper, of Cleveland, Tenn., read a paper on

Glanders in the Human Subject, with a Case.

This is essentially an equine disease; found among horses, asses and mules the world over. The names equinia and farcy are also applied to this malady. Its prevalence in any country is said to increase from 50 to 100 per cent. during and after a war. Some agree that every case is to be traced to some other, as in measles or small-pox in the case. Others claim that under some circumstances it originates *de novo.* All agree, however, that there is a glanders bacillus, but do not agree as to whether it is the essential cause. A very large majority agree that this disease never originates in the human subject; but I believe that its virus is a fixed poison, like that of vaccinia or syphilis, and cannot be conveyed from one person to another except by some form of inoculation. The first case reported was by Lorin, a Frenchman, in 1812. The next was by Muscroft, of Edinburgh, in 1821. Copeland, of London, also reported a case about the same time. The period of incubation occupies from three to five days. The attack is ushered in by more or less pain, like that of rheumatism, yet without local inflammation, and an indescribable feeling of languor. The temperature soon becomes high, the pulse quick, weak, and unsteady; the tongue is heavily coated and soon becomes dry and brown. There is constipation and scanty urine. The teeth and lips rarely take on sordes. Nodules form about the face and body, and often break down, with bullæ. Deep abscesses form, involving both the cellular and muscular tissues, which are painful and mature very slowly, discharging, when opened, a thin, dirty, sanious pus.

Dr. Henry J. Reynolds, of Chicago, read a paper on

A New Method of Producing Local Anæsthesia of the Skin.

Knowing that solutions of cocaine are not readily absorbed by the skin, and therefore produce no anæsthetic effect, Dr. Wagner, of Vienna, about a year ago made experiments, the results of which he afterwards presented to the Society of Physicians of Vienna in the form of a paper on that subject, with a view to obtaining a more successful method of producing anæsthesia of the skin with this drug. He found that by saturating the positive electrode of a battery with a solution of cocaine, applying it to the skin, and then applying the negative electrode a short distance from the positive, with a moderate current, successful anæsthesia could be produced.

After considerable experimentation, I now use an eighteen cell McIntosh battery, but I think in some cases even a stronger current is necessary. For reasons not necessary to discuss at present, the Faradic current will not answer. The strength of the current must vary with the sensitiveness of the part, the size of the electrode, etc. It is always necessary to use the strongest current that can be borne, which may vary all the way from four to five cells to twenty-four, but for which no rule can be laid down, the only guide being the feelings of the patient and the experience and discretion of the physician. Where the skin is very dense, and the part not sensitive to electricity, the electrode must be large, owing to the greater surface necessary to be acted upon. This renders the current more diffused, and hence in a sense not so strong; the current must therefore be very strong, requiring perhaps eighteen cells. The sponge on the electrode used for the solution should be of the finest and softest quality. When a strong current is used the irritation at the negative pole may be avoided by using a larger electrode.

In my experience the cocaine should be used weaker than a five per cent. solution. It may vary, however, owing to circumstances, from two to a twenty per cent. strength. Where the skin is thin, and the part will tolerate a strong current, a two to five per cent. solution will answer. On the other hand, if the part be so sensitive that only a weak current can be employed, as in portions of the face, the solution to be effectual must not be less than ten per cent.

Saturate the positive electrode with the solution, and place it directly upon the part to be anæsthetized. Place the negative electrode, well saturated with water, on some point near by. A more remote point, as the hand on the opposite side, for instance, will answer, but it will take longer time and a stronger solution to get the effect than when placed near by. In working about the face, I think it is better to hold the negative electrode in the hand than to apply it to the face near the positive, as in this way a stronger current will be better tolerated.

It is well for the operator to familiarize himself with the method by experiments upon his own person. The electrodes should be kept firmly pressed to the skin, the positive being now and then moistened with more solution, as required, and the negative with more water. If the negative produce much irritation, it may be occasionally shifted to another place.

The time required to produce anæsthesia depends of course upon the location, the strength of the solution, the strength of the current, etc. In the skin of the flexor surface of the forearm, if the negative pole be applied near by, a five per cent. solution with about ten cells, will produce profound anæsthesia in five minutes. If the negative pole be placed in the hand of the opposite side, about double that length of time will be required. Wherever the skin is dense, a longer time, stronger solution, and stronger current are necessary. In any case the current should be allowed to run as described till anæsthesia is produced, as ascertained by gently pricking now and then with some sharp instrument.

The duration of anæsthesia varies more or less also with the circumstances; as a rule, however, the effect is rather transitory, lasting perhaps from five to fifteen minutes.

In the operation for the removal of superfluous hairs from the face by electrolysis, I have frequently used it. In this operation, inasmuch as the tissues still conduct the current, an ordinary electrical sensation is experienced by the patient, but the sharp, stinging, burning pain at the site of the needle, sometimes so acutely felt, is, when the method is judiciously employed, entirely done away with. In the removal of small warts, nævi, etc., from the face by the knife, it is even more satisfactory. One obstacle in the way of its successful employment in certain portions of the face is the extreme sensitiveness of the part, owing to which condition a sufficiently strong current to induce the necessary absorption of the drug cannot always be tolerated. In a case of felon of the palm, I made a very careful effort with a ten per cent. solution and sixteen cells to produce anæsthesia, previous to lancing. In this case the method, as I employed it, was not a success. Failure in this case was explicable by the following reasons: First, the skin was very thick and callous; second, owing to the extreme soreness sufficient pressure with the electrode could not be made to get the full benefit of the current; third, I think under the circumstances the current was not nearly so strong as it should have been. In dental surgery I think the method can also be used to advantage. I applied it in one case for Dr. W. H. Gale, of this city; the patient was a lady for whom two teeth were extracted. It is, of course, impossible to determine in such a case exactly how much benefit is derived from the procedure, but as nearly as could be ascertained, the pain in this case from the extraction was comparatively insignificant. Ten cells were used with a ten per cent. solution.

SECTION ON SURGERY AND ANATOMY.

In this section Dr. W. C. Wile, of Philadelphia, read a paper on

Scirrhus of the Mammæ, Illustrated by Twenty-five Cases.

In operating upon the mamma for cancer, the same broad principles of surgery must be applied that are applicable to surgical interference upon any other part of the human economy. It will be of inestimable value to an operator when he has finally mastered the maxim that the principle never changes whatever the site of the disease may be. During the last few years he had practiced antisepsis in operating upon these cases, as he did in all his other surgical work, and he was sure the healing of the wound was so greatly accelerated that he shall never attempt the same operation without taking this precaution.

A paper on

Retroflexed Splints for Fracture of the Forearm,

was read by Dr. W. D. Kearns, of Pittsburgh.

No bone of the human skeleton, except perhaps the clavicle, is so frequently the seat of fracture as the radius, and no fracture has, perhaps, received greater practical study than that of the lower end of the radius, known as "Colles's fracture." Reference was made to the ingenious instrument devised by Dr. Gordon, of Belfast, after long and continued anatomical study of Colles's fracture. Whether the fracture of the radius be transverse, oblique, more or less longitudinal, or more or less comminuted, the conditions governing the form of retaining splints are, after complete reduction, alike exacting, and best maintained by retroflexed splints, which seem greatly effective in preventing a formidable impairment of the functions of flexion, extension, pronation, and supination. The essential principles maintained in the treatment of not only Colles's fracture, but in that of all fractures of the radius and ulna, may be generalized as consisting of careful and complete reduction; in the maintenance of complete relaxation of the muscular tendons of the arm, forearm, and hand, of the fasciæ and ligaments, of both superficial and deep flexors of the anterior brachial region and of the superficial and deep extensors of the radial region to their tendinous insertions, even to the short and seemingly unimportant muscles and fasciæ of the palmar surface of the thumb. The early free use of the thumb adds greatly to the early use of the hand.

Dr. Frederick F. Schaefer, of Chicago, exhibited a young woman of about twenty-two years of age with

Complete Loss of Scalp, including the Greater Portion of the Eyelids and one Ear; Treatment by Skin Grafts,

and made the following extemporaneous remarks:

The case I show to you came under my notice in July last. The scalp was torn off from the margin of the eye-lids near the eyelashes, over the nasal bones, from there around the sides of the head, below the left ear, taking off this (left) ear, extending back and around the neck an inch and a half below the superior curved line of the occipital bone. On the right side of the head the tear extended through the lower third of the ear, allowing the ear to swing by a narrow neck of skin one-eighth of an inch wide. The entire periosteum was torn off in three places, over elliptical surfaces each about three inches in length by two and a half inches in width. The nasal bones were crushed, exposing the nasal meatuses; the zygomatic processes were also broken; all the muscular tissue was torn from the head, excepting a few fibres of temporal muscle on the right side. The neck flap dropped away from the surface of the trapezius muscle exposing this muscle almost to the shoulder blades. Every artery of the scalp going to the head was torn off. The posterior auricular, occipital and temporal arteries had to be tied. The supra-orbital nerve was broken off at the supra-orbital foramen. The dimensions of the wound were: greatest diameter antero-posterior 16½ inches, and the greatest transverse diameter (over the ears) 13½ inches. The scalp was put back soon after the injury occurred, and the wound was trimmed and stitched. The right ear was also stitched on, and has grown fast again. The patient had to remain in the sitting posture for two months, and at the end of six weeks skin-grafting was commenced. Up to the present time 4,500 grafts, both autoplastic and heteroplastic, have been applied, the autoplastic grafts consisting of a little more than one-third. The entire number of grafts was taken from herself, her brothers and her sisters. Average size of grafts as small as a pea. The dermis, as well as the epidermis, was used. During the first three months only epidermic grafts were used. These grew very rapidly, but the skin was immovable, and it had scarcely formed when it began to ulcerate, and pieces of skin eight inches in length by 2½ inches in width were lost. I then concluded that the dermis would make a more reliable skin, and used it from that time. At the present time the head is about eight-ninths covered by a fine skin, and it may be regarded as a good skin. The older portion of the scalp first grafted can be pinched up with the fingers to the extent of about three inches on the forehead; the pores of the skin are plainly visible; the patient can close her eyelids, although they are somewhat drawn. The portion of the cranium which remains uncovered is behind the middle of the head, and consists of a few spots, the combined measurement of which would form one-ninth of the whole scalp, eight-ninths having therefore been reproduced. The entire new skin may be moved by gentle manipulation with the fingers.

This case is of unusual interest on account of the great area of the wound, and the satisfactory results of the treatment up to the present time. I was forced to re-graft some portions several times, and became almost entirely discouraged with the loss of large surfaces of skin. I found also that the autoplastic grafts were more certain to grow than the heteroplastic. On an average about 85 per cent. of her own grafts took, of the others an average of about 40 per cent. It may be necessary to add that I have had a good case to work on; the patient is very plucky and has an unusually good constitution. Several pieces of bone as large as a ten-cent piece were removed from the outer table, where the periosteum was uncovered. The grafts were placed around the circumference of the wound in double rows, from 20 to 100 at a sitting. When the circle of grafts was complete, I would wait until blood-vessels were developed in this circle before grafting another, which would usually take about two weeks. The grafts were placed directly in contact with the surfaces of the granulations. Dr. J. D. Skeer, of this city, assisted me during the first month the case was in my hands, and helped me to sew up the scalp.

June 8th—Second Day—General Session.

Dr. J. S. Lynch, of Baltimore, Chairman of the Section of Practice of Medicine, delivered his address entitled

Consumption and Fevers.

Unquestionably the means of safely reducing and keeping down morbidly high temperatures constitute the most powerful weapons we possess in combating a large majority of the diseases to which mankind is heir. Ninety cases in a hundred of pulmonary consumption die from asthenia long before the destructive processes going on in the lungs have deprived the patient of a sufficient amount of his respiratory apparatus.

Dr. Lynch then referred to antipyrine, the agent discovered by Knorr, of Erlangen, Germany. Early in November, 1884, he began its use in all diseases attended with fever, and his own estimate of its value may be inferred from the fact that since that date he has not lost a single case of enteric fever, scarlatina, or measles, and only one of croupous pneumonia—seen too late; and that the duration of cases of phthisis seems to be very nearly doubled. In acute inflammatory rheumatism it seems to be scarcely less efficient than sodium salicylate. The dose should be about fifteen grains, repeated every hour until three doses have been taken, and afterward every three or four hours. It is very soluble in water, has a slightly pungent and bitter taste, and rarely excites nausea. If it should do so, it should be given in lime water, or combined with other alkalies. He strongly deprecated Bergeon's treatment of consumption.

SECTION ON DISEASES OF CHILDREN.

Dr. F. E. Waxham, of Chicago, read a paper on

Intubation of the Larynx, with Inferences from 133 Cases.

April 19, 1885, he performed intubation for the first time according to the method of Dr. O'Dwyer. August, 1886, he reported 83 cases with 23 recoveries, or a percentage of 27.71; since the latter report it had been his privilege to perform the operation 51 times, with 12 recoveries, making a total of 134 cases with 35 recoveries, or 26.11 per cent. There were 71 cases three years old, or under, with 15 recoveries, or 21 per cent., while there were 63 cases over three years old with 20 recoveries, or 31 per cent. The youngest patient to recover was an infant about nine months old; the oldest a child of nine years. Dr. Waxham said, in the whole history of tracheotomy where can we find a record of 71 cases of three years or under, with recoveries amounting to 21 per cent? Indeed, tracheotomy is so rarely successful at this age, that many consider it a contra-indication to the operation. Many speak slightingly of intubation, and insinuate that the operation is always performed early and often unnecessarily. Such is not the case. In his own experience the operation has always been delayed, and accepted only as a last resource. It has not been performed until there has been absolutely no hope without surgical interference. Many with limited experience report a much higher percentage of recoveries than has been given above. Some report as high as 30, 40, and even 50 per cent. of recoveries. In his practice at one time 17 successive operations were followed by 8 recoveries, or 47 per cent. In another series of cases 13 successive operations were followed by 6 recoveries, or 46 per cent.. Take the age, conditions, and grades of severity, and we can hardly hope to save more than about 25 per cent., which is a larger proportion than can be saved by the majority of physicians with tracheotomy.

Dr. C. W. Earle, of Chicago, said great credit was due Dr. Waxham for the introduction or revival of intubation, and the skill with which he practices it. He favors the operation sometimes, not always. A large number of parents will permit the operation to be performed in preference to tracheotomy.

Dr. J. A. Larabee, of Kentucky, thought the statistical showing exceedingly rare, and the remarkable results due to the skill of the operator. In three cases in which the operation was performed in Louisville the tube was buried with the patient.

Dr. J. S. Knox, of Chicago, asked what were the factors which make the operation of intubation so unfavorable in the hands of the unskillful. He knew of a surgeon in Chicago who had introduced the tube one hundred times without a single recovery, and had advised him not to undertake it.

Dr. Waxham replied that he did not know why some met with almost uniform failure, while others met with good success. Tracheotomy is frequently followed by failure in the hands of some. He knew of one physician who had performed the operation fifty times without a recovery; another, twenty times without a recovery; indeed, he could not ascribe the unfavorable results to lack of skill; and he confessed it was impossible to explain the matter.

Dr. H. Landis Getz, of Marshalltown, Iowa, read a paper on

Diphtheria.

Admitting the disease to be of the zymotic class, highly infectious, slightly contagious. The early symptoms are *malaise* of a few hours' duration, with or without chills, followed by a slight fever. There is seldom vomiting or convulsions at this stage, and the local symptoms are so slightly painful or inconvenient as to cause the inexperienced to overlook the real trouble. Physicians are often called to give a reason why a patient does not feel well as late as twenty-four hours after the membrane formation has set in, which I believe always exists as early as any noticeable fever. The severity of the attack can not usually be discovered by the constitutional symptoms found to exist during the first thirty-six hours, but it is determined alone by the soil in which it develops—the blood, and other elements in some systems affording barren soil which renders them proof against constitutional contamination, while in others it is fertile and becomes rapidly saturated unless active measures are taken to destroy the germs of disease. Consequently two classes of remedies are required — germicides and fortifiers. The former may be applied locally, and are termed direct or indirect; the indirect so altering the character of the blood that the germs perish on reaching it. Fortifiers are: (1) Remedies which place the tissues in such condition as to prevent the lodgment of the disease; (2) the second class of germicides (3) remedies, surrounding and elements which tend to strengthen the blood and system, rendering it a nearly barren soil for the disease. As the disease is a rapid one, terminating usually in four or six days, the treatment must be prompt and thorough. If the disease is not constitutional at the outset, it becomes so, and the treatment resolves itself into local and constitutional. If treatment is commenced within twelve hours from the beginning of the formation there should be no fatal results; if twenty hours after you must expect to lose a patient occasionally; but if twenty-four hours have elapsed you must expect many fatal results. The malignancy of the malady depends more on the quantity than the quality of the germs, and in prevention of their development lies the secret of success in treatment.

There is much diversity of opinion as to whether membranous croup and croupous diphtheria are not the same disease, but, properly, there is no such disease as diphtheritic croup (as croupous diphtheria is sometimes called), but it is diptheria of a croup type, consisting of an inflammatory condition and exudation of the larynx.

In the treatment Dr. Getz uses quinine and tinct. of the chloride of iron, which are not new, but have not until recently been given the credit they deserve. He would give an adult for the first dose 15 or 20 grains of quinine, subsequently ten grains every six hours during the first 36 or 48 hours; after that enough to cause a slight ringing in the ears, care being taken to not overdose. Tincture of iron may be used as a direct germicide and constitutionally as a fortifier by preserving the purity of the blood. It can be used as a local application, varying in strength from one part of iron to three of glycerine and so on to full strength as the case requires. Applications should be made by the physician personally, twice or three times in twenty-four hours, if possible; never trust to the nurse or others in attendance. Twenty drops of the muriated tincture of iron should be given an adult in a teaspoonful of water every two hours as long as the stomach is capable of retaining it. If the stomach becomes irritable, lengthen the intervals. Hot applications are thought injurious, causing more rapid development of germs. Stimulants may be given when needed. Ice may be used in the mouth. The principal feature in the treatment is that to insure success, medicines, stimulants, and food must be given on the hour and all local applications be made by the doctor himself.

SECTION ON OBSTETRICS AND DISEASES OF WOMEN.

Dr. George F. French, Minneapolis, read a paper on

The Chief Source of Danger in the Use of the Uterine Sound,

and said the prevailing opinion of the medical profession is that the chief danger to guard against in probing or sounding the uterus is traumatic lesion from incautious handling of the instrument. Emmet says many a poor woman has endured years of bad health from the carelessness of her physician in overlooking a latent cellulitis, which became rekindled by the unskillful use of the probe or sound. Surgeons like Tait and Mundé are so absolutely clean in their methods of doing surgical work, that no septic results occur, though they are so unconscious of septic danger as to ignore its existence in their writings. Mundé sounded the uterus 5,000 times without a catastrophe, which only proves that he practices better than he preaches: a criticism equally true of the great pyo-salpingist of Birmingham. I would not detract one iota from the importance of delicate manipulation in exploring the uterine cavity, but I maintain that the danger from traumatism lesion is completely overshadowed by that from septic infection.

Nöggerath's doctrine of latent gonorrhœa is just beginning to be fully recognized, but instead of being an isolated, exceptional fact, it is one of a large group of facts which illustrate a general principle. From the researches of D. Berry Hart, Lindgren, and Leopold, it has been demonstrated that the intra-uterine mucous membrane is really a lymphatic gland, or a lymphatic surface intersected with glands and blood vessels. To Hart belongs the distinction of being the first among English speaking writers to call attention to this comparatively unrecognized danger. He says, "The great dangers to the patient from the passage of the uterine sound are abortion and abrasion of the mucous membrane with absorption of septic matter, and resulting cellulitis and peritonitis. Two cases of this nature are reported by Sanger, of Leipsic. Manifestly a gonorrhoeal pyo-salpinx might be communicated as readily by an infected sound as by the extension of the disease from the vagina. So, too, a septic pyo-salpinx, non-gonorrhoeal, whether derived from the virus of erysipelas, pyæmia, diphtheria, or scarlet fever, may be carelessly transferred from the gynæcologist's hand to the sound, and give rise to a pelveo-peritonitis with more or less systemic infection."

Fritsch says, "Always before introducing the uterine sound, dip it into a three or five per cent. solution of carbolic acid, even though properly cleansed directly after its previous use."

SECTION ON SURGERY AND ANATOMY.

Dr. Edmund Andrews, of Chicago, read a paper on

Solution of Necrosed Bone in Spinal Abscess by Dilute Hydrochloric Acid,

and maintained that the necrosed bone could be removed by means of the acid, thus doing away with surgical procedures. While eminent authority was against him in the text-books, condemning such treatment because of the injury to the living bone with which the acid came in contact, still he considered such a statement rested on purely theoretical grounds, for his practice proved that this was not the case.

Dr. H. O. Walker, of Detroit, Mich., read a paper on

External Perineal Urethrotomy. (*See p.* 771).

Dr. Robert Newman, of New York, reported a hundred cases of stricture of the urethra treated by electrolysis.

Dr. J. B. Hamilton read a paper on

Surgical Treatment of Suppurative Pleuritis in Children,

in the absence of the author, Dr. A. Y. P. Garnet.

The operation for the removal of pleuritic effusion, whether of pus, serum or blood, was practised by the ancients as far back as the time of Hippocrates, but not until 1665 was the ordinary trocar introduced and draining the pleural sac by this means resorted to. Professor Gross, who used the trocar in empyema, states that out of 820 recorded cases but one death occurred from hæmorrhage. Of 498 cases reported by Günther in 1861, 302 were cured, 149 died, and 16 were improved; and in 1879 Dr. Blake, of Boston, reported 18 cases operated on by incision as a means of introducing the tube, with 15 recoveries. It is to be regretted that these cases were not classified according to age, to show the relative rate of mortality in adults and in children. It is fair to suppose the majority of the cases reported were those of adults, and if such gratifying results were obtained with the advanced and chronic condition of the disease in the adult, how much more gratifying would have been the results had the operations been confined to children. The author never deems exsection of the rib necessary in children, and with his experience his judgment on this point should be regarded as conclusive. Exsection of a portion of one or more ribs for empyema, as a substitute for the operation, is of comparatively modern date, Dr. Warren Stone, of New Orleans, being the first to perform it in this country. The speaker's criticisms had exclusive reference to operation on young children, as he desired to call attention to the importance of discriminating carefully, in the surgical treatment of these cases, between adults and children.

Dr. W. Hutchinson read a paper on

The Physical Basis of Brain Work.

Mind is not matter; but the brain, the thought organ, is material and may be studied as such. It is a part of the body, and increases in the same proportion as the other tissues increase. A good physique is likely to be surmounted by a good brain. The brains of great men are larger than the average. The great men of the age, such as Lincoln, Sumner, Webster, Beecher, Gladstone, Gambetta, Huxley, Bismarck, etc., are larger, taller and stronger by far than the average. Good physique means good possibility of brain-work, because the voluntary muscles determine the blood supply to the brain.

June 9th—Third Day—General Session.

Dr. Morris, of Baltimore, read the report on

Cremation,

in the absence of Dr. Keller, of Arkansas.

A report made to the American Public Health Association at Toronto last October largely embodies the views of the committee. It advocated the adoption of municipal and state laws compelling the use of destructive agents to bring about the rapid disintegration of the dead body. Caustic lime, or chloride of zinc, are especially adapted to this end. This process of immediate destruction of the dead body is particularly desirable in cases of persons dying of zymotic diseases. The burial of persons dying of these diseases should be placed by law in the hands of the health authorities. The old-fashioned triple coffin and vault should be entirely discarded.

After an animated discussion, the Association subscribed $1,000 for the International Medical Congress.

SECTION ON PRACTICE OF MEDICINE.

Dr. G. W. McCaskey, of Fort Wayne, Ind., read a paper on

A New Method of Intra-pulmonary Medication.

In what forms and conditions can various medicinal agents be introduced in such a way as to insure their influence on the deep bronchial structures? The author is not in favor of powders, gases, or sprays, for introducing such medicinal agents, but relies on saturated vapors at a temperature of 158° Fah., or in exceptional cases, a somewhat lower temperature.

Dr. McCaskey exhibited a special apparatus, which comprises a double-walled chamber, with a capacity of one cubic foot, the hot air of which can be saturated with the vapor of any soluble agent. Respiration is carried on continuously by a combination of valves; the patient inspiring from the chamber and expiring into the air of the room. He uses a wet and dry bulb thermometer to determine when saturation is complete. Its use with the pneumatic cabinet the author believes to be of great advantage. He has had considerable experience in the treatment of bronchitis and phthisis, and apparently has had more gratifying results than are usually obtained with the pneumatic cabinet alone.

SECTION ON MEDICAL JURISPRUDENCE.

Dr. H. C. P. Alexander, of Chicago, read a paper on

The Forensic Relations of the Puerperal Mental State.

The puerperal state is a pathological one since its symptoms are pathological in character. It produces imperative conceptions, suspicion, emotional mobility, ideas of poisoning and perversion of the propensities varying from pica to anthropophagy. The mental perturbations are the result of irritation, of exhaustion, of fluxionary pelvic changes which disturb the monarchical vasomotor centre and result in nymphomania, dipsomania, kleptomania, sanguinary sexual furor, infanticide, murder.

Dr. S. H. Stevenson, of Chicago, dwelt upon the causes of the puerperal state, which she considered pathological, due either to nature or society, principally the latter.

Dr. Longshaw, of Kansas, disagreed with the view that pregnancy is a pathological state. Pregnant women are often afflicted with peculiar longings.

Dr. Quimby said that dress has much to do with making pregnancy pathological.

Dr. J. G. Kiernan, of Chicago, agreed with Dr. Alexander.

Dr. Foster, of Portland, Maine, did not consider that pregnancy is a pathological state, which should be treated as such, although there is a possibility of pregnancy becoming pathologically complicated.

Dr. Berg, of Brooklyn, also maintained that pregnancy is associated with a pathological condition, but of itself it is not pathological.

SECTION ON SURGERY AND ANATOMY.

Dr. T. A. McGraw, of Detroit, Mich., read a paper on

Some Points in Laparotomy for Visceral Injuries,

and presented the following conclusions:

1. There are many viscera in the abdomen which are practically immovable—so immovable as to forbid operation upon them through the median line. When a gunshot wound is so located and so directed as to make the injury of the immovable viscus probable, external incision should be made with reference to that fact.

2. The cause of a gunshot wound is determined not by chance but by the operation of immutable laws.

3. When a gunshot wound is deflected from its course, it is always at an acute angle, and when deflected by a very soft substance of little resistant power, the angle of deflection must be exceedingly small. When, therefore, a shot passes into the abdominal cavity, the deflection of the ball from the time it leaves the aperture of entrance until it strikes the opposite wall cannot be sufficient to appreciably alter its course.

4. The initial direction of the ball through the abdominal wall indicates very nearly its subsequent direction through the abdominal cavity. Careful study of the wound of entrance is therefore of the greatest importance, and no surgeon should open the abdomen for the repair of visceral wounds without first exploring the wound of entrance sufficiently to make sure of its course through the parietes.

5. The ball, after passing through the abdominal cavity, may be deflected by the bones or soft tissues, but as in the vast majority of cases it pursues the remainder of its course outside of the abdominal cavity, these deflections should have no influence in determining the line of incision.

6. Gunshot wounds of tortuous course frequently owe their apparent deviations from a straight line to a change in the shape of the abdominal wall subsequent to the shooting.

7. In general the course of the bullet through the abdominal wall, prolonged by a line drawn on the external abdominal sur-

face, will indicate the course of the bullet through the cavity, according to its velocity. If, at angles of five or of not more than ten degrees with this line, two other lines are drawn on either side of it, beginning at the wound of entrance, we will have represented on the abdominal surface the greatest deflections of which the bullet is capable during its passage through the abdominal cavity. The incision therefore along the whole length of the first straight line could not fail to uncover every part of the course of the bullet, provided that there had been no subsequent displacement of the injured tissue.

8. For this reason the incision beginning at the wound of entrance and prolonged to a sufficient distance in its course is often the very best which the surgeon can make. This is especially true of such wounds as begin at a distance from the linea alba, and pass in a direct line away from that line.

9. The immovable viscera can be best exposed by incisions made parallel to their long diameters.

10. When abdominal section is made for penetrating wounds, every organ and part of an organ which could possibly have lain in the path of the ball or weapon should be thoroughly explored by the surgeon, but to examine the exposed viscera or portions of viscera which could not possibly have been injured would be an error in practice.

11. The prognosis of wounds of the empty stomach is not necessarily bad.

12. Large accumulations of fat in the abdominal wall and cavity may sometimes contra-indicate laparotomy for visceral wounds.

Dr. J. Mc.F. Gaston, of Atlanta, Ga., presented a paper on the

Pathology, Diagnosis and Treatment of Diseases of the Appendix Vermiformis,

which will be presented in full in an early number of the Reporter.

Fourth Day—June 10th.—General Session.

The nominating committee reported the names of the following gentlemen to prepare papers for next year's convention: On Medicine, R. Beverly Cole, of California; Surgery, E. M. Moore, of Rochester, New York; State Medicine, J. M. Cable, of Virginia.

Dr. John S. Marshall, of Chicago, chairman of the Section on Oral and Dental Surgery, then read his address.

Dr. I. N. Quimby, of New York, chairman of the Section on Medical Jurisprudence, read his address, and closed it with a recommendation that a committee be appointed on criminal fœticide, whose duty it shall be to prepare an enactment to be recommended to the various legislatures for adoption, looking to the stamping out of this prevalent crime; also a special committee to prepare a law compelling coroners and prosecuting attorneys to make thorough investigations of alleged malpractice.

Dr. Bell, of New York, moved that the committees recommended in the paper be appointed, and it was so ordered.

Dr. J. M. Toner, of Washington, chairmain of the Committee on Necrology, said it was proposed that a necrological report be made for the last ten years, and urged the members to send him data.

Dr. N. S. Davis made a verbal report on meteorological conditions, and their relations to the prevalence of disease, saying the committee had not yet completed its investigations, and therefore was not ready to make its final report. The committee was continued.

The Committee on Immigration, of which Dr. Bell, of New York, was chairman, was continued.

Dr. Roberts, of Tennessee, offered the following:

"*Resolved*, That five members of the Association be appointed to report at the next meeting as to the best plan of promoting an advanced and thorough method of education in the United States."

The resolution was referred to the section on state medicine.

Dr. E. A. Wood, of Pittsburgh, offered the following, which was adopted:

"*Resolved*, That a special committee of three be appointed to report on the subject of dietetics at the next annual meeting."

The Committee appointed was as follows: Dr. E. A. Wood, of Pittsburgh; Dr. J. T. Whittaker, of Cincinnati; Dr. Frank Woodbury, of Philadelphia.

Dr. A. Y. P. Garnet, of Washington, the newly-elected President of the Association, sent a telegram thanking the body for the honor conferred upon him.

The thanks of the Association were tendered to the citizens of Chicago, who had received them with hospitality and kindness; to Dr. L. H. Montgomery and the committee on transportation for their work; to Dr. De Wolf, for his kindness and attention; to the President and Secretary, for the promptness and impartiality with which they discharged their duties.

Retiring President Gregory then made a few fitting and exceedingly appropriate remarks, wishing all the members God-speed.

OFFICERS FOR 1888.

President—A. Y. P. Garnet, of Washington, D. C.

First Vice-President—Duncan Eve, Nashville, Tenn.

Second Vice-President—Darwin Colville, New York.

Third Vice-President—Charles J. O'Hagan, North Carolina.

Fourth Vice-President—A. Stedman, Colorado.

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Treasurer—Richard H. Dunglison, Pennsylvania.

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Judicial Council—J. Murphy, Minn.; J. M. Toner, D. C.; J. R. Bartlett, Wisconsin; A. B. Sloane, Missouri; X. C. Scott, Ohio; A. W. McClure, Iowa; J. W. Stormant, Kansas.

On motion, the Association adjourned to meet in Cincinnati on the second Tuesday in May, 1888. W. W.

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NOTES AND COMMENTS.

Bloody Spermatic Fluid.

F. B. Harrington, M. D., in the *Boston Med. and Surg. Jour.*, says:

The seminal fluid may be discolored in several ways. An admixture of pus changes its color from gray to white or cream color. An admixture of blood may change the color to a bright red, an orange, a light brown, a dark brown, or a dark red. A dark blue color is occasionally seen, but its origin is not clearly understood. The origin of the blood is generally believed to be in the seminal vesicles. An admixture may take place with blood from an inflamed urethra, but such a case would not be one of true hemospermatism. There are several causes for the appearance of the blood. Vibert says that slight capillary hemorrhages in the vesiculæ seminales are of frequent occurrence among the continent and among old men. The cause is here an over-distension and irritation of the vesicles. Many authors (Lallemand, Ricord, Velpeau, Fournier, Gosselin, etc.,) speak of bloody seminal fluid occurring after gonorrhœa. An extension of the inflammation to the seminal vesicles is a rare occurrence. Such inflammation is usually unilateral, affecting but one of the vesicles. Some authors claim that the blood comes from the epididymis or from the testicle, but it seems to be proven that the seminal vesicles are the usual source. A third cause, generally recognized by all writers upon this subject, is excessive coitus or masturbation. The treatment is rest, removal of the cause, and some vaso-motor tonic.

The Micro-Organisms of Sulphur Springs.

These have been studied by Olivier, who found bacteria always present about the outlets of such springs; they developed and increased rapidly, even when the water was of quite an elevated temperature. In the cold waters the micro-organisms appear as thread-like bodies, but are globular in the warmer waters, and, at least in the sediment between the source and basins, seem similar to the micrococcus of leptothrix. In both there appears to take place a certain accretion of sulphur. They find their nourishment in the sulphur water itself, which is proved to contain organic matters.—*Allgemeine Medecinische Central-Zeitung, May* 14, 1887.

Remedy for Superficial Burns.

M. Dubois de Villers-Bretonneaux, in the *Reportoire de Pharmacie*, recommends seltzer or carbonic acid water for superficial extended burns. The pain is stopped instantly. The water is allowed to run over the burn from a siphon bottle.

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CORRESPONDENCE.

Is Homœopathy Increasing?

EDS. MED. AND SURG. REPORTER:

In reply to your inquiry, in the June 4th issue of the REPORTER, "Is Homœopathy Increasing?" I would answer, that I came to this city in the spring of 1865, then a city of 16,000 inhabitants, with six homœopaths in practice. In 1870 there were nine, and now (1887) Springfield has a population of 36,000 inhabitants, four of the same homœopaths as those of 1870, and this year an addition of a young man, a son of one of the older physicians.

The number of people taking homœopathic treatment is less than it was ten years ago, and the tendency is annually lessening in that direction. This is to be explained: I That the State Law of Illinois regulating the practice of medicine requires the practitioner to pass an examination before the State Board, or exhibit to the State Board a diploma from an accredited medical college, as evidence of qualification to practice. 2. When it comes to liberal education as a basis for the practice of medicine, the regular school has the advantage over all others, because the training is more thorough, the medical education more complete, and the status of its practitioners more satisfactory to the people and the profession at large. 3. The required education as a qualification to practice dispels the delusion of mysticism in the practice, and places the profession where it belongs, among the arts and sciences, where "*cæteris paribus*," the best educated in this direction are the safest and best practitioners, and the people soon know it.

B. M. Griffith.

Springfield, Ill., June 6, 1887.

Ferric Salicylate.

Eds. Med. & Surg. Reporter:

Sirs: Will you kindly allow me the use of your columns to answer my several correspondents who have requested "directions to druggist" for preparing the salicylate of sodium and iron mixture, the formula of which I recently published in your journal. The following is the best method of preparation:

Dissolve the sodium salicylate in the solution of ammonium nitrate, add the citric acid, and rub up in the mortar; decant; rub up well the glycerin and the oil of gaultheria; pour back into the mortar the solution decanted; rub well; add little by little the chloride of iron, rubbing each portion clear, as added.

If these directions are carefully followed, there need be no difficulty in getting a clear mixture; the color of which will vary from wine-red to reddish-brown, according to the amount of iron used. I have never tried to put in more than a drachm to the ounce, but that quantity can easily be incorporated.

Yours very truly,
Solomon Solis-Cohen.

Philadelphia, June 7, 1887.

On Paragraphing.

Eds. Med. and Surg. Reporter:

The idea seems yet to prevail among physicians that contributions to medical literature mean long essays written in the most approved style of the art. It matters not how occult or incomprehensible they may be to the reader, and even to the writer thereof; if they contain the requisite amount of technical language, interspersed here and there with a Latin or French quotation, and cover a sufficient number of pages, the *sine qua non* is obtained. It is a great mistake. Our contributors should learn to paragraph, to condense, to concentrate. Many valuable ideas, opinions, hints, suggestions, and thoughts of every description which enter the minds of physicians in the performance of their daily duties, are lost to the profession because of the idea they entertain that unless they are enlarged upon, "written up"—to use the conventional phrase—they will not be acceptable to practitioners. A naked fact, idea or proposition of any importance, is and ever will be gladly accepted in spite of its nudity, and far more speedily than if clothed with scores of pages of tiresome verbosity. It is a pity also that medical language is not more simplified. We have many words in our professional vocabulary that are ridiculously extended, some of them being almost as long as the intestines of their authors. In every instance of such nonsense words of one or two syllables should be substituted. As we advance in learning we should make a proportionate progress in simplicity. Science and simplicity are in a peculiar sense often synonymous. I believe that more frequent paragraphing will simplify our language.

Dr. H. V. Sweringen.

Fort Wayne, Ind., May 22, 1887.

NEWS AND MISCELLANY.

Baked Beans.

Dr. Ephraim Cutter, in a recent article (*Medical Annals*) on the nutritive value of this favorite New England dish, gives the following rules for preparing it in the genuine "down-East" style:

"1st. Soak a quart of beans over night in two quarts of cold water.

"2d. In the morning turn off the water, add fresh water, and boil them till the membranes begin to separate; turn off the water.

"3d. Put the beans in a baking pot, with half a pound of salt pork buried in the beans; add two tablespoonfuls of molasses, and cover the whole with water. Bake in a slow oven all day; a baker's oven is best. Watch the beans, and, if they become too dry, add more water. When thoroughly cooked, it will be known by the softness of the beans in the mouth between the teeth, by the taste, and by the microscope showing the starch-grains broken up and mixed in one homogeneous mass that will not polarize light with a selenite plate.

"4th. Take time to eat, and chew thoroughly.

"5th. After eating, go out in the open air and walk or work. Do not go to church right after eating baked beans: they will stay in the stomach, and their indigestion will do much towards spoiling the enjoyment of the exercises there. Dyspepsia and religion do not go together well, but good digestion and holiness are twins. Holiness, health, whole and hale, come from the same root. A holy man is a healthy, whole man, with all the functions in good order, and no dyspepsia. Dyspepsia is a physiological sin."

A Deadly Joke.

The New York *World*, May 31, 1887, reports from Nashville that an old man, very much addicted to joking, went into a drug store, and going back to where the clerk was putting up medicine, said: "I'm tired of living; what will kill me?" The clerk, who was measuring aconite, said: "Here's something that will kill you mighty quick—aconite—if you drink enough." "All right," said the old man, "get me something to drink it out of." The clerk then poured out an ounce graduate full, and said: "All right; here she is." He did not notice the man, who took it up and drank it. Looking up a moment later, and seeing the empty glass, he said: "My God! Did you drink that?" "Yes," was the reply. "Then you'll die," said the clerk, and rushed off for help. Six or seven physicians were summoned, and did all they could, but it was too late. The unfortunate victim said he had no idea of killing himself, and no idea that the glass contained poison. His wife and two grown sons were called, and were with him when he died. The clerk is much depressed, and claims that he knew the old man was joking, but thought he would not drink the poison after being told what it was.

Such stupendous folly is almost inconceivable. How any man should drink what he had been told would kill him, or how any drug clerk could offer poison to another as a joke, we cannot understand.

Uses for Peppers.

Dr. S. F. Landrey writes that, according to personal experience, the various kinds of peppers have a value, each of its own, with which mankind cannot dispense. The varieties used in ordinary "pepper-sauce" are certainly the most useful when used in food. Aside from constitutional idiosyncrasies and certain inflammatory conditions of the digestive organs, peppers may be freely used at times to the benefit of both body and brain. Three to eight peppers, from the common sauce of the tables, finely divided and mingled with potatoes (mashed), on meat or on eggs, will certainly, in atonic dyspepsia, produce an aperient, and often a severely cathartic effect. I have many a time, he says, produced an appetite for food, when my stomach loathed the very sight of it on sitting down to eat, by merely eating a few peppers, or by the use of the sauce on beans, potátoes, or meat. It is an excellent stimulant in cold weather, and in feeble bodies better than any of the alcoholic poisons.

It is *always* best to use the vinegar off, and refill once or twice, before venturing on the use of the peppers themselves. The strong tincture applied around the edges of the feet and on the soles with a feather, but not between the toes, nor where the skin is broken, is the best foot-warmer in the world. Apply twice daily till benefited. The oil is too strong to use without proper advice.—*Popular Science News.*

The Doctor Must Be Paid.

A decision has recently been rendered in the suit of a New York physician against the executors of the estate of Alexander Sterling for services from July 1, 1882, to February 6, 1885, for which he claims $4,577, the value of 917 visits. The decision was in favor of the plaintiff. Sterling was a member of the Singer Sewing Machine Company, and when he died the income of his estate was $125,000. He bought a physician's diploma, at the age of 50. At his death he bequeathed to his daughter the sum of $200,000. The physician made nearly a thousand visits to the millionaire; but when he presented his bill he was informed that Mr. Sterling was a doctor, and according to the ethics of the profession, services of that sort were considered gratuitous. The suit followed, and the heiress will have to pay $4,577.

The Old Status Restored at Jefferson Medical College.

The trustees of Jefferson Medical College have restored the chair of anatomy to its original equality with the chairs of surgery and clinical surgery in the control of the clinics. This resolution has just been adopted by the trustees:

"*Resolved.* That hereafter the duties which relate to and are connected with the holding of the surgical clinics shall be performed by the professor of anatomy in equal association with the professors of the principles and practice of surgery and clinical surgery."

This is highly complimentary to Prof. Wm. S. Forbes, M. D., who now fills the chair of anatomy.

A $60,000 Hospital.

At a meeting of the Board of Managers of the Philadelphia Lying-in Charity and Nurse School, held June 6th, a committee was appointed to select plans, obtain estimates, and construct the new building. It is contemplated to build a new hospital, costing fifty or sixty thousand dollars, at Eleventh and Cherry streets. It is the intention of the managers to erect the building five stories high, with all the modern improvements. Thorough clinical courses in Obstetrics will be given. More than half of the necessary fund is now in hand.

The Riberi Prize.

The Academy of Medicine in Turin will award the Riberi Prize of 20,000 francs ($4,000) for researches concerning the nature and prophylaxis of one or more of the infectious diseases of man. Manuscripts may be in Latin, French, or Italian, and will be received up to the end of the year 1891. Works already published are admissible.—*Deutsche Medizinal Zeitung, May* 26, 1887.

Delegates to the Medical Society of the State of Pennsylvania

Are notified that orders for railroad tickets for the round trip to and from Bedford, at the rate of two cents per mile, will be furnished them on application to Dr. W. B. Atkinson, Secretary, 1400 Pine street, Philadelphia.

Prize Essay on Diphtheria.

The Spanish Gynecological Society has offered a prize of 250 pesetas ($50) for the best essay upon diphtheria. Manuscripts may be sent to Madrid until August 31, 1888.

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—The Atlanta University for colored people has established a training school for nurses, which is doing good work.

Items.

—The New Orleans Polyclinic, a school for the special instruction of students and practitioners, has been thoroughly organized. The course will open the first Monday in April, 1888.

—The mayor of Columbus, Ohio, has given notice that for every violation of the law requiring physicians to report contagious diseases he will fine and imprison the offender.

—A recent estimate shows that about one-fourth of the population of New York, Boston and London receive free treatment at the medical clinics; in Philadelphia one-fifth, and in Liverpool over one-half the population.

—The town of Trenton, Missouri, and its neighborhood have been infested for a week past by swarms of insects apparently identical with the Spanish-fly of the dispensatory. They devour vegetation and blister human beings. "Fully a thousand people in Trenton are at present nursing blisters caused by this insect, and lights in residences at night have been almost abandoned for fear of attracting the poisonous insect."

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OBITUARY NOTICE.

On May 15th, of typhoid pneumonia, at the age of 50 years, Dr. John Fulton, of Toronto, who, for seventeen years was editor of the *Canada Lancet.*

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Official List of Changes

OF STATIONS AND DUTIES OF OFFICERS.

Medical Department U. S Army, June 5 to June 11, 1887:

Major B. E. Fryer, surgeon, granted sick leave for one month. S. O. 28, current series Div. Pacific, amended by S. O. 29, Div. Pacific, June 2, 1887.

Major W. S. Tremaine, Surgeon, sick leave still further extended two months, on account of sickness, S. O. 129, A. G. O., June 6, 1887.

Captain A. H. Appel, assistant surgeon, granted leave of absence on surgeon's certificate of disability, 6 months. S. O. 127, A. G. O., June 3, 1887.

In the Medical Corps of the Navy for the week ending June 11, 1887.

Surgeon W. K. Van Reypen ordered June 8, for examination preliminary to promotion as medical inspector.

Medical Inspector Somerset Robinson ordered June 20 before a Retiring Board convened at Mare Island, Cal.

Press of Inquirer Printing Company, Lancaster, Pa.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1582.] PHILADELPHIA, JUNE 25, 1887. [Vol. LVI.—No. 26.

ORIGINAL DEPARTMENT.

LECTURE.

ON THE TREATMENT OF DROPSIES DUE TO DISEASES OF THE HEART.*

A CLINICAL LECTURE BY PROFESSOR DUJARDIN-BEAUMETZ.

Of Paris, France.

(*Concluded from page* 771.)

Thus far I have spoken of medicaments given singly; but often the physician, to obtain a more complete action, will find it more advantageous to associate several diuretics in one prescription. Thus you have often seen me give acetate or nitrate of potash along with vegetable infusions which of themselves have a reputation for facilitating diuresis, such as parietaria, scoparium, pareira brava, etc., and there are certain wines, syrups, and oxymels containing several diuretic ingredients combined.

The diuretic wines are in very general use, and one of the best known is that of Trousseau, which is given in the dose of from half a fluid ounce to two fluid ounces daily, in divided portions. The formula of Trousseau's diuretic wine is as follows:

℞.	Dried digitalis leaves.	10 parts.	
	Squills,	5 "	
	Juniper berries,	50 "	
	White wine,	750 "	M.

Macerate four days, add of acetate of potash, 15 parts. Filter. Dose, 1 to 2 tablespoonfuls three times a day.

Prof. Gubler has given to the profession an oxymel called the diuretic oxymel of Beaujon, the formula of which is as follows:

℞.	Tincture of digitalis,		
	Fluid ext. of ergot, āā	10 parts.	
	Gallic acid,	5 "	
	Bromide of potassium,	30 "	
	Syrup of wild cherry,	100 "	
	Vinegar of squills,	515 "	M.

Dose.—A tablespoonful three times a day.

Lastly, *the syrup of five roots* (a popular preparation of the French codex) has been happily modified by Bouchardat, by the introduction of acetate of potash (50 parts by weight per 1,000 of the syrup).*

You can then vary your treatment to avoid fatiguing the stomachs of your patients and turning them against the medicine, alternating the administration of one remedy with that of another, and then in a little while returning to milk, which increases diuresis, has a calmative local action, and combats irritation of the stomach when provoked by the digitalis or other diuretic agents employed.

Debreyne (*Bulletin de Thérapeutique*, 1843), who has given valuable therapeutic formulæ for diseases of the heart, was in the habit of associating digitalis with nitrate of potash in the following way: He prescribed tincture of digitalis in increasing doses, and insisted that the medicine should be faithfully given at stated hours during the day. Thus a dose of the tincture (and he would generally begin with four drops) was to be given morning, noon, and night; this dose was gradually increased till 20 drop doses were given three times a day (60 drops in the 24 hours). Each dose was taken in a glass of water in which twenty grains of nitre had previously been dissolved.

Such was Debreyne's method. On my

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*From advance sheets.

*The syrup of five roots contains holly, asparagus, fennel, smallage, and parsley.

part I advise you, if you adopt this way of associating these two diuretic agents, to give the digitalis, not in increasing, but in decreasing doses, beginning with the largest dose and diminishing the number of drops each day till you come down to the smallest dose. By following these directions you will be able to continue the administration of these diuretics longer than you otherwise could.

What effects will you obtain from this kind of treatment? Effects often truly marvellous. In fact, three or four days after the administration of the digitalis, you will see the urine augment, often in remarkable proportions, and the œdema and effusions disappear as if by magic. Then, when the patient is delivered of his dropsical encumbrance, you will see the quantity of urine return to its normal figure.

Unfortunately, one does not always, it is true, obtain so complete a success; everything, in fact, depends on the state of the kidneys, which, if they are intact, respond energetically to the stimulation of diuretics. Recall to your minds, for instance, a patient who recently entered our wards for general dropsy, associated with a mitral affection. Already in previous years he had been three times admitted to the hospital by our colleague Mesnet, for the same symptoms, and each time, under the influence of diuretics, his dropsical swelling disappeared. Again, the treatment has had a happy result, and the patient has left the hospital in a satisfactory condition. But it is not so when the kidney is altered in its structure, or is "smitten with imbecility," to use Gubler's expression; it no longer responds to diuretics, and the treatment remains inefficacious.

Without stopping to consider other diuretic agents, which have been proposed in affections of the heart, some of which are odd and absurd, like the "blatta orientalis," we will pass on to another group of medicaments, and you will see that, thanks to the tolerance of the digestive tube in cardiac affections, you will find in purgatives an important adjuvant to combat the dropsies.

Just as it was in the case of diuretics, we find purgatives divided into several groups; thus, we have the mild purgatives, such as castor oil and salines, and others called drastics, which determine an enormous secretion from the digestive tube. As in the affections of the heart you desire an energetic and prolonged effect, an out-pouring of serum, in fact, from the whole digestive tube in order to remove the serous effusion in the cellular tissue and great cavities, it is to these drastic purgatives that you should resort.

One of the most vaunted is scammony, which, given in milk in the dose of from 7 to 15 grains, produces copious stools.* Jalap† possesses the same properties, and there is a preparation of jalap much in vogue, which may render you service in the treatment of dropsies. I refer to the *Eau de vie Allemande*, or compound tincture of jalap, which is given in the dose of one or two tablespoonfuls. The celebrated purgative "Médecine Leroy," which was once in so great favor, was nothing but the compound tincture of jalap sweetened with syrup of senna. Guillié has formulated an "evacuant syrup" similar to the tincture of jalap, in which nitre is one of the ingredients. You can also make use of the electuary of Cruveilhier, the good effects of which you have seen in my service.‡

Ordinarily I make use of the following mixture, which has always given me excellent results:

℞. Tincture jalap co.,
Syrup of senna,
Syrup of buckthorn, āā f℥j.
M. Dose.—One to three tablespoonfuls.

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* Scammony (Aleppo Scammony) is a gum resin obtained from the *convolvulus scammonia*. The top of the root is cut off just below the origin of the stems, the milky juice which exudes is collected in shells. According to various chemical authorities scammony contains resin, extractive matters, gum, starch, bassorin, gluten, albuminose, cellulose, and salts. According to Spirgalis, the resin is identical with that of male jalapin, and it is to this that scammony owes its medicinal properties.

The resin is a powerful drastic purgative given in the dose of from 6 to 9 grains in mucilage or in sweetened milk.

Scammony in powder may be given in the dose of 7 to 30 grains. According to Rayer and Villemin, scammony acts better in small doses than in large doses.

† Jalap also belongs to the *convolvulaceæ*. The root only is employed; from this a resin is extracted which contains (Buchner and Herberger) jalapin and jalapic acid. Like scammony, jalap is somewhat uncertain in its action. The root may be given pulverized, in the dose of 15, 30, or 45 grains. The dose of the resin is 3 to 9 grains.

EAU DE VIE ALLEMANDE.

(Comp. Tincture of Jalap.)

Take of jalap root, 8 parts.
Turpeth root (ipomæa turpethum), 1 part.
Scammony, 2 parts.
Alcohol at 60°, 96 parts.
Mix. Macerate ten days and filter.
Dose.—Half a fluidounce to an ounce.

The "purgative medicine of Leroy" contains scammony, turpeth, and alcohol, and is a powerful drastic cathartic. [The compound tincture of jalap is a preparation much employed, and which might well find a place in the U. S. Ph. Tr.]

‡ The formula of the electuary of Cruveilhier is as follows:

℞.	Powdered senna,	40 parts.
	Scammony,	10 "
	Gamboge,	3 "
	Jalap,	40 "
	Syrup of buckthorn,	300 "
	Honey,	300 "

M. Dose.—A teaspoonful in the morning on rising.

[A useful preparation of jalap, much in use in the United States, is the compound jalap powder (one part of jalap to two of cream of tartar), of which the dose is one drachm. It is a good hydragogue purge. Of scammony, the official preparations are the Confection, the Pil. Colocynth Co., the Pulvis Scammoniæ Co., and the resin.]

Some patients object to taking syrups and electuaries; in such cases you can give purgative pills, such as the Pil. Scammoniæ Co., and Trousseau's pills, which are powerful hydragogue cathartics.[*]

When I spoke of diuretics I showed you that Debreyne was in the habit of combining digitalis with nitrate of potash; he completed the treatment by the administration of two wines; the *vinum major* and the *vinum minor*.[†]

Of the *vinum major* he was in the habit of giving morning, noon and night, at first, a tablespoonful, then two, then three tablespoonfuls. As for the *vinum minor* he would give it in larger doses, ordering as much as a wineglassful three times a day.

I have made trials of these wines of Debreyne, and have observed that when taken willingly by patients they give good results, but they soon produce an irritation of the digestive tube. This leads me to speak to you of the action of drastic purgatives on the economy.

You must have often been struck by the tolerance of the digestive tube in cardiac patients, who are able for months, and even (it may be) years, to take powerful cathartics without much injury. But along with these facts of observation, it must be confessed that in many cases these purgatives soon produce a violent irritation of the whole alimentary canal. These disadvantages were especially apparent, when, during the time of its popularity, physicians were in the habit of giving the "Médecine Leroy," and when you make free use of drastic cathartics in your practice you will often witness such untoward results.

In fact, this faith in drastic purgatives is widespread, and when we see nostrum venders vaunt the cleansing and evacuant properties of their drugs, they cater to the popular notion that certain "humors" or secretions are the cause of the diseases, and that in expelling these they cure the disease. This is a profound error; the glairy mucous secretions which are expelled are but the result of inflammation of the digestive tubes, provoked by the irritating medicaments.

Whether you practice in the city or in the country, you will see patients with cardiac or other diseases who have been too much dosed with drastic cathartics. You should combat this tendency to overmuch "physicking," and show the danger that attends such treatment; and if, in diseases of the heart, you may often derive benefit from drastics, do not forget to be chary in their employment. Watch, then, the action of the medicament; reduce to a minimum the irritation which it occasions; and when the symptoms of inflammation appear, set aside your hydragogue cathartics, and resort to other forms of treatment. Remember moreover, that these drastics sometimes determine colicky pains which you must seek to prevent or lessen by a skilful combination of your medicaments.

Diuretics on the one hand, purgatives on the other—such is the therapeutic armamentarium which the physician may use in combating cardiac dropsies.

We have just seen the advantages derivable from medicines which drain off serum from the cellular tissues and great cavities, by the kidneys and intestines. The skin has also been utilized, and sudorifics have been vaunted in the treatment of cardiac œdema. The external means, such as dry fumigations or vapor baths, should be abandoned, because, while being generally inefficacious, they may be dangerous in individuals with cardiac affections.

Are you likely to be more successful with internal sudorifics? I will be brief on this head; for there exists, properly speaking, but one substance really possessing this quality, namely, jaborandi. Since the discovery of the active principle of this plant, *i. e.*, pilocarpine (which may be injected under the skin in the dose of one-eighth grain to two grains and given by mouth under the form of nitrate of pilocarpine) jaborandi has given place to its alkaloid. Notwithstanding the diaphoretic and sialagogue effects of this medicine, it has been little used in the treatment of cardiac dropsies, for if you refer to the trials made by Hardy and Gallais, Gillet of Grandmont, and especially by Vulpian, you will be convinced that pilocarpine has a paralyzing effect on the heart. You ought then to abandon sudorifics almost entirely in heart affections and to stick to purgatives and diuretics.[*]

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[*] Trousseau's pills:

℞.	Extract colocynth co.,	10 parts.
	Extract rhei,	10 "
	Gamboge,	10 "
	Extract hyos.,	2 "
	Oil of anise,	29 "
M.	Divide in pil. No. xx.	

[†] DEBREYNE'S VINUM MAJOR.

℞.	Jalap,	8 parts.
	Scillæ pulv.,	8 "
	Pot. nit.,	16 "
	White wine,	1000 "
Mix.	Macerate twenty-four hours and filter.	

DEBREYNE'S VINUM MINOR.

℞.	Juniper berries,	20 parts.
	Nitrate of potash,	6 "
	White wine,	500 "

M. Macerate the berries four or five days, filter and express, then add the nitrate of potash and filter.

The dose of these two wines is one or two tablespoonfuls.

[*] When you inject under the skin of a chloralized dog a

Thus far we have been occupied with the internal treatment of cardiac dropsies. I shall now show you that this complication of affections of the heart also demands a local treatment which merits a few minutes' consideration.

You have seen, that by diuretics and purgatives one may combat the dropsies resulting from affections of the heart; but in certain cases these dropsies present a special character, whether from the over-distension which they effect in the cellular tissue of the lower limbs or genital organs, or from the fact that, accumulating in one of the great serous cavities, they oppose the functional operations of the different viscera.

Let us examine these conditions, and see what the physician is to do under such circumstances. When the skin becomes distended and shining, and ready to burst under the pressure of extravasated serum, and the patient can no longer move by reason of the swelling of his limbs, it is the duty of the physician to interfere and favor the evacuation of the serum.

Two methods accomplish this result. The first, and much the most employed, is punctures; a simple procedure often put in practice in our wards. You have, in fact, often seen me, with a fine and well-oiled needle, prick the lower extremities at different points, and by this operation, which is unattended with pain, cause an abundant flow of serum from the minute openings thus made. These punctures should be some little distance apart, and their number should be limited to twenty or thirty for each limb. You can also prick the genital organs in several places. It has even been advised, in order to diminish the chances of inflammation, and to keep the openings from closing up, that the point of the needle, before being used, should be heated to a red heat in the flame of a lamp. This is a good precaution, and one which in some cases I would recommend.

The great inconvenience attending this method is the incessant flow of serum, which wets and soils the bed-clothes and linen of the patient, and keeps up a constant dampness about the œdematous members. You must, as far as possible, prevent the permanent contact of the exuded serum with the patient's body, and you will attain this result by enveloping the limbs with those rubber wrappings which render so great service in the treatment of the diseases of the skin.

Recommend also, especially, that the patient keep in a sitting posture in his bed, or that he be in a semi-reclining posture in an arm-chair. Here in our hospitals we obtain this result by bending the mattress, and thus transforming it into a chair, which allows the legs to hang, permitting a free flow of the serum. In private practice, you can use those mechanical reclining chairs which have been so perfected of late, and with which you can obtain all the positions desirable.

You can also evacuate serum by incisions with the lancet or bistoury; but you must not make long ones, which are dangerous, and may be accompanied by phlegmons, which are more grave from the fact that the distended skin has lost much of its vitality. Moreover, these incisions readily become complicated with sphacelus; often, even after having taken all the necessary precautions, and having used a very sharp instrument, you may be mortified by seeing gangrenous or erysipelatous inflammation invade the inferior extremities.[*]

This is one of the most serious objections against this method, which, for this reason, ought to be limited to cases in which all other means have failed to rid the patient of his burdensome œdema. However, despite all these disadvantages, I do not hesitate to say that this little operation may give excellent results; and you have seen in our hospital wards—as I myself often saw when I was interne under Dr. Moissenet—astonishing cures effected by this local treatment, joined to an appropriate general treatment. But the favorable action of these punctures is not long-continued. In fact, at the end of a certain time, a veritable induration (sclerema) of the cellular tissue takes place, when even the deepest punctures do not give issue to any serosity.

To avoid the employment of sharp-pointed instruments, another method has been proposed in order to give vent to serum. This method consists in rubbing the lower limbs of the patient with a few drops of croton oil,

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large dose of jaborandi (60 to 90 grains of the leaves infused in a fluidounce of water), the pulse falls to 39 or 40 per minute, and sometimes even lower. In frogs the extract of jaborandi applied upon the heart arrests its movements like muscarine. When pilocarpine is given internally to these animals the heart-beat falls from 50 to 7 or 8 per minute.

The blood pressure diminishes in animals under the influence of jaborandi, as in man, and Gillett of Grandmont has given tracings which are very instructive in this regard.

[*] To combat the accidents which may result from punctures of the limbs, Wilkens proposes the following means: After having well oiled the limb, he rapidly makes 20 or 30 punctures with a fine needle, taking care that the points shall penetrate the subcutaneous tissue; then these punctures are covered with sponges which have been wrung out in a solution of salicylic acid. As fast as these sponges fill, their contents are squeezed out, and they are again wrung out in the salicylic solution and replaced. This is done every two or three hours. (*Lancet*, Jan. 25, 1879.)

which gives rise to a crop of vesicles, whose rupture allows serum to escape. Trousseau, who devised this method, has much extolled it. For my part, however, I prefer the punctures. Croton oil, in fact, either determines too active an inflammation, which overpasses its end, or has an uncertain action, by reason of the little vitality of the skin. Moreover, it has not been proved that these little openings in the skin, caused by croton oil, are less liable to inflammation than those made with a needle.[*]

Some little time ago, at one of the medical congresses (the Congress of Havre), Dr. Southey proposed another means of evacuating serum, which consists in the introduction into the cellular tissue of fine drainage cannulas, whose free extremity fits into a rubber tube which communicates with a vessel by the side of the bed. This way of conducting the serosity into an outside receptacle enables one to do away with the great inconvenience which I have before pointed out, namely, the incessant contact of the exudation with the œdematous members. I have not made trial of this mode of treatment, and am not prepared to judge concerning it. I should fear, however, that the presence of a foreign body, such as a capillary trochar, in an œdematous and ill-nourished limb, would set up considerable inflammation of the tissues. I would therefore advise you, before adopting this method in your practice, to wait for more certain proofs of its harmlessness.

In other circumstances, it is not in the cellular tissue that the serum accumulates, but in the great visceral cavities. In fact, under the influence of uncompensated mitral diseases, you will see passive non-inflammatory effusions in the pleura and peritoneum. These effusions sometimes become so abundant that they hinder the regular functional operations of organs most necessary to life. Allow me here to study separately this question in its relation to the two great serous cavities.

In certain diseases of the heart, to the trouble of the circulation, and especially to the concomitant albuminuria, are added pulmonary œdema and a double pleuritic effusion which is not generally large in amount. There are, moreover, cases in which you will observe a one-sided effusion, constituting a hydrothorax, which seriously aggravates the respiratory distress already produced by the heart disease itself. In these cases, despite the persistence of the cause of the hydrothorax, and the almost absolute certainty that there will be a return of the effusion, do not hesitate to aspirate the chest if asphyxia threaten.

This operation may indeed render signal service; it restores equilibrium to the circulation and respiration, and enables you again to apply your medicines to advantage. You may be able, by this means, not only to relieve the patient, but to prolong his life for months. Siredy has reported instances of the kind, and for my part, when such cases occur, I do not hesitate to aspirate.

As for ascites, this is a question which presents far greater difficulty, and demands much fuller consideration.

The affections of the heart, as you know, are often accompanied by a special cirrhosis, called *cardiac cirrhosis*, characterized by the fact that the venous net-work of the portal vein is choked up by the swelling of the radicles of the hepatic veins, which participate in the mechanical stasis of the inferior cava. This condition is the opposite of that in true cirrhosis, in which the compression of the radicles of the portal vein takes place at the periphery of the lobule. Here we see the pressure beginning in the center of the lobule, and operating from the center to the periphery, causing that post-mortem appearance in the liver known as *nutmeg liver*. In these cases, whether of true or of cardiac cirrhosis, the circulatory disturbances in the portal and hepatic veins always manifest themselves by a more or less abundant outpouring of serum into the abdominal cavity. Hence you will not be surprised to see in cardiac cirrhosis, ascitic effusions quite as pronounced as in true cirrhosis.

What treatment should be pursued in such cases? From past experience I cannot but regard paracentesis or aspiration in ascites connected with true cirrhosis, as an operation more injurious than useful, and in my hospital service you very seldom see me resort to this operation in such dropsies. I have in fact always observed that patients rapidly become enfeebled under the influence of this operation, and as the obstruction in the liver necessarily remains the same, reproduction of the effusion soon takes place in the abdominal cavity after tapping, and this kind of "white bleeding" only exhausts the patient, and cuts short his days. Hence, deaf to the importunities of the patient, I defer tapping as long as possible, and only resort to it in the event of impending asphyxia.

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[*] Applied to the healthy skin (10 to 40 drops), croton oil produces, after several hours, pain, redness, heat, and swelling. Then, after about twenty-four hours ordinarily, appear vesicles, whose contents, at first clear and transparent, rapidly become turbid and purulent. On the diseased skin, according to Trousseau, there are two different effects. If the skin in cardiac affections is œdematous but hard, the croton oil application produces but an insignificant eruption. If the skin be distended, smooth, transparent, a copious eruption appears. The vesicles break almost immediately, and occasion an enormous loss of serum. The lesion of continuity which results from the rupture of the vesicles has at first an ugly look, but soon heals.

Trousseau recommends to make this friction only on the legs, and to take care that the croton oil does not touch the scrotum, lest severe ulceration should ensue. The patient should be seated in an arm-chair, and the legs wrapped with cloths after the application. If no result is witnessed, another application must be made on the next day, and so on, till a sufficient vesicular eruption is produced.

Is this mode of procedure, which I regard as good in cases of true cirrhosis, also applicable to cardiac cirrhosis? One might be tempted to reply in the affirmative, when having in mind the heart lesion and the consecutive hepatic lesion. Paracentesis, in fact, is a palliative measure which has no action on the primary and determining cause. I am disposed, however, to be less rigorous on this point, and to regard abdominal paracentesis as of more utility in cardiac than in true cirrhosis. Let me explain: Cardiac cirrhosis, which is due, I repeat, to the mechanical congestion of the hepatic radicles, is not to be compared, from the point of view of its persistency and importance, with true cirrhosis, resulting from gradual and progressive development of the connective tissue elements.

It is, in fact, easy to understand that if you can succeed in modifying the circulation in the vena cava, you may diminish the varicose development of the intra-lobular and sub-lobular veins, and the hepatic radicles generally, and thus lesson the pressure on the portal system. So when you are in presence of a patient suffering from a cardiac affection, if the cachectic state be not too advanced, if the œdema of the lower limbs be not too great, and at the same time the ascites is abundant, you can perform paracentesis with advantage, especially if the effusion impedes the functions of the diaphragm, and thus augments the trouble of the cardiac circulation.

These cases are less rare than you would think; and you will see, if you have not already seen, patients sufferering from mtral affection, who present this peculiarity, that while having but little œdema of the lower extremities, they have considerable ascites. It is true that the diagnosis is often doubtful, and that one may well ask if he has not to deal with a disease of the heart co-existing with true cirrhosis.

Cirrhosis is, you know, an affection depending on a chronic inflammation of the liver, an inflammation often having for its origin the passage through the lobules of the liver of alcohol which has been ingested in excess. Your patient then may have been a hard drinker, and you readily see how both of these affections may exist together: cirrhosis with the mitral affection. In these cases the diagnosis is very difficult, though the course of the disease, and the signs derived from an attentive examination of the patient, may help to clear up the diagnosis. In presence of these facts, whether doubtful or not as to the pathological condition, do not hesitate to tap and relieve the heart. If you have to do with true cirrhosis, its course will be but little modified, while, on the contrary, if you have to do with cardiac cirrhosis, the operation will permit an active medicinal treatment to have its effect, and thus prolong life.

Such, gentlemen, are the rules which you are to follow in the general and local treatment of dropsies.

COMMUNICATIONS.

A POSSIBLE DANGER IN THE USE OF THE RING AND STEM PESSARY.

BY E. C. BAILEY, M. D.,

Of Philadelphia.

The victim of the accident which forms the subject of this paper, was a lady over 70 years of age, who had been wearing a ring and stem pessary for more than 30 years. The mother of several children, her perineum had been torn, in one of her labors, down to the sphincter ani muscle, and the cervix uteri lacerated bilaterally to the vaginal junction on each side. These mishaps had resulted in a subinvoluted uterus, with all the discomfort and disability which such a condition of affairs entails. The womb had not undergone the usual senile atrophy, and was larger than is commonly found in healthy multiparæ during menstrual life, requiring artificial means to prevent it from escaping from her body. The instrument in question consisted of a hollow ring of block-tin 1½ inches in its internal diameter, attached to a Y-shaped vaginal stem of the same material, and supported by a perineal band and an abdominal belt. This she was accustomed to adjust before rising and to remove after retiring, thus keeping the uterus in place most of the time, and enabling her to attend to her household duties with comparative ease.

She spent the morning of the day on which the accident occurred in shopping, and the afternoon and evening at the house of a relative. Shortly after tea she began to suffer pain in the region of the uterus. This pain she described as resembling that of the expulsive stage of labor. It soon changed in character, becoming more like the cramp of colic; and, attributing it to indigestion, she took some simple domestic remedy, without relief. Later in the evening her suffering became so great that she reached home with difficulty, at once undressed, and as usual attempted to remove the supporter after getting into bed. The firm traction she exerted, instead of dislodging it, pulled the womb completely outside, and gave her intense pain. Answering a hurried summons, I found her writhing in agony, her features pinched, her face covered with cold, clammy sweat, her pulse quick, rapid, and feeble, and every indication of impending collapse. Protruding from the vulva was a tumor fully six inches in length, purple, and exquisitely tender. Examination showed the ring and stem deeply imbedded in the swollen and œdematous tissues, the former encircling the base of the mass just within the orifice of the vagina. The uterus had passed through the lumen of the pessary with such force as to bend the Y-shaped stem from its original position at right-angles with the plane of the ring it supported to one nearly parallel with it. The attempts to remove the instrument had made the trouble worse by burying the constricting metal still deeper into the sodden vaginal walls; the dislocation of the womb had increased the congestion, and complete strangulation was the result. The condition of the incarcerated organ was such that I did not feel justified in losing the time necessary to obtain and administer ether. I therefore went to work at once with a pair of small bone forceps, in spite of the pain my efforts gave, and finally succeeded in cutting and removing the ring. All suffering ceased as soon as the womb was replaced, and I had the satisfaction of seeing my patient recover without a bad symptom, after a few days of rest in bed. I subsequently introduced a large Gemrig pessary, which kept the uterus in good position, and have heard of no further trouble from the procidentia.

Examined after all swelling and tenderness had subsided, the uterine walls were found to be hard and gristly from fibrous change in the muscular tissue, and the size of the mass that protruded when the patient assumed the erect position seemed to preclude the possibility of such an accident. The mechanism of the process and the source of the power which drove so large a body through so small a ring with sufficient force to bend the stiff metal support, are to me unsolved problems.

The facts above related point out a danger in the use of these clumsy and untidy instruments, which is, I believe, usually overlooked by their advocates. There are also other and serious objections to them which merit consideration. A pessary of this sort is a source of constant annoyance to the wearer. The perineal band must be removed whenever the bowels are evacuated, and is difficult to keep clean. If the support is anterior, it interferes with micturition and necessitates great care to prevent the urine from soiling the person and clothing. Leather or canvas belts become offensive in warm weather, and add to the bulk of a woman's apparel, confining and pressing upon the abdomen. The unyielding character of the support exposes the vagina to injury, and severe and painful ulceration often results. For the same reason, it is likely to cause leucorrhœa and to become corroded and roughened by the irritating discharge it provokes. It is moreover expensive, and requires frequent repair because of its complicated nature.

Although these supporters are in common use, especially in the rural districts, there are but few cases in which they are indispensable. When the displacement is due to a ruptured perineum or subinvolution of the uterus following a bad laceration of the cervix, or both, the integrity of the mutilated structures should be restored by operative means, unless this is contraindicated by the age or ill health of the patient. The danger of malignant disease makes the closing of a cervical tear still more imperative. When surgical measures are out of the question, many sufferers may be made comfortable by the use of a Gemrig, or a large Hodge pessary, or an ordinary ring of sufficient size to distend the vagina and prevent it from turning inside out.

The use of a pessary retained in position by external appliances is only justifiable in cases in which all other methods have failed to relieve; and, when once inserted, it requires careful watching lest it injure the parts and cause far greater discomfort than the displacement it is intended to prevent. In such a contingency, the uterus should rest upon a cup, perforated to allow the escape of its secretion, and under no circumstances should a small ring be firmly held against a womb deprived of ligamentous and perineal support. I believe the time is not very far distant when this unwieldly and disgusting instrument will share the fate of the Ferguson speculum and the intra-uterine syringe.

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THE COLD WATER TREATMENT OF TYPHOID FEVER, ACCORDING TO THE METHOD OF BRAND.

BY SOLOMON SOLIS-COHEN, M. D.,
Of Philadelphia.

The treatment of typhoid fever is a subject of perennial interest, nor can a more important one engage the attention of practicing physicians. No apology is necessary therefore for the presentation, though at this time without comment, of the views of Dr. E. Brand, of Stettin, who in 1861 recalled attention to the value of cold bathing as an antipyretic measure, and especially to the great reduction in the mortality of typhoid fever, effected by the systematic use of cold water; from which fact this plan of treatment in typhoid fever is known as the "Brand" method. For more than twenty-five years, the author has labored to secure the general adoption of his treatment, and while he has seen it followed by some of his colleagues, by others it has been modified or improperly employed; and he therefore naturally resents the condemnation passed upon the method by those who have ineffectually, because incorrectly, applied it. In a very long and controversial article in recent numbers of the *Deutsche Medizinische Wochenschrift* (Nos. 1 to 11, 1887,) Brand brings forward, among other arguments, a very striking series of statistics, some of which are here reproduced.

In the Garrison Hospital at Munich[*] during the last forty years, 8,325 cases of typhoid fever have been treated, with 1,486 deaths. These may be divided into two periods: 1841 to 1868, 5,484 cases treated without water, 1,138 deaths, or 20.7 per cent.; 1868 to 1881, 2,481 cases, treated with water, 348 deaths, or 12.2 per cent.; difference in favor of the water treatment, 8.5 per cent.

"Water treatment" in these statistics, however, means that here and there cases were subjected to systematic bathing, but in most instances, merely a "combined treatment" with quinine, sodium salicylate, and *occasional* baths, was instituted.

The difference between *systematic cold bathing* (the Brand method or veritable "water-treatment") and the *occasional* employment of the cold bath, (as, for instance, in the *antipyretic* or Liebermeister method; or the employment of the *graduated bath*, as in the method of Ziemssen) is strenuously and repeatedly insisted upon. The difference between the new and old Liebermeister methods on the one hand, and the Brand method on the other, are thus tabulated:

BRAND OR WATER TREATMENT.	LIEBERMEISTER OR ANTIPYRETIC TREATMENT.
1. Severe cases of typhoid are in all respects converted into mild ones, and mild cases into milder.	1. Change into an afebrile typhoid; *i. e.*, one which runs its course without increase of temperature, without regard to disturbances of function.
2 This happens: *a.* By prevention of any rise of temperature, and the gradual establishment of a temperature at or near the normal.	2. This happens: *a.* By reduction of excessively high temperature.
b. By averting functional disturbances of the organs. *c.* By restriction and suppression of the morbid process. *d.* By prevention of complications.	*b.* By conversion of the continued or sub-continued fever into a remittent.
3. Every third hour a bath at 15° R. (39° F.) for fifteen minutes, as long as the temperature exceeds 39° C. (102.2° F.), cold affusions and compresses and good nourishment.	3. *Formerly:* Baths when body heat equals 40° C. (104° F.). Every other evening an antipyretic drug. *At Present*: An antipyretic every evening and baths through the night sufficiently often to keep the temperature nearly normal. During the day nothing, or at least only when there is great excess of temperature, in which case the cold bath.
4. The treatment is directed against the morbid process *in toto.*	4. Here only against one symptom—elevation of temperature.
5. The bath is employed exclusively.	5. Baths and antipyretic drugs.
6. Mortality: When the treatment is begun in time and properly carried out, 0 per cent. In family practice, 1 per cent.	6. Mortality: *Formerly:* Average 7 to 8 per cent.; varying from 0 to 23 per cent.
In (general) private practice, 3 to 4 per cent. In military hospitals, 4 per cent. In general hospitals, 5 per cent. Without material variation.	*At Present:* 10 to 18 per cent., with considerable variations.

The author adds: "One sees that the two methods have nothing in common but the bath; in all other respects they differ as much as a painting by Rafael and a modern chromo-lithograph." His object in thus insisting and re-insisting upon the difference between *hydrotherapy*, or the exclusive use of cold baths and *antipyresis*, or the employment of cold baths as an adjunct to other measures directed against high temperature only, is both to prevent the mortality of the latter method from being advanced in argument, and to emphasize the fact that systematic cold bathing does more than reduce fever; for if that alone were the object, some would argue that we need not take all this trouble, but content ourselves with antipyretic medication.

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[*] Vogl: Deutsch. Archiv. f. klin. Med., Bd. xxxvi.

This argument is borne out by a further comparison of the statistics of the Garrison Hospital at Munich, already cited. The use of cold water was said to have been introduced in 1868, and we have seen that the mortality lessened. It was not until 1875, however, that the method of Brand was employed; and then at only one of the two stations, the Liebermeister method being continued at the other. Thus as the hygienic conditions and the material are exactly similar, and in one case the Brand treatment, in the other the Liebermeister treatment was adopted, we have a perfectly fair basis of comparison.

Vogl (l. c., p. 483,) writes: "With the Liebermeister method, the mortality reached a height of from 10.8 per cent. to 18.8 per cent. In many (more than half) of the years of the preceding period (1841–1868), even with expectant treatment, this was not exceeded. The mean mortality with this method was 7.6 per cent. The Brand method, with a general average mortality of 2.7 per cent., did not once exceed 4.7 per cent., even in years when epidemics prevailed; a result which was not paralelled in a single year of the whole period from 1841 to 1868."

A table of the number of cases treated by each of these methods during each of the years from 1875 to 1882, with the results, is given. We separate the statistics as follows:

LEIBERMEISTER METHOD.					BRAND METHOD.			
Years......		Cases......	Deaths......	Mortality Percentage.	Years......	Cases......	Deaths......	Mortality Percentage
1875–6		76	12	15.8	1875–6	66	3	4.5
1876–7		194	13	6.8	1876–7	141	5	3.5
1877–8		77	3	3.8	1877–8	56	0	0.0
1878–9	both stations	115	7	6.1	1878–9	—	—	—
		92	14	15.2				
1879–80		110	12	10.8	1879–80	98	3	3.9
1880–81		16	3	18.8	1880–81	25	1	4.0
1881–82		22	2	9.1	1881–82	42	2	4.7
		702	66	9.4		428	14	3.3

The comparative statistics as to complications are suggestive. Thus, in 767 cases treated by the "combined method," were noted 783 instances of complications, or 102.0 per cent.; while in 221 cases treated by systematic cold bathing, but 145 instances of complications were noted, or 65.2 per cent. With the Brand method, pleuritis occurred in one case, against 16 with the Leibermeister method; delirium in 6, against 93; involuntary evacuations in 1, against 18; bloody stools in 2, against 21; and pneumonia, affections of hearing, vomiting, somnolence, muscular tremors, convulsions, suppression of urine, and cystitis, peritonitis and perforation, not at all.

To the consideration of those who would "like to use the bath without wetting the patient," and of those who assert that cold baths are disagreeable to the patient, and that they depress the heart's action, and thus invite danger of collapse, the author commends the following citation from Vogl: "As regards the retardation of the heart's action, under the influence of the cold water treatment, I can fearlessly affirm, as the constant result of our numerous observations, that the evening pulse-rate during the fever heat averages 96 per minute, the highest on admission-day, or in cases ending fatally, 100 and more. Very frequently, however, even in association with a symptomatology otherwise more intense, it has been less than 92, and we have noted throughout the absence of the dicrotic condition. It has been especially noteworthy that only in an exceptionally mild form have we seen any of those symptoms which otherwise play so important a part in the results of lowered cardiac vigor. Even in the most severe cases we have never observed cyanosis, very seldom a pronounced hypostasis, never hemorrhagic tendency, seldom venous thrombosis, never oliguria, in very few cases albuminuria. *What, however, must be emphatically stated, is that in all the thousands of baths we have administered, neither before, during, nor after the procedure has collapse been observed in a single instance.*" Vogl further remarks that the convalescence is speedier, and occurrence of unfortunate sequelæ less frequent, in cases treated after the method of Brand; as is evidenced by the records of soldiers furloughed or discharged as unfit for service, and by the pension rolls.

The statistics of the Royal Prussian Army and the 13th (Royal Würtemburg) Army Corps show a progressive reduction of mortality from enteric fever, coincident with the introduction and spread of the cold-water treatment. Thus from 1820 to 1844, the average mortality was 25.8 per cent.; from 1868 to 1874 (excluding war times) 15 per cent. In 1874 Brand's treatment began to be employed.

In 1874	there were treated	[illegible]	cases with	[illegible]	deaths	[illegible]
" 1875	" " "	[illegible]	" "	[illegible]	"	[illegible]
" 1876	" " "	[illegible]	" "	[illegible]	"	[illegible]
" 1877	" " "	[illegible]	" "	[illegible]	"	[illegible]
" 1878	" " "	[illegible]	" "	[illegible]	"	[illegible]
" 1879	" " "	[illegible]	" "	[illegible]	"	[illegible]
" 1880	" " "	[illegible]	" "	[illegible]	"	[illegible]

Comparing this with military statistics of neighboring nations during the same period, we learn that in the Italian army from 1874 to 1878, the mortality ranged from 28 to 36.8 per cent; in the Austrian army, from 1873 to 1878, it averaged 26.8 per cent., and in the French army from 1875 to 1880, 36.5 per cent.

In the Garrison Hospital at Stralsund,[*] from 1877 to April 1, 1882, Dr. Büttner treated 257 cases of typhoid fever according to Brand's method, with but one death; that of a patient admitted on the fourteenth day of the disease. From 1873 to 1877, under the same physician, the mortality with Ziemssen's treatment, had averaged 10 per cent.

Jürgensen was one of the first to adopt Brand's treatment, and indeed simplified it. It is to Jürgensen's scientific report of his experience in Bartel's clinic at Kiel,[†] that the more general resort to hydrotherapy in typhoid is to be ascribed. His later statistics from the Tübingen Policlinic are reported by Betz (Stuttgart, 1885, Inaugural Dissertation) as 220 cases with 4 deaths or 1.8 per cent. Of the fatal cases 2 had not been subjected to the bath, and 1 was treated with occasional baths and antipyretic drugs.

In 1877, in the second edition of his monograph, Brand was able to cite from all sources 8,141 cases treated "with water" in one or another fashion, with 600 deaths, or 7.4 per cent. He now cites in addition enough to make a total of 19,017 cases with 1,489 deaths, or 7.8 per cent. It would be an easy matter to increase this table, he says, by adding the statistics of Liebermeister, v. Ziemssen, and others, who make frequent use of the bath in the treatment of typhoid; but it is unnecessary to do so; for "whoever is not convinced by 19,000 cases will not be convinced by 29,000." "In these 19,017 cases are included all forms of the disease, all primary and secondary complications, all ages, both sexes, epidemic and sporadic, mild and severe cases, hospital and private, military and civil practice, time of war and time of peace—everything, indeed is abundantly represented which can influence the type or the course of the disease. It is a very complete series of statistics, and if, as might easily have been the case, all observers had like Vogl, Tripier and Bouveret, and others, strictly observed Brand's directions, the statistics and the results would have been beyond attack. This, however, is not the case. One has used Liebermeister's old or new method, another Ziemssen's method, others again Jürgensen's and Brand's; for the most part, however, each his own method, one for every clinician. All these methods, however, have in common the use of the bath, and in so far can have weight as cases 'treated with water.'" The result can be looked upon as a composite one, proving at least that when cold water applications are used in the treatment of typhoid fever, the mortality is lowered; in this great number of cases reaching about half, or indeed only a third of the average mortality of the expectant treatment—about 8 per cent. on the one hand against 15 to 20 per cent. on the other.

Partly from his monograph, partly from new sources, the author is able, however, to collate the very respectable number of 5,573 cases treated systematically by the Brand method, with a mortality of 234, only 3.9 per cent. The lowest percentage in this list is 0 (20 cases reported by Weidner, 66 by Opitz, 21 by Heyfelder, 64 by Rondet and Grabinsky: 171 cases with no deaths); the highest is 8.5 (Tripier and Bouveret, 233 cases, 20 deaths). Thus the average mortality of the systematic cold water treatment is about 4 per cent.; against 8 per cent. as the best showing of the antipyretic method, and 16 to 20 per cent. as the varying mortality of the expectant method. Even with this, however, Brand professes himself dissatisfied. He confidently looks to a greater lowering of the death-rate; citing the experience of Tripier and Bouveret, who have in the table a mortality of 8.5 per cent., due to the fact that at the first, in the Hôpital de la Croix, only the worst cases were treated on this plan, nor were the details strictly followed. As reported by Teissier, in a recent number of the *Lyon Médical* (No. 32), the mortality has since been reduced to 5 per cent. (7 deaths in 139 cases). Brand contends that a mortality still less than 5 per cent. may be secured "at Lyons and in hospitals elsewhere," when the number of conditions considered to be contraindications are reduced, and the treatment of complicated and "degenerate" cases is conducted more in accordance with his directions. Thus at Lyons they disdain to treat relapses with cold water. This is taking a risk, and may result in the death of the patient.

The statistics of the second army corps are of interest. The mortality since 1882 has averaged, under the Brand treatment, 4.3 per cent. During the same period in the whole German army, it has averaged 8.3 per cent., in the French army 32.2 per cent., in the Italian army 28 to 36.8 per cent., in the Austrian army, 27.4 per cent., in the English army 23.8 per cent. The author shows that this great difference is not due either to the less severe nature of the disease, or to mistaken diagnosis. But even 4.3 per cent. he considers too high, and eliminating the year 1883–4, with a record of 429 cases, and 28 deaths or 6.53 per cent.—a result due to other causes than those inherent in the treatment—an average of 3.5 per cent. is exhibited (1057 cases, 37 deaths).

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[*] Paul Helm: Die Behandlung des Typhus abdominalis in Garnisonlazareth zu Stralsund und deren Resultate. Griefswald, 1881.

[†] Klinische Studien über die Behandlung des Abdominaltyphus mittelst des kalten Wassers. Leipzig, 1866.

Finally Brand lays down the doctrine, that as, with any treatment or no treatment, a large number of cases will recover—in order to avoid the *post hoc, propter hoc* fallacy and to justify the name of *specific* as applied to any method of treatment, *no case should die in which the treatment has been instituted in time and properly carried out.* This merit he claims for his method of treating typhoid fever: "The reëstablishment of a mild course in every individual case of typhoid fever, is the object of the systematic water treatment, and the non-occurrence of a single death, the proof that it fulfills its purpose."

Hospital statistics are deceptive from the fact that for the most part patients are admitted late in the disease; and so with various other classes of statistics, each has greater or less sources of error. The statistics of family practice, and of certain military hospitals are considered free from fallacy.

Collating the statistics of the most reliable character the following table is given:

1. Jürgensen (Tübingen),	217	cases,	1 death.
2. Vogl (Munich),	221	"	6 deaths.
3. Military Hospital, Stralsund, 1877–1882,	257	"	1 death
4. Military Hospital, Stettin, 1877–1882,	186	"	3 deaths.
5. Brand (family practice),	342	"	1 death.
	1223	"	12 deaths—1.0%

It is to be noted that of Jürgensen's statistics three deaths have been rejected because the cases were treated expectantly.

Brand's own 342 cases were treated in one town in the course of thirty years. Of the cause of death in the twelve fatal cases in the table the following is stated:

a. Jürgensen.	1.	Treatment instituted on ninth day. Death from perforation and peritonitis.
b. Vogl.	2.	Instituted on eighth day, Death from fever.
	3.	Instituted sixth day. Death from phlegmonous glossitis.
	4.	Instituted in second week. Heart failure.
	5.	Day unknown. Hemorrhagic diathesis.
	6.	Instituted second week. Heart failure.
	7.	Day not given. Temperature 41° C.; probably quite late. Laryngeal complication and pulmonary œdema.
c. Stralsund.	8.	Fourteenth day. Intestinal hemorrhage; diphtheria; petechiæ, bilateral hypostasis.
d. Stettin.	9.	Fourteenth day. Pneumonia and intestinal hemorrhage.
	10.	Sixth day. Treatment not carried out on account of articular inflammation.
	11.	Sixth day. Retro-pharyngeal abscess.
e. Brand.	12.	Fifth day. Death during relapse from unknown cause.

Of the twelve cases, therefore, Nos. 10 and 12 should be excluded; the other ten died from complication or fever.

These statistics certainly challenge attention. There is much else in Dr. Brand's article worthy of study, but the object of the present paper is simply to lay before American practitioners without comment the results claimed for the hydro-therapeutic treatment of typhoid fever, deferring discussion of its indications, its methods, and its philosophy.

219 *S.* 17*th St.*

DIPHTHERITIC CONJUNCTIVITIS.

BY L. WEBSTER FOX, M. D.,

Of Philadelphia.

All ophthalmic surgeons agree that diphtheritic conjunctivitis is one of the most serious affections of the eye. It is fortunately an extremely rare disease, and its cause, according to one of the most distinguished teachers of ophthalmology, M. Galezowski, has not been thoroughly studied. Often, in fact, its origin cannot be found. In the interesting case reported by Dr. Changarnier in *Récueil d'Ophthalmologie* for January, 1887, the origin of the disease was an attack of croup. Several cases which came under observation by the writer were of croupous origin.

Miss M., age 25, presented herself to Dr. Martin, with the following history: She had been sick two days, but the ravages of the disease were already striking. The right cornea was perforated, with prolapse of iris; the hard, rigid, and absolutely bloodless eyelids were the seat of deep infiltration; the surface was smooth and yellowish, with the characteristic lardaceous appearance. The upper lid could be inverted with great difficulty, causing intense pain. The day following there was perforation of the left cornea. The course of the disease was checked by powerful antiseptic treatment: iodoform and sublimate lotions, and the use of warm compresses for the reabsorption of the fibrinous exudations. The eyelids softened, the cornea became clearer, and at the end of ten days the patient returned home, not cured, but out of danger as to the total loss of vision. At a short interval leucomata of the corneæ, with anterior synechia, were noticed. Two intractable ulcers, 3 to 4 mm. in diameter, remained on each cornea for three months. The anterior synechiæ in the right eye were broken down by frequent instillations of atropia, and the leucoma is slowly disappearing under the use of the iodide of sodium and the yellow oxide of mercury applied alternately. In the left eye the adherence of the iris resisted the action of the atropia, and it will be necessary to resort to an iridectomy in order to re-establish vision.

The conclusion arrived at is, that if the diphtheritic conjunctivitis is an extremely grave affection, we can, by applying powerful antiseptics, if not prevent, at least lessen those grave accidents pointed out by the author.

1304 *Walnut St.*

NEW INSTRUMENTS.

A SEMI-NATURAL OR DIGITAL (VOLSELLA) FORCEPS.

BY H. V. SWERINGEN, A. M., M. D.,

Fort Wayne, Indiana.

The practitioner, who has had much to do in the specialty of gynecology, has not only appreciated the great service rendered him by his own fingers properly manipulated, but has ever and anon desired that he could do just a little more with them, or that he could upon certain occasions be invested with a third hand.

It is wonderful to what a state of perfection the sense of digital touch alone can be educated, in the various vaginal and uterine manipulations. Take for example, the introduction of tents into the cervix. In addition to the inconvenience of the necessity of an assistant to retract the perineum with Sims' speculum, there exists the difficulty in fixing the os uteri in a manner sufficiently immovable to resist the force necessary for their introduction, the entire womb invariably being pushed up by the tent without entering the cervix to any great extent. It is true that we have the volsella forceps, by which through the speculum—and by the way, the blades or bill of our specula are too long for this purpose—and the aid of sight, we can seize either lip of the cervix and hold it more or less firmly until we can more or less perfectly introduce the tent, necessitating the traction of the entire uterus almost if not quite to the vulva. In not a few instances the cervix has thus been torn and lacerated considerably, offering numerous puncta or sites for the ingress of septic germs.

I now offer to the profession a very simple remedy for these obstacles and inconveniences, which I do not remember ever to have seen even suggested, much less put in practice. I have no patent upon it, nor have I applied for one, nor do I expect to apply. I give it for what it is worth, hoping that it may be found of value for the purpose for which it is intended, viz., the introduction and removal of tents, etc., etc.

It consists simply in two rings, bands, or thimbles, armed with teeth similar to those of the volsella forceps, which are slipped over the ends of the index and middle finger of the left hand and properly secured or fastened by tape or rubber bands around the wrist, the teeth in each being approximated relatively to each other so as to form simply a pair of forceps, the fingers themselves constituting the handles thereof. It will be seen at a glance how great is the advantage of this simple contrivance under certain circumstances — how firmly the cervix can be held at less risk of laceration than by the old method, how readily we can detect any deviation of the course of the canal, how little traction is necessary, and how independent of assistant and speculum we can be in the introduction of tents, relying entirely upon the sense of touch. The work can often be done with but a single thimble thus armed, the remaining three fingers being free to steady the parts or exercise the function of touch, so important in all procedures of this character.

The value of this contrivance, so readily carried in the pocket, in cases of abortion, in which the membranes or some part of the fœtus is presenting at the os externum, but insufficient for an ordinary finger grasp, is also apparent.

SOCIETY REPORTS.

MEETING OF THE MASSACHUSETTS MEDICAL SOCIETY.

REPORTED BY E. P. HURD, M. D.

The one hundred and sixth annual meeting of the Massachusetts Medical Society was held in Huntington Hall, Boston, Tuesday and Wednesday, June 7th and 8th, 1887.

Tuesday, p. m., papers were read as follows:

"Tumors of the Bladder," by George W. Davis, M. D., of Holyoke.

"Cases of Burns, with Special Reference to Complications, Sequelæ and Treatment," by James E. Cleaves, M. D., of Medford.

"Laparotomy for Pus in the Abdominal Cavity, and for Peritonitis," by John C. Irish, M. D., of Lowell.

"Fracture of the Spine: Its Immediate Treatment by Rectification of the Deformity and Fixation by Plaster-of-Paris Jacket," by Herbert L. Burrell, M. D., of Boston.

"Observations on the Puerperal Pelvic Ligaments," by Stephen W. Driver, M. D., of Cambridge.

"The Relation of Tea Drinking to Disorders of the Nervous System," by William N. Bullard, M. D., of Boston.

"Pulmonary Tuberculosis as a Sequel to Ordinary Pleurisy with Effusion," by Herman F. Vickery, M. D., of Boston.

"The Surgical Treatment of Chronic Empyemas," by Maurice H. Richardson, M. D., of Boston.

The paper of Dr. Irish, on Laparotomy, was of special interest in showing, by carefully compiled statistics, the fair proportion of recoveries by abdominal section in circumscribed or diffuse peritoneal inflammations. Laparotomy, followed by drainage, has given especially good results in peritoneal abscesses from whatever cause. The operation should be performed early, and an incision should be made over the most prominent part of the abscess, then a drainage tube inserted. In acute general peritonitis, according to Dr. Irish, one-half of the cases might be saved by laparotomy. The results thus far have been 8 recoveries and 3 deaths. Even in tuberculous peritonitis, the surgical treatment has given some brilliant results. In peritonitis due to abortion, the operation would hardly be feasible, as in these cases there is always general blood poisoning.

Dr. John Homans, of Boston, in reviewing the foregoing paper, generalized peritoneal abscesses as due in the immense majority of cases either to external violence, or to communication of the suppurating region with some mucous cavity. These abscesses are often connected with the appendix vermiformis (typhlo-enteritis); sometimes they seem to be occasioned by a fall. In a case occurring in his practice, he cut down on the induration and found a circumscribed abscess among the folds of the intestines; he evacuated a large quantity of pus, put in a drainage-tube, and the patient made a good recovery. In short, the treatment of peritoneal abscesses is the treatment of abscesses everywhere.

Dr. Elliot, of Boston, believed in laparotomy even for tuberculous peritonitis, and reported a case where marked benefit followed abdominal section and the removal of tuberculous growths.

Dr. Barret's paper was a plea for an early attempt at the rectification of special deformities by suspension and careful manipulations, with fixation by a plaster-of-Paris jacket. Out of sixteen cases treated in the Massachusetts General Hospital, ten were cured by plaster-of-Paris treatment, three died, and three were in no way benefited.

Tuesday evening, June 7th, there was an interesting gathering at the Mass. Institute of Technology of the Suffolk branch of the Mass. Med. Society, Section for Clinical Medicine, Pathology and Hygiene, at which meeting papers were read by the following gentlemen:

"Cascara Sagrada, and its Use in the Treatment of Constipation," by Dr. J. W. Farlow.

"The Measurement of the Galvanic Current, with Some Remarks upon Electrodes," by Dr. P. C. Knapp.

"A Case of Agarophobia," by Dr. Albert N. Blodgett.

Dr. F. W. Page exhibited a gall stone successfully expelled after impaction of eighteen months.

Wednesday morning at 9 o'clock, the Society met in Huntington Hall, when the following highly practical papers were read:

"A Contribution to the Study of the Etiology of the Summer Diarrhœa of Infants," by Henry C. Haven, M. D., of Boston.

"Sepsis and Antisepsis in Summer Diarrhœa," by S. Allen Potter, M. D., of Roxbury.

"Training Nurses," by Alfred Worcester, M. D., of Waltham.

"The Value of Public Health Measures to the State," by Samuel W. Abbott, M. D., of Wakefield.

The venerable Dr. H. I. Bowditch, in an enthusiastic impromptu address, condemned an almost universal practice of the modern instructor. He referred to the matter of the so-called higher education of the mind at the expense of a healthy physical body. He pronounced it to be the simplest nonsense to proceed in this way, and won hearty applause from those present by his scathing rebukes of that portion of our present system of school education.

At the close of the reading of the papers, the names of officers elect for the coming year were announced: President, Thomas H. Gage, Worcester; Vice-President, William G. Breck, Springfield; Treasurer, Frank

W. Draper, Boston; Corresponding Secretary, Charles W. Swan, Boston; Recording Secretary, Francis W. Goss, Roxbury; Librarian, Edwin H. Brigham, Boston; Orator, B. J. Jeffries, Boston; Annual Chairman, C. B. Porter, Boston.

The delegates were next introduced, and, after an intermission of fifteen minutes, the annual discourse was delivered by Dr. George J. Townsend, of South Natick. His subject was: "The Massachustts Medical Society, its Relations to Medical Progress, and to the Community in which we Practice."

It was a ramble over a wide field, with reminders of how little was once known, and how much is now known, and how much still remains unknown.

In reviewing the past history of the Massachusetts Medical Society, the speaker said: "There is hardly a general charity in the State that does not number among its workers one or more Fellows of our Society. The strictly medical charities are largely administered by them. Our dispensaries are officered by our younger Fellows, who, fresh from their student work, devote themselves with a zeal which often imperils health, and even life, in the treatment of the squalid poor. What is their compensation? A stipend that would not pay their office rent. * * *

"The staff of our hospitals is composed of men who have already acquired a position for themselves in the community, many of them known to fame. Pay they have none, in the ordinary sense of the word. * * * Our teachers labor earnestly and faithfully in our schools that they may fit others to succeed them in a work they do so well themselves. Their reward is a pittance that a first-class book-keeper would scorn. * * *

"In what sense are we *regulars?* This is an unfortunate term, its converse occurring in our by-laws as conveying to the minds of the community the idea that the Massachusetts Medical Society enjoins upon its Fellows a definite course or system of pathology and practice, deviation from which constitutes irregularity—than which nothing can be more erroneous. The term in its application is rather negative than positive. We are regular, just so far is we conform to our by-laws, to which we have all given our written assent; and we are irregular when we violate those by-laws, and are guilty of practices forbidden to Fellows. These practices are, in brief, the professing to cure diseases by any exclusive system of medicine, the advertising or offering for sale of secret medicines, and the pretending to cure diseases by such secret medicines, or by any secret treatment. * * * *

"We belong to no school whatever—certainly, in view of the developments in medicine within the last half century, not to the "old school." As to *allopathy*, what the term may mean I am sure that I do not know; but if, as defined by Dunglison, it means 'a method of curing diseases by remedies, the action of which in healthy men produces morbid phenomena, different from those that we observe in the sick person,' very few of the Fellows of our Society would attempts such a feat as that described."

The speaker alluded to the good work which had been done in the past by the Jacksons, the Bigelows, the Haywards, the Warrens, the Williamses, the Wymans, and others of the Massachusetts Medical Society, in medicine, in surgery, in obstetrics, in ophthalmology, and other departments. The first operation ever done under an anæsthetic was performed by a senior surgeon of the Massachusetts Medical Society; rapid lithotrity was originated and perfected by a member of this Society; the modern treatment of iritis and ophthalmia neonatorum was first established by our senior opthalmologist. In dermatology, our specialists have also done valuable work.

The annual dinner was held in Winslow's Rink, Clarendon street, where were arranged over a score of tables covered with inviting delicacies; on a platform in front of the rink were tables for the invited guests and officers of the Society. After-dinner speeches were made by President Gage, Governor Ames, Hon. George M. Stearns, Rev. Brooke Herford, Dr. John P. Reynolds, Colonel T. W. Higginson, Hon. Roger Wolcott, and Harvey N. Shepard.

THE MEDICAL SOCIETY OF NEW JERSEY.

The one hundred and twenty-first meeting was held at Beach Haven on June 14 and 15, 1887.

First Day.

The Society met at the Baldwin House, and was called to order by President Chas. J. Kipp at 4 o'clock p. m.

After prayer by the Right Rev. Bishop Scarborough, the President thanked the Society for the honor conferred upon him, and called upon the committee of arrangements for their report, which was made in an address of welcome by Dr. T. T. Price, in which was mentioned the fact that the Society would be entertained at a complimentary banquet by Mr. Parry, of Philadelphia.

After reading of the minutes, the following gentlemen were invited to sit with the Society as corresponding members: Dr. John B. Roberts, Frank Fisher, Carl Seiler, Samuel Ashhurst, Prof. Leidy, Bishop Scarborough, Drs. Wood and Grant.

The Committee on Business reported the following questions for discussion at the next meeting:

1. What treatment is most effective in acute rheumatism?

2. The relation of laundry and wash water to the spread of disease.

3. The treatment of phthisis by gaseous enemata.

This committee further reported a communication from the New Jersey Pharmaceutical Association, with a tender of mutual courtesies, and an invitation to attend by delegate their next annual session, to be held at Morristown, May 19, 1888.

The Committee on Fellows' Prize Essay reported as follows:

"One essay has been presented on the subject of 'Climatology and Diseases of Essex County.' While it shows no particularly original researches, a large amount of painstaking labor has been given to it. The statistics given and the deductions drawn from them are of great interest, and if such a paper could be prepared for every county in the state, the facts thus prepared would be of lasting value. The committee would recommend that the sum of one hundred dollars be given to the writer signing himself 'Hopeful.'"

The writer was Dr. J. W. Stickler, of Essex.

Dr. H. R. Baldwin presented the report on nominations for honorary membership, recommending the names of Drs. D. Hayes Agnew and Joseph Leidy. These gentlemen were elected honorary members and introduced to the Society.

Evening Session, 8 P. M.

After the introduction of delegates from other State Societies, the President read the annual address. The subject was "The Treatment of Purulent Inflammation of the Middle Ear and its Consequences."

For the pain of acute inflammations, he recommended rest in bed and puncturing the membrane, not only to relieve pain, but to prevent destruction of the membrane and caries of the ossicles and the petrous portion of the temporal.

The incision should be made with a broad lance-shaped needle, or a narrow sharp-pointed knife. At either the most prominent point or lower posterior quadrant, the incision should be oblique. Later, syringing should be used with care either alone or combined with inflation, thorough cleansing being most important.

He would also treat the concurrent disease of the naso-pharynx, using weak sprays of ammonium chloride, and external applications of ice—together with these measures cocaine may be used in 4 to 10 per cent. solution. In making this application it is necessary to thoroughly cleanse the canal, even to inflate the tympanic cavity so as to draw in some of the solution.

Occasionally he has to reopen the perforation, or make a new one at the most dependent point.

When pain is due to furuncles, or diffuse inflammation of the canal, he would use leeches, morphine, and nitrate of silver. Periostitis of the mastoid he treats with leeches, iodine, and incision. In chronic purulent inflammation he considers astringents harmful, as long as there is any pain; but after pain has all subsided he uses the usual astringents, insuring their entrance into the middle ear by inflation when the canal is full of solution, or by repeatedly pressing on the tragus.

In the management of intra-cranial disease and pyæmia, he has used the usual remedies, with a few recoveries. He fully believes in the future of the surgical treatment of cerebral abscess.

He does not use the dry treatment of packing the canal with boracic acid, as he has seen many bad results of its use by others. Occasionally he has found washing out the tympanic cavity by means of the eustachian catheter the only remedy.

After the cure of the suppuration, where great impairment of hearing remains, he has had few good results from trying to close the perforation by freshening the edges or skin-grafting. He has found Toynbee's artificial drum membrane useful, although it often causes too much irritation. The cotton pellet, kept moist with glycerine, is very good.

For the cure of purulent inflammation of the mastoid cells he has invariably opened the outer shell of the process. He believes in early operation, even when no pus is found, as pain and other symptoms are relieved. He believes that the operation is indicated not only when there is pus in the cells with signs of cerebral irritation, but also in cavities of the petrous portion, or in deep abscess in that neighborhood, or when there is violent persistent pain in the mastoid. In 25 operations he has not seen a fatal case where the death was due to the operation.

He uses the Schwartze method, with chisel and hammer.

Dr. Smith presented the report of the Standing Committee.

The regular discussion on the use of antipyrin was introduced by Dr. H. R. Baldwin, and discussed by Drs. Helfer, Godfrey, and Quimby.

Adjourned at 10 p. m.

Second Day, 10 o'clock A. M.

The Committee on Nominations made their report, and the following officers for the ensuing year were elected:

President—Dr. J. D. Ward.
1*st Vice-President*—Dr. A. J. Taylor.
2*d Vice-President*—Dr. B. A. Watson.
3*d Vice-President*—Dr. J. S. Green.
Corresponding Secretary—Dr. Wm. Elmer.
Recording Secretary—Dr. Wm. Pierson.
Treasurer—Dr. W. W. L. Philips.
Standing Committee—Drs. T. J. Smith, E. J. Marsh and D. C. English.
Committee on Arrangements—Drs. J. G. Ryerson, W. H. Resk, S. D. Miller, and B. H. Brokeley.

The next place of meeting to be at Lake Hopatcong, the time of meeting to be announced later.

The following resolution was then passed:

"*Resolved*, That in view of the non-concurrence of other State Societies in the recommendations on the subject of preliminary education, it is not expedient that further action be taken by this Society in reference thereto."

Dr. B. A. Watson read an essay entitled, "Rational Medicine versus Empiricism," in which the errors and absurdities of the founder of homœpathy were turned over, analyzed, and held up to public view in all their barrenness. The doctor presented the principles of rational medicine, detailed its claims to recognition, and illustrated its results by the successes of modern surgery. He portrayed by quotation the faith in charlatanism that still exists in the world, and urged upon his hearers their adherence to the great principles of scientific medicine.

Dr. Ill, of Newark, was appointed essayist for the next meeting.

The following resolutions were passed:

"Whereas, While the laws of the State of New Jersey do not directly prohibit dissections of the human body, they yet do, by various provisions regulating burials and the transportation of dead bodies into and through the State, practically prohibit such dissections; and,

"Whereas, Such anomaly often tends to retard the progress of medical science within the State, if not to a disregard of the existing laws; therefore,

"*Resolved*, That a committee be appointed to secure such modification of the state laws as may be necessary to permit and regulate the practice of dissections within the State."

"*Resolved*, That we receive the overtures of the New Jersey Pharmaceutical Association, and extend to them mutual courtesies, Dr. P. C. Barker being hereby appointed to represent us at their next annual meeting.

"*Resolved*, That the thanks of this Society be extended to Governor Robert S. Green, whose attendance here with his staff has added interest to our meeting.

"To the Right Reverend Bishop Scarborough, for his kind attendance and for the interest and pleasure he has contributed to our exercises.

"To the officials of the Pennsylvania and the Tuckertown R. R. for the courtesy extended to our members in reaching and returning from Beach Haven.

"To our genial host, Mr. Jos. Page, who during our brief stay has been so indefatigable in his attention to our comfort, and who has demonstrated his knowledge of human nature by securing our hearty goodwill through the medium of our stomachs.

"To Chas. T. Parry, Esq., of the Baldwin Locomotive Works, the owner of this admirable hostelry, who even while on the bed of suffering could think so much of our creature comfort as to provide for us the elegant banquet of last evening.

"To the Committee of Arrangements for the wise, judicious manner in which they have performed their labors.

"*Resolved*, That our thanks be extended to the members of the Beach Haven Yacht Club, officially and individually, who, without money and without price, tendered their services and their vessels for the baptism of such of our members as chose to avail themselves of the privilege of a sail on the beautiful bay."

Meeting adjourned.

* * *

—A Russian medical commission has recently been sent from St. Petersburg to investigate a disease called "Pendel's tumor," which has for several years attacked Russian soldiers near the Caspian Sea. It is believed to be caused by microbes.

EDITORIAL DEPARTMENT.

PERISCOPE.

Vicarious Menstruation Cured with Permanganate of Potash.

The unusual occurrence of this class of cases, together with the phenomenal success of the permanganate of potash in arresting the trouble, is a sufficient basis for a full report of the following case.

In March, 1887, I was sent for to see Miss S., a robust and healthy-looking girl of about eighteen years of age. I could see she was suffering more or less from dyspnœa, but the seizure resembled a fit more than true dyspnœa. I quickly raised her to the sitting posture, when suddenly a slight gush of blood came from her mouth, which relieved her present distressing symptoms. For some time afterwards she continued to spit blood, and had a hacking cough. A few sups of cold water relieved her very much.

About eleven months ago she was caught in the rain the eve before her catamenia. The temperature fell quite rapidly, and being some distance from her home she was severely chilled. The next evening came, and there was no sign of menstruation, and she had pain in her back and pelvis. A physician ordered hot hip-baths, and some pills, but not until the tenth day did any flow come. At the following periods she suffered in like manner. But not until the last five periods has she had the dyspnœa and spitting of blood.

At first I concluded that I had that "Protean female infirmity," hysteria, to deal with. The flow of blood, and the relief it afforded, altered my diagnosis, and I began to inquire into the family history for phthisis, but failed to find any trace of that trouble. It was not until repeated examinations were made that I was satisfied that her lungs were normal, and that this was a case of vicarious menstruation.

I ordered permanganate of potash in 2 gr. doses every 6 hours. When I saw her the next a. m.; three doses had been taken, but without any effect. As there was no gastric irritation, I ordered the same doses to be repeated, and an anodyne cough mixture to allay the distressing cough. I returned the next a. m., and her courses were all right, and she was entirely relieved of all her trouble. About five days before her next time to become unwell, I was sent for, and found her complaining of headache and dizziness, and a slight increase in temperature. I prescribed the permanganate in 2 gr. doses three times a day for the next four days. I met her two weeks afterwards, when she told me that she had had a normal menstruation, and considered herself entirely well. I asked her to continue her medicine once more, and to let me know if anything went wrong. I have not heard from her, so I suppose she menstruated all right.

Here was a girl, healthy and robust in the intervals of menstruation, which would exclude any grave constitutional disease. She did not suffer from chlorosis, plethora, or anemia. There was no abnormal condition of the generative organs, because she had previously menstruated perfectly. But she suffered from an exposure, the effect of which was aggravated by the exchange of an outdoor country life for the sedentary life and vitiated atmosphere of a city.

It is with just such cases of amenorrhœa, the result of exposure or giving up country life, that the manganese salts have produced the most striking results.—*Dr. F. W. Samuels, in the Southwestern Med. Gazette, June*, 1887.

The Actual Cautery in Certain Chronic Neuroses.

Dr. T. J. Hutton, in the *Medical Register*, June 18th, 1887, reports the successful employment of the actual cautery in a number of troublesome conditions. He says his paper is a contribution to the literature of harsh treatment. Its object is to call attention to the value of the actual cautery in certain vicious nervous affections which do not yield readily, if at all, to ordinary remedies. The cases are few, but the results merit attention.

One of his patients, aged forty-five, had, within a brief period, suffered the loss of husband, children, and means. Under this profound shock she sat motionless and dazed, and was apparently drifting into imbecility or cerebral softening. The actual cautery was applied to the spine, four marks about the size of a ten-cent piece being made on both sides of the spine, an inch or two outside the spinous processes. The result was a speedy cure.

In the early and middle stages of self-abuse, before the mind becomes besotted and embruted, Dr. Hutton thinks the cautery produces a profound impression on the entire nervous system, and aids in restoring the power of self-control. He obtained good results from the cautery in two such instances—in a boy, aged sixteen, who had been addicted to the habit several years, and in a young man, aged twenty-four, who had been a victim of the habit for nearly ten years.

In impotence he had also seen it do good. A man, aged forty-eight, who had practised self-abuse when a boy, became impotent. He had quit his home and family, and repeatedly threatened self-destruction. One application of the cautery, supplemented by galvanism, coca, and damiana, restored him to health and home.

Retention of Urine in a Fœtus with Open Urethra.

A case of this kind was described by Lefour, of Bordeaux, in the Paris Academy of Medicine, April 5, 1887. The head and chest was born, but something prevented the extraction of the lower part of the body. The child having died, and the nature of the distention being recognized, the thorax was opened and the bladder was punctured through the diaphragm. About sixteen hundred grammes of liquid escaped, and the birth was at once completed. The autopsy showed that, with one ureter ligated, air blown through the other into the bladder escaped through the urethra. Moreover, as the urethra was pervious to the catheter, there could be no doubt that it was normal. As the pelves of the kidneys and the ureters were not distended in the least, it seemed conclusive that the discharge of urine in this fœtus took place only by mechanical overflow of the bladder, and not by muscular contraction of its wall. In view of the possibility of retention of urine when the urethra is pervious, it becomes the duty of the accoucheur, in case the delivery of a living fœtus is prevented by a distended bladder, to attempt the evacuation of the same by means of a capillary trocar.—*Deutsche Medizinal Zeitung, May* 16, 1887.

Effects of Pleuritic Effusion.

In Virchow's Archiv, Bd. CV. Heft 2, O. Rosenbach details the results of his experimental researches into the effects of pleuritic effusions upon the circulation and blood-pressure. The experiments were made upon rabbits and dogs, and consisted in injections of oil and the introduction of rubber air-bags in the thoracic space, and the results, as given by the author are as follows: A limitation of the pleural cavity to a degree sometimes so great as nearly two-thirds of its capacity, produced no fall of the arterial pressure during an extended time of observation. If this effect does take place, it is because of the damming up of the venous flow to the heart. Under certain circumstances, the reduction of the thoracic space produces such a displacement of the heart and the vessels that the action of the diaphragm in inspiration brings about a complete turn on itself of the vena cava. This reduction of the pleural cavity, by producing venous stasis, brings on the phenomenon of engorged kidney, albumin and red corpuscles appearing in the urine. Under favorable conditions the limitation of pleural space may result in decided *pulsus paradoxus*. This is due to the action of the diaphragm, which, during inspiration, temporarily narrows or even obliterates the lumen of the vena cava inferior, whilst the reduction of the thoracic space furnishes the favoring mechanical conditions for the action of the diaphragm that results in the circulatory paradox alluded to.—*Centralblatt f. d. Med. Wiss., April* 23, 1887.

Traumatic Displacement of the Penis.

Dr. Wagner, of Leipzig, has recently described, in the *Münchener med. Wochenschrift*, a remarkable case which he had seen in 1883 in Professor Thiersch's wards. A child, aged about 5, had his prepuce accidentally torn off. The penis retracted under the scrotal integuments, and it appears that the surgeon who first attended the case did not recognize this condition, probably believing that the penis had been torn away with the prepuce. For twelve years the patient continued to pass urine through a fistulous depression above the scrotum. Professor Thiersch then performed a plastic operation, having discovered the position of the penis. He cut down on the incarcerated organ, separated the adhesions, and adjusted the integuments around the glans. The result was perfectly satisfactory, and the penis was completely restored to its functions.—*British Med. Journal, June* 4, 1887.

* * *

—The German Association of Public Health will convene in Vienna September 26th to October 28th, to meet with the International Hygienic and Demographic Congress. The latter will meet in the University building. All governments are requested to send delegates.

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.

N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } EDITORS.

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BERGEON'S METHOD OF TREATING PHTHISIS.

Although but a short time has elapsed since the medical profession began to use Bergeon's Method, it seems as if its merits can now be pretty fairly estimated. The sanguine hopes with which it was received—especially by the laity, to whom it was loudly heralded by the daily press—have already given place to disappointment, and a reaction is setting in, which may, in its turn, go too far.

Bergeon's method can no longer be expected to fulfil the hopes which it at first aroused; but it is not yet to be regarded as worthless. It may still be of service itself, or it may lead to the discovery of some principle, the application of which will be more productive of good than itself has been.

Intelligent and interesting discussions of the results of Bergeon's method have recently taken place in this country, and the conclusion seems clear that much of the good which has undoubtedly been accomplished has been due to the hopes which the new method excited in the mind of the patient. In addition, Bergeon's method seems to have some power to check profuse catarrh of the bronchial tubes, and so to free the patient from part of the cause of cough. In some cases it also lessens the fever and the night-sweats.

How much these advantages may be due to the mental impression made upon the patient cannot, of course, be determined. But it is very significant that Dr. Forchheimer, of Cincinnati, has produced identical results in the same patients by using Bergeon's solutions, carbonic acid gas alone, or simple air alone. The patients were not informed of the changes which were made. Similar effects have also been obtained by the use of water charged with sulphuretted hydrogen, in the manner and by the apparatus suggested by Prof. H. C. Wood, in an article in the MEDICAL AND SURGICAL REPORTER, May 28, 1887.

Whatever method of administering sulphuretted hydrogen be used, it may be expected to relieve a certain proportion of patients with phthisis. Occasionally it may seem to set a patient fairly on the road to recovery. To many it will prove as useless as other remedies which have once been thought to be of great value. But it deserves further trial in order to determine its actual value, as well as the precise kind of cases to which it is applicable.

THE ALLEGED ANTAGONISM BETWEEN OPIUM AND BELLADONNA.

The opposite effects produced by opium and belladonna (or their mutual antagonism) have been made the subject of numerous experimental researches. In 1570, Prosper Alpin published some observations showing that opium when associated with belladonna enfeebled the action of the latter. Still later were published the investigations of Giacomina, Graves, Corrigais, Cazin, and Anderson, the latter of whom in 1854 also affirmed, with great positiveness, the antagonism of opium and belladonna; then appeared the labors of B. Bell, Behier, Bernard, Blondeau, Dodeuil, Camus, and C. Paul.

In France the antagonism between these two substances has been especially maintained by Behier, who has published several observations confirmatory of this view. In one, among several (1869), he insists on this point, that it takes a large dose of opium to antagonize a small dose of belladonna. Trousseau and Pidoux (Therapeutics) also affirm the antagonism, insisting that belladonna causes disappearance of the narcotism of opium, and that, conversely, opium removes the symptoms of belladonna poisoning; they maintain, moreover, that the economy remains indifferent to the action of a combination of the two drugs unless the doses be very large.

AMERICAN ORTHOPÆDIC ASSOCIATION.

First annual meeting, held at the New York Academy of Medicine, June 15 and 16, 1887.

First Day's Proceedings, June 18.

Dr. Virgil P. Gibney, of New York, was elected temporary chairman, and Dr. Louis Hall Sayre, of New York, temporary secretary.

Hypertrophy of the Lower Extremity—Amputation.

Dr. Packard, of Hartford, read the history of a case of enlargement and elongation of one lower extremity in a boy who was first brought to his office four years ago. There was a family history of phthisis. No evidence of syphilis in the parents or child. The affected leg was three-fourths of an inch longer than the other, and the hypertrophic condition seemed to involve all the tissues of the limb, and to a slight extent upon the body. There was no œdema of the skin. The motions of the limb were natural. Dr. Packard applied a rubber bandage, but at the end of the year [there was not much improvement. The limb continued to develop in length and size, and at a recent date, when amputation was performed, it was three inches longer than the other limb, the thigh being two inches longer than its fellow; the calf one and a half inches larger than its fellow. Lately the patient was seen in consultation by Dr. Gibney. Amputation of the affected member, taking off fourteen inches below the knee, was performed on account of the disparity in the length of the limb. The points of interest as distinguishing the case from those of elephantiasis seemed to be the length of the limb and the comparatively healthy condition of the skin.

Dr. H. L. Taylor said this case threw some light on one which he saw about two years ago, that of a Swedish girl, aged twenty, one of whose legs was enormously enlarged from the knee down to the ankle; the calf measured about eighteen inches, while the opposite one measured about thirteen inches. The thigh and corresponding part of the body were somewhat enlarged. The limb was an inch and a quarter or more longer than the unaffected member. The skin was not hypertrophied. During the two years she was under observation the leg became a little smaller. He sent her to Dr. Bull, who also confessed ignorance of the nature of the trouble.

Dr. Morton, of Philadelphia, had seen one case similar to that described by Dr. Packard, excepting that there was not so much increase in the length of the limb. He thought it would be well to cut off the nutrition of the limb, and with that object in view stretched the sciatic nerve. The limb grew pale, and diminished much in size. He had been led to adopt this procedure from experience in two cases of elephantiasis of the leg, in one of which he took out a piece of the sciatic nerve, and in the other simply divided it, with the result of diminution in size of the leg. He thought the stretching operation should be preferred, as it did not entirely destroy the function of the member.

Dr. Shaffer, of New York, had seen cases of increased length of an upper or lower extremity, and had been unable to account for the difference. Indeed, it was not easy to say whether the disparity in length of the two limbs was due to over-development in the one or lack of proper development in the other. It certainly would be desirable if some method could be found by which to overcome such atrophy or hypertrophy.

An Instrument for the Forcible Correction of Club-foot.

Dr. Morton, of Philadelphia, made some general remarks upon club-foot, and presented an instrument for the correction of the deformity by mechanical force. There were few cases of congenital club-foot which, if seen very early, could not be corrected by manipulation without apparatus. But when the condition occurred in robust children from eight to fourteen years of age, we might have to resort to more severe methods. Even division of the tendon may not be sufficient. At any rate, it might involve the necessity for constant manual and instrumental effort to prevent recurrence of the deformity. Much more could be done in a much shorter time by an apparatus which he had employed a number of years, consisting of a block of wood for a foot rest, braces, leather girdles, and screws by which the foot could be forced into the desired position. In the adult, for instance, the tarsus was exceedingly unyielding, and it was almost impossible to bring it into position without an operation on the tarsus or cuboid. But since the introduction of perfected antiseptic methods, excision of the bones could be performed almost with immunity, and in adults this was the preferable method, as it enabled one to accomplish in a short time what other methods could do only after months. In certain cases, however, he had resorted to a second instrument, which he presented, by which great force could be exerted upon the tarsus by means of a screw, breaking the foot into position. The instrument admitted of bringing the foot into exaggerated correction, resolving an equino-varus into an equino-valgus. The operation being performed under ether, there was not the slightest danger; he had known no evil results. Photographs of illustrative cases of the excellent results from excision of the tarsus were shown. He would divide every tendon or band which interfered with the proper rectification of the foot. He would then place the foot into one or the other of the apparatuses shown, and force it at one sitting into position. Afterward he put the foot into a carefully-fitted tin splint.

Dr. Shaffer, of New York, said that many years ago he felt very much as Dr. Morton had expressed himself, regarding the inveterate character of certain cases of club-foot, but he was becoming more and more surprised every day of his experience at the adaptability of traction to the very class of cases described by the author. He did not mean to say that every case which came under his care was cured by traction, but the large majority of cases were so cured, quite a number of them being cases in which other surgeons had deemed tenotomy or osteotomy necessary. He claimed that the apparent loss of time was more than compensated for by the symmetry and function of the foot which followed traction treatment. It was wonderful to what a degree the contracted tissues became elongated under persistent traction force. He would present his apparatus the following day.

Talipes Equinus Treated by Division of the Tendo-Achillis.

Dr. L. H. Sayre, of New York, presented a boy whose tendo-achillis he had recently divided for talipes equinus, with the result of being able to bring the foot fully to a right angle. He first saw the patient four years ago, when, as a result of infantile paralysis, there was extension of the foot, power having been lost in the anterior group of muscles, but the foot could be flexed by the hand. He saw him again two years ago, when the tendo-achillis was contracted. He advised division of the tendon and plantar fascia, but it was not permitted. Afterward the patient was treated about seven months by traction apparatus in the hands of another surgeon, but unsuccessfully. Three weeks ago, Dr. Sayre divided the tendon and plantar fascia, and now the boy could flex the foot to a right angle. The tendo-achillis had united.

Dr. Ketch had applied the traction apparatus in this case, but he had seen the patient only about twice during the treatment, and he did not think it could be regarded as a case in which traction treatment had been properly tried.

Dr. Ridlon, of New York, said that when treating such cases by the traction shoe they were never satisfied simply to get the foot at a right angle, but they carried it as far beyond a right angle as was possible.

Dr. Sayre said that he was very well satisfied with the result in this case, but in keeping up passive motion the effort would be made to get still further flexion, and to avoid any tendency to recurrence of contraction.

Dr. A. S. Roberts, of Philadelphia, asked whether the result obtained in this case by Dr. Sayre, being only of three weeks' duration, should be put on record as permanent. He referred to three cases in which, during the past month, he had divided the plantar fascia, but in each one there had been a positive relapse after an apparent cure.

Dr. Stillman, of New York, spoke of the preparatory treatment of club-foot. He softened the parts by applying a thick poultice, composed of bran and marshmallow, over the leg. This rendered both the immediate and after treatment much easier. The operative treatment was less important than the after-treatment, or third stage. Formerly he held the view that every case of club-foot could be cured by mechanical means, but he had changed his opinion. There were certain cases which could not be cured by any amount of stretching.

The case was further discussed by Drs. Morton, Shaffer and Berg. Dr. Berg applied a plaster-of-Paris dressing after tenotomy.

Chronic Osteitis of the Shoulder Joint.

Dr. V. P. Gibney presented two patients, and gave their further history since presenting them at the Orthopædic section of the Academy of Medicine, in 1886. Both patients were now young ladies. In the first, since 1886, an abscess, which had been several months in forming near the axilla, finally opened spontaneously. It continued to discharge two or three months, and then closed. His patient had markedly improved during the past year; the affected arm and shoulder had increased in size, and become fairly mobile, constituting a useful member.

In the second case, in which *brisement forcé* had been formerly employed, the further history was that a small abscess had formed, and the pus had been withdrawn. The arm had continued to atrophy, and there was now a very marked difference between the two members.

(*To be continued.*)

NOTES AND COMMENTS.

Adulteration of Pepper.

Ground olive stones have for some years past been employed as an adulterant for black pepper. Under the name of poivrette they have become a regular article of commerce, the true inwardness of which was first exposed by Dr. Campbell Brown, of Liverpool, England. To detect this adulterant, Dr. Brown directs to boil a portion of the suspected sample in water, to which has been added a little caustic alkali. Dilute the fluid with much water; allow to stand, and pour off the liquid from the remaining solid particles and wash two or three times by decantation. The hard, yellow particles which remain are poivrette, the dark particles are husk. If any particles of bleached husk cells slightly resemble the poivrette, they can be distinguished by their softness and by the microscope. The poivrette may be still more easily recognized by the toughness of its particles; if a specimen of the adulterated pepper be triturated in a mortar and sifted through bolting-cloth, the poivrette will remain behind, being too tough to pulverize.

Sand, which is often present in much too large a proportion in ground pepper, is easily separated by throwing it into chloroform. The sand sinks while the particles of pepper float.

Colds Taken in the Cars.

In these days when travel by railroad is very common, a few words on the best means to prevent taking colds in the cars will be useful. For men a light cap, one that will cover over the ears, so as to serve as a night cap, will be desirable. In cold weather a woolen cap is best. This cap should be put on as soon as the car is entered. A loose blouse should take the place of the coat usually worn. Slippers must not be worn. If there is a draught in the car, face it; do not let it strike the back. Have the bed made with its head toward the engine; the dust will then be driven to the foot, where it will do the least harm. But be sure to have a sufficient quantity of bedclothes to keep warm. A soft, loose-knit, woolen hood is the best head-wear for women; this should be worn at night also. It should be warmer in winter than in summer months. The corsets should be removed at night, and a loose woolen wrapper worn for a night-dress. The stocking supporters as well as every constricting band around the waist should be loosened. Every adult should take from five to ten grains of quinine (!) on going to bed. It will be well to rub the hands, feet, face and neck with a little vaseline at the same time.—*Journal of Reconstructives.*

Thymol as a Remedy in Tapeworm.

An Italian physician recommends thymol as a remedy for tapeworm. A dose of about half an ounce of castor-oil is given in the evening, when the patient should abstain from food, and take, next morning, two drachms of thymol, divided into twelve doses, one every quarter of an hour. About half an hour after the last dose has been given, a dose of castor-oil should be administered. This is usually followed by the expulsion of the dead worm. Thymol quickly depresses the pulse, respiration, and temperature, and to obviate any ill effects from this cause, frequent doses of brandy or spirits should be given at the same time. The advantages of thymol are said to be that it produces no disturbance of the stomach, is rapid in effect, is both a tænicide and a tænifuge, and, while certain in action, will do no great harm if an error in diagnosis has been made.—*Chemist and Druggist.*

Disabled Great Men.

The Emperor William is suffering from advancing years, the Crown Prince from a laryngeal papilloma, and Bismarck from rheumatism; Mr. Gladstone has catarrhal troubles of his respiratory organs; Sir Michael Hicks-Beach has cataracts; Mr. Parnell has some unknown malady which makes him an invalid; Lord Randolph Churchill married an American lady, and has the (alleged) American disease, neurasthenia; Mr. Blaine is reported to be a *Brightique;* Mr. Manning is hemiplegic; President Cleveland is rheumatic and lipomatosic; the Emperor of Russia is suffering from mental depression.

CORRESPONDENCE.

Pleasant to Take.

EDS. MED. AND SURG. REPORTER:

* * * I have been a subscriber to REPORTER for several years, and can say that among the numerous journals which I have read and subscribed to I like the REPORTER best of all; and while I liked it under the management of its former editors, it seems to me that the numbers which the new editors have issued are fuller than usual of select practical matter, such as interests a general practitioner.

J. W. CLARKE, M. D.
Clayton, Ala.

EDS. MED. AND SURG. REPORTER:

* * * I have taken the REPORTER for eighteen years, and find it just what the practitioner needs.

Very respectfully yours,
JAS. BAKER, M. D.
Minneapolis, Minn., June 16, 1886.

Prognosticating the Sex of the Unborn.

EDS. MED. & SURG. REPORTER:

Can we foretell, by any symptom, the sex of a child in utero? I have found the following symptoms to invariably treat me kindly in diagnostic results. If the mother feels the weight of the child nearly continually on the *left* side, the sex will be *male.* If, on the contrary, the weight is on the *right* side, the sex will be *female.* There are frequently times when the mother cannot say which side the child is mostly felt, but if requested to tell which side the greatest weight is felt when the child is quiet, she can always remember. If the preference is for a particular position on the left side, result boy; if on the right side, result girl. In the last twenty-five cases, I have not made a failure in foretelling the sex. RICHARD B. STEWARD.
Warren, Pa., June 6, 1887.

Epistaxis.

EDS. MED. AND SURG. REPORTER:

Have just read in the REPORTER extracts from Dr. Ingals' paper on epistaxis (read before the Illinois State Medical Society), and will say for the benefit of the readers of your valuable journal that ordinary chewing gum, rapidly chewed for a few minutes, will relieve almost every case of epistaxis.

Yours resp., S. C. STONE, M. D.
Milton, Or., June 11, 1887.

NEWS AND MISCELLANY.

Members of the American Orthopædic Association.

New York.—Virgil P. Gibney, Newton M. Shaffer, A. B. Judson, Lewis H. Sayre, W. B. De Garmo, R. H. Sayre, Samuel Ketch, John Ridlon, C. F. Stillman, J. D. Bryant, H. W. Berg, H. Lyng Taylor, Charles F. Taylor, Dillon Brown, Geo. S. Knickerbocker, E. Develin, C. W. Stimson, A. J. Gillette, John C. Schapps, and Lewis Ste[illegible]n.

Philadelphia.—William Hunt, A. Sydney Roberts, Thomas G. Morton, De Forrest Willard, and H. Earnest Goodman.

Boston.—E. H. Bradford, Buckminster Brown, R. W. Lovett, C. M. Cushing.

St. Louis.—A. J. Steele, H. Hodgen.

Minneapolis.—James E. Moore.

Denver, Col.—W. R. Whitehead.

Chicago.—Edward Andrews.

Buffalo, N. Y.—Roswell Park.

Hartford, Conn.—Geo. B. Packard.

Louisville, Ky.—Ap. Morgan Vance.

Cincinnati, Ohio.—Geo. W. Ryan.

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Henry Lyng Taylor, New York.
R. W. Lovett, Boston.

The Climate of Colorado.

In reference to an inquiry recently inserted in the columns of the *Lancet*, Mr. T. Laffan, of Cashel, sends to that journal a letter, from which is made the following extract: "I must say, from experience and a long residence in Colorado and the adjoining territories, that the climate is unsurpassed. To those suffering from incipient consumption, by proper attention to exercise, such as hunting, fishing, etc., there is no question but in a short time all traces of the disease will disappear. I have known young men who went there eight or nine years ago as hopeless invalids, and after a few months' sojourn returned to their eastern homes rugged and robust men. Those far advanced in consumption will have a hard time of it as regards breathing, owing to the extreme lightness of the atmosphere. For such the equable temperature of New Mexico is more suitable. As a resort I would recommend the San Louis Park; it is a beautiful valley, extending several hundred miles, running north and south, from Del Norte, Colorado, to Santa Fé, New Mexico, and over twenty miles wide, between the Sangré de Christo and Conejos ranges of the Rockies, with an average of about 4,000 feet elevation above sea level. Game abounds, and fishing in the Rio Grande river, which runs through the valley, is excellent. The winters are not quite so rigorous as in the mountains. I have seen men in that country who were so emaciated physically that their life was not worth a cent. Profuse expectoration appeared to trouble them most. In a short time they became hale and hearty. Persons in an advanced state or period of the disease suffer much; they even bleed from the nose and mouth on the least exertion. This is owing to the high altitude and light air. But the Mexican people say that by drinking tea made from the wild mountain sage all traces of the disease are eradicated; and no Mexican is troubled with consumption that is to be attributed to climatic influences."

Leprosy in South Africa.

U. S. Consul Seiler, at Cape Town, has sent to the State Department a report on leprosy in South Africa. The first case of leprosy in Cape Colony was introduced by Malay slaves more than one hundred years ago, but not until 1845 was any attempt made by the Government to stamp out the disease. In that year a leper asylum was established at Robben Island, seven miles from Cape Town, and, up to 1884, 744 lepers had been admitted to the institution, and comprised but a very small proportion of the leper population, as the segregation of lepers was not made compulsory. The rapid increase of the disease, particularly among the European population, as described in the reports of district surgeons, has aroused the Colonial Government to action, and a second and larger asylum is in process of construction, the present accommodations being wholly inadequate to provide for all the afflicted applying for admission.

Washing Out the Stomach.

This operation, such a novelty a few years ago, is coming quite in vogue in the treatment of certain forms of dyspepsia. The following is the way in which it is carried out: A soft red rubber tube is passed gently down into the stomach, quite to the pylorus; with this tube is connected about a yard of flexible tubing and a glass funnel, which is held on a level with the patient's breast. Tepid water is poured slowly into the funnel until a sensation of fulness is experienced. The funnel is then lowered to the level of the waist, and the fluid allowed to siphon out. The process it repeated until the water returns quite clear.

Med & Surg Reporter

Good Advice to Druggists.

At the recent meeting of the Pennsylvnia Pharmaceutical Association, Mr. Kennedy dwelt upon the facts that the customer comes to the druggist with confidence in his ability and integrity, and that the former should be made to feel that he is being conscientiously and honestly dealt with. This could be accomplished by charging fair remunerative prices and dispensing only what are believed to be absolutely pure medicines. It is always well to impress upon customers the danger of trifling with disease, and the importance of seeking medical advice, and to discountenance the use of proprietary medicines.

Typhoid Fever.

The increased number of cases of typhoid fever at Mount Holly has induced the physicians there to apply to the State Board of Health for aid in finding out the cause, and removing it, if possible. The President of the Board gave as his opinion that the water of the Rancocas river, which is used to supply the town, had been made impure by sewage from houses at Smithville, where there have been a number of cases of typhoid fever, and that some of the trouble was caused by cesspools that had been improperly constructed.

Payment in Kind.

A Scotch country minister, during a pretty long illness, was most assiduously attended by the village doctor, who ultimately sent in a large bill for medicines and attendance. The minister at once transmitted the money for the drugs; but, "as to the visits," he wrote, "now that I am well, I shall not fail to repay them *in kind*."

Consultations by Telephone.

Several medical men in Paris are reported to have adopted the telephone, and give consultations to such patients as shall have subscribed beforehand for the purpose. The practice, however, is not likely to be productive of much else than a number of funny remarks in the comic papers.

Items.

—The *Journal of Hydrotherapeutics* is the title of a new monthly journal published in London.

—There is one admirable feature about a wire-fence. The patent-medicine men can't paint a legend on it in regard to his liver cure.—*Puck.*

—The first Danish lady physician, Miss Nielsen, has just begun to practise at Copenhagen. She took her degree with the highest honors.

—One of the largest medical fees recorded is that of $40,000 recently paid to Dr. Anderson Critchett for visiting and treating an Indian prince.

—The largest dose of quinine ever given, according to Dr. C. E. F. Knight, of Dublin, was administered by himself in 1883, and was 131.25 grains in twenty-four hours.

—A prevalence of rabies among dogs and cattle is reported in Calhoun county, Florida. Several persons have been bitten by rabid dogs, and "dog and cattle killing parties are organizing."

—A prize of 10,000 francs is offered by the Académie de Médecine, Paris, for the best work on the treatment of stricture of the urethra, or on the therapeutic methods for diseases of the urethra.

—On June 13th there had been twenty-six cases of yellow fever in all at Key West, Fla. One or two new cases appear daily, but it does not seem likely that the epidemic will be an extensive one.

—A country hotel proprietor, who had advertised for city boarders, was astonished the other day at receiving a letter from a Philadelphia gentleman asking him to send him samples of his drinking water for analysis.

—A new medical journal is to be published shortly in Paris, under Professor Grancher's direction. It will be called the *Univers Médical*, and the editor intends to devote a much larger part to foreign news than is usually given in French papers.

—Prof. Hyrtl, of Vienna, who is now seventy-five years old, has been suffering for some time with cataract, and he has had his right eye operated on by Prof. Fuchs, apparently with success. His left eye is also affected, and will have to be operated on before long.

— "Reuben," said Mrs. Stubbs, laying down the evening paper, "what is meant by optimism?" "Optimism?" "Yes. The paper says that optimism is not a characteristic of the modern age." "Optimism, Hannah, is a disease of the eye; an' you'll git it the fust thing you know, if you keep on a-readin' that fine print."

—An authority on canned goods reveals the interesting fact that most of the jellies in the market are made of apple-parings and cores. Sometimes the stock is kept so long that it will not make jelly; then they make strained honey out of it. This is called enterprise in America. In France they call it criminal, and send the men who practise it to jail.

—The practice of the healing art is an occupation intrinsically dignified. It cannot be divested of this quality by the humble condition of the practitioner or the lowly sphere of his patient. Requiring from its votaries the possession of every exalted qualification that can adorn the heart and grace human nature, there is no profession nobler than that of the physician. Cicero has truly said, that in nothing does man approach nearer to the gods than in giving health to his fellow-man. A physician of genius is the noblest gift which nature can bestow upon humanity. He is the equal everywhere of the highest in society.—*Dr. J. H. Thompson.*

—In an interesting article on cream, its value and use, Professor Arnold, of Cornell University, says: The superiority of cream over butter or any other solid fat consists, first, in its being not exactly in a liquid form, but in a condition allowing of great mobility between its particles, permitting the gastric juice to mix with it in the most perfect manner, and with whatever else the stomach contains, thereby aiding digestion. Its behavior is quite different in this respect from that of butter and other pure fats. As soon as they become melted they grease over the other contents of the stomach, obstructing, in a measure, the contact of gastric juice, and hindering, rather than hastening, the progress of their digestion.

OBITUARIES.

Dr. John Q. Bird.

Dr. John Q. Bird, who was for three years President of the Jersey City Police Board, died on June 17th of blood poisoning. Two weeks ago he was made one of the medical staff of the Jersey City Hospital. In making an autopsy upon the first patient he attended there, he made a small cut on one of his fingers. He bathed the hand in carbolic acid solution, and gave the wound no more thought till the next day, when the injured finger began to swell, and the inflammation spread to his hand and arm. Dr. Theodore R. Varick, who was called, lanced the wound and tried to arrest the inoculation of his patient's system, but without avail. Dr. Bird leaves a widow and two children. He was about forty years of age, and for seventeen years had been connected with the Jersey City Police Department, either as a member of the Governing Commission or as Police Surgeon.

Joseph-Dieudonné Boussingault.

The death is announced from Paris of the eminent French chemist, Professor Joseph-Dieudonné Boussingault. The deceased, who was born in 1802, occupied the chair of Agriculture in the Paris Conservatoire of Art and Industry. M. Boussingault was the author of a large number of papers on physics and chemistry, and of treatises on "Chemistry and Physiology in Agriculture." His name is familiar to all medical students through his feeding experiments, in which he deprived animals of salt.

Official List of Changes

OF STATIONS AND DUTIES OF OFFICERS.

Medical Department U. S. Army, June 12 to June 18, 1887:

Col. J. H. Baxter, chief medical purveyor, to proceed to New York city for the purpose of inspecting the medical purveying department of that place, S. O. 133, A. G. O., June 10, 1887.

Par. 15 S. O., 52 A. G. O., March 5, 1887, is so amended by Par. 9 S. O., 133 A. G. O., June 10, 1887, as to direct that Major Chas. H. Alden, surgeon, be relieved from duty in Div. of Dakota about June 20, 1887, and he is granted leave of absence from the date when so relieved, to include August 27, 1887.

Major B. E. Fryer, surgeon, found incapacitated for active service by an Army Retiring Board, and granted leave of absence until further orders on account of disability, S. O. 133, A. G. O., June 10, 1887.

Capt. Jno. D. Hall, assistant surgeon, leave of absence extended one month, S. O. 136. A. G. O., June 14, 1887.

First Lieutenant W. C. Borden, assistant surgeon, granted leave of absence for one month, S. O. 138, A. G. O., June 16, 1887.

In the Medical Corps of the Navy for the week ending June 18, 1887.

Surgeon Thomas C. Walton ordered, June 15, for examination preliminary to promotion as medical inspector.

Surgeon A. F. Price detached from special duty, Annapolis, Md., to proceed home, and wait orders.

Surgeon James M. Flint detached from the "Albatross," and ordered to the Smithsonian Institution.

P. A. Surgeon W. G. G. Willson ordered to the Receiving Ship "Independence," Mare Island, Cal.

U. S. Marine Hospital Service, for the two weeks ended June 18, 1887:

Bratton, W. D., assistant surgeon. To proceed to Seattle, W. T., on special duty, June 8, 1887. When relieved to rejoin station at San Francisco, Cal., June 11, 1887.

Watkins, R. B., assistant surgeon. Granted leave of absence for thirty days, June 8, 1887.

Heath, F. C., assistant surgeon. To proceed to Marine Hospital, Detroit. Mich., for temporary duty, June 17, 1887.

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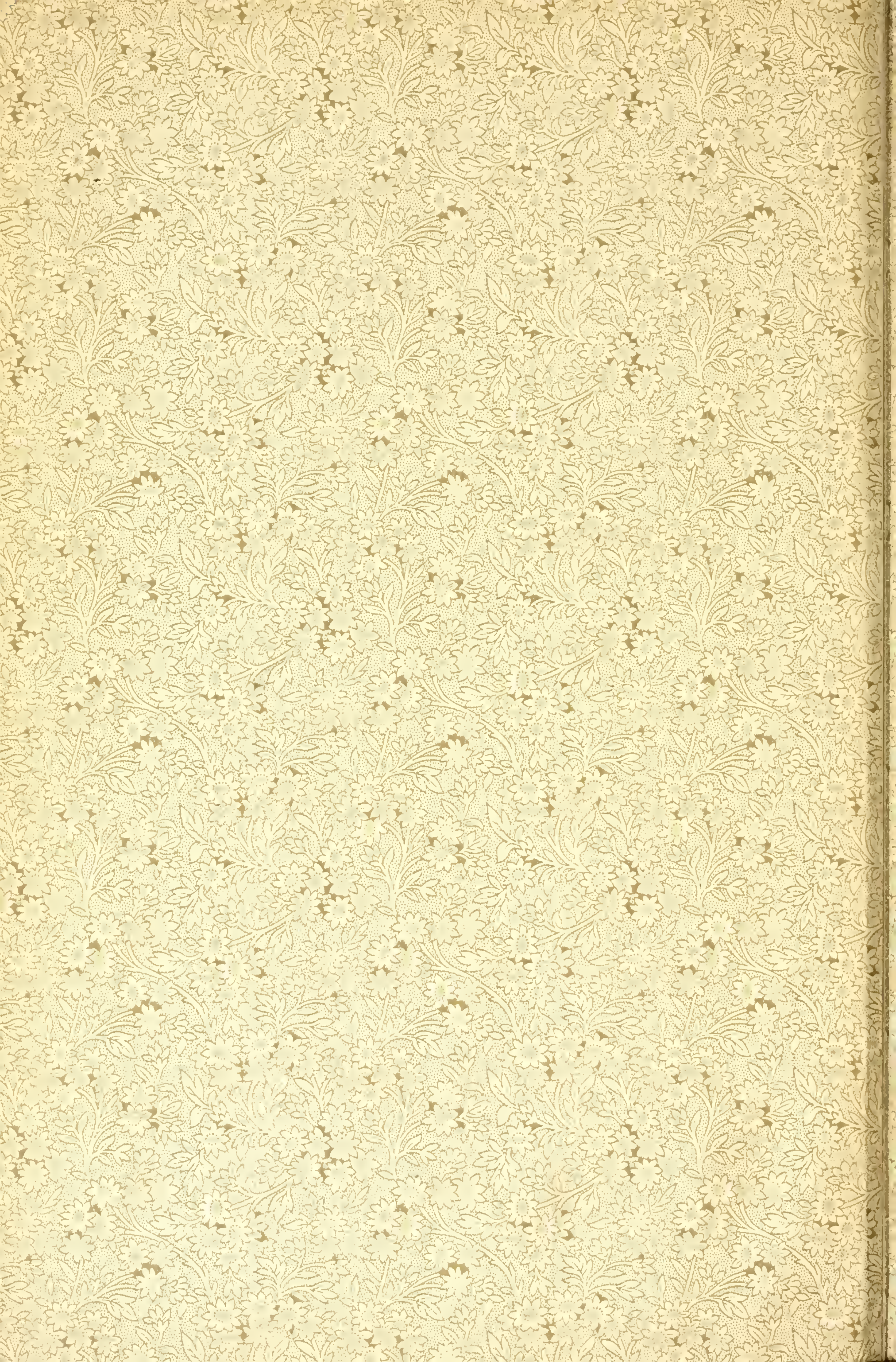

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Medical and surgical reporter
(Philadelphia)

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